Evelina London

NHS
Guy's and St Thomas'
NHS Foundation Trust

Briefing paper for Joint Health Overview and Scrutiny Committees (JHOSC)

Subject: Planned temporary move of specialist children's heart, lung, and critical care inpatient services

March 2026

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1. Executive summary

This briefing paper details a planned temporary change to the specialist children's heart, lung, and critical care (CRIC) inpatient services currently delivered by Guy's and St Thomas' NHS Foundation Trust (GSTT). Following a formal clinical risk escalation regarding the safety and sustainability of the paediatric cardiac surgical service, the Trust is planning to temporarily consolidate all heart and lung paediatric inpatient services and day cases where sedation is required at the Evelina London Children's Hospital (ELCH) and St Thomas' Hospital site at Westminster Bridge in spring 2026.

The timing of this move is driven by the professional clinical judgment that the cardiac surgical workforce arrangements (specifically the 1:2.5 on-call rota) cannot be sustained beyond April 2026 without compromising patient safety and service stability. This planned move is therefore an essential, proactive step to prevent a sudden or unplanned service collapse. Alongside this is the need to meet mandated national Congenital Heart Disease (CHD) standards for co-location of services.

To minimise disruption, these services will not move:

- Outpatient clinics. Children's heart and lung outpatient clinics are expected to remain at all three existing sites (RBH, ELCH, and Harefield).
- Day-case procedures. Day cases that do not require anaesthetic or sedation.
- Outpatient imaging services.
- Research. Ongoing clinical research and trials are a key part of the service and will continue across all existing academic partner sites.

Relocating cardiac surgical and cardiology services necessitates the move of paediatric respiratory inpatients, as these services share a critical reliance on the Paediatric Intensive Care Unit (PICU) and other co-located specialist paediatric services which would no longer be viable on the Royal Brompton Hospital (RBH) site after cardiac surgery moves.

The approach taken prioritises patient safety above all other considerations, learning from historical reviews into paediatric cardiac surgery failings. This planned temporary move has been approved for implementation by NHS England. It serves as an essential safeguard until a formal, commissioner-led long-term options appraisal and service reconfiguration process is completed.

Evelina London is a dedicated, specialist children's hospital that provides a comprehensive range of at-scale paediatric services 24/7. Located in a purpose-built facility on the St Thomas' Hospital site, it is a world-class centre for clinical care, research, and education. The hospital offers immediate access to nearly all major paediatric sub-specialties in one location, including

neonatal intensive care (Level 3 NICU), maternity and foetal medicine, paediatric general surgery, nephrology, gastroenterology, endocrinology, neurology, interventional radiology and infectious diseases. This concentration of clinical expertise ensures that children with complex cardiorespiratory needs have immediate on-site access to the full complement of supporting services required by national clinical standards.

These highly specialised tertiary and quaternary services are regional and national assets. They serve a broad population across London, the South East, and the wider UK. Historically commissioned directly by NHS England, commissioning responsibility is now delegated to regional Integrated Care Boards (ICBs).

2. Current patient safety risk

Professional clinical judgement is that the clinical risk recently reached a critical threshold.

The challenges of operating one cardiac clinical team across two sites have been managed since the merger of the two trusts in 2021.

In July 2024, the Evelina London Women and Children's Clinical Group governance process identified the cardiac surgery rota and single-team working model as a specific safety risk.

In January 2025, Professor David Barron took up the role as the new Chief of Congenital Cardiac Surgery. He conducted an immediate review of the service's resilience. In a formal letter dated 19th March 2025, Professor Barron escalated his concerns, stating that the current two-site model is increasingly fragile and that existing mitigations are reaching the limit of their effectiveness. Following discussion at the Trust Executive Committee on 6th May 2025, this was documented on the Trust's formal risk register as a Red risk with a score of 16 (high levels of consequence and likelihood).

3. The cardiac surgical service

The congenital cardiac surgical team includes five cardiac surgeons and manages the largest congenital heart disease programme in the UK (NICOR 2025 report) with approximately 550 paediatric patients per year. Roughly 200 of these patients have their surgical procedure at Royal Brompton Hospital. The service sees 40 ECMO (extracorporeal membrane oxygenation) patients per year, approximately 20 on each site. It is the only children's cardiac surgical team operating across more than one site in the UK.

The current two-site model does not meet many of national congenital heart disease service standards & specification (E05/S/a). In particular:

- Inability to meet recommended 1:4 on call rota. The surgical rota operates as a 1:2.5 on-call rota as there are 5 surgeons across 2 sites.
- Inability to provide an un-scrubbed surgeon on both sites for emergency provision.
- Lack of other specialist services on the same site at Royal Brompton Hospital (RBH),

specifically: general surgery, nephrology and gastroenterology.

When the national standards were created, there was a recommendation they would be met within 3 years; specifically, the 1:4 surgical rota and co-location of required services. The cardiac surgical service has to manage pre-and post-op patients across two sites, provide ECMO service on two sites and emergency surgical cover on two sites at all times. The consultant and junior staff are split so that they see only half the service at any one time, and the whole team cannot participate in daily rounds and decision making for the whole service.

4. Description of risk and impact

The 1:2.5 rota and split-site service model for cardiac surgery has been identified as an unsustainable clinical risk and has various impacts:

- **Emergency provision**

  Inability to have an un-scrubbed surgeon available 24/7 for emergencies on both sites presents a major clinical and patient safety risk. Decompensating patients who require emergency procedures have longer to wait for urgent procedures and these high-risk procedures may have to be undertaken outside normal working hours.

- **Dual operating**

  Best practice recommendations include dual surgeons operating on complex cases to improve patient outcomes. The capacity for dual surgeon operating is not achieved as often as it should be by the cross-site model.

- **Neonatal imbalance**

  Neonatal surgery is currently only performed on the St Thomas' site because it requires 24/7 access to specialist services, such as maternity and general surgery. This creates an imbalance, with very high demand on the St Thomas' site and fewer clinical exposure and training opportunities for cardiology and critical care teams on the RBH site.

- **Staffing fragility**

  The service currently runs two parallel rotas of consultant and junior staff in cardiology and intensive care. Staff are required to work an unreasonable rota of 1:2.5 with no resilience for sickness or emergency leave. Attempts have been made to recruit more surgeons to supplement the rota though these have been unsuccessful due to a national shortage of specialists with the required skills. It is recognised that a larger team of surgeons would not be a good solution The service has five surgeons. That is the number of surgeons required by the national service specification for the number of operations performed.

- **Morbidity signals**

  Morbidity data is always monitored closely. Survival outcomes are not a concern.

5. The role of national clinical standards in the temporary arrangements

Mandatory clinical standards (2016 NHS England National Congenital Heart Disease (CHD) standards (Service Specification E05/S/a) mandate that Specialist Children's Surgical Centres (Level 1)) require the following services and specialties to be co-located with children's cardiac care - on the same hospital site with a 30-minute call-to-bedside response:

- Paediatric General Surgery
- Paediatric Nephrology
- Paediatric Gastroenterology

These standards are at the heart of the long-discussed drivers to find a new permanent home for the paediatric cardiac services provided at Royal Brompton Hospital. Evelina London provides immediate access to all these services; Royal Brompton does not. Therefore, temporarily consolidating all paediatric cardiac inpatients services at Royal Brompton is not viewed as a viable option.

6. Impact on paediatric respiratory services

The relocation of cardiac surgery necessitates the temporary move of respiratory inpatients. The respiratory service at RBH is the largest and most specialised in the UK, but it relies on being co-located with a Level 3 PICU.

6.1 Dependency on PICU

The RBH PICU is sustained mainly, by the cardiac surgical programme. Once cardiac surgery moves, PICU activity would fall to between zero and three patients on average, making the unit clinically unsustainable and unsafe to operate. Without on-site PICU support, inpatient respiratory care cannot safely remain at RBH.

6.2 Specialist sub-services

The relocation will involve the transfer of world-leading respiratory sub-services, including:

6.2.1 Cystic Fibrosis (CF)

Multidisciplinary care for 280–300 children.

6.2.2 Primary Ciliary Dyskinesia (PCD)

The largest diagnostic and management centre in Europe.

6.2.3 Severe Asthma

A nationally recognised service receiving 80 new tertiary referrals annually.

6.2.4 Long-Term Ventilation (LTV) and Sleep Medicine

Managing over 200 children on home technology and conducting 1,500 sleep studies annually.

6.2.5 Rare Lung Disease and Thoracic Surgery

Managing complex conditions including congenital lung malformations and tumours.

6.3 Current RBH and planned ECLH capacity

The Trust has planned for a full reprovision of existing respiratory capacity:

Description/activity examples	**Current RBH Capacity**	**Re-provided ELCH Capacity**
Ward beds	10 (including 6 cubicles)	10 (including 7 cubicles)
High Dependency Unit (HDU) beds	3 (including 1 cubicle)	3 (including 1 cubicle)
Treatment room	1	1
Intensive care (Level 3)	1-3 bed occupancy	Integrated into 34-bed PCCU
Medical day case	Beds to support day CT	Beds provided as required
Surgical day case	Beds to support General Anaesthetic imaging	Beds provided as required
Sleep slots	20 slots per week	20 slots per week
Imaging (CT/US/X-Ray)	Weekly medians: 3 / 4 / 11	Full 24/7 diagnostic access
Theatre (Thoracic/Bronch)	70 surgeries / 52 lists p.a.	10 children's theatres

7. Patients affected

These services care for children and young people with heart and lung conditions. 2,500 have used these inpatient services in the last year, are using these services currently, or have upcoming appointments. This includes patients in Northwest and Southwest London and patients with highly complex needs referred from a much wider area across London, the Home Counties, and from a wider geography across the UK.

These tables show the normal resident locations of patients by J/HOSC area.

Cardiac patients by JHOSC area with more than 2% of patients		
	Patient count	**% of total patients**
NORTH WEST LONDON	330	28.65%
ESSEX COUNTY COUNCIL	146	12.67%
SOUTH WEST LONDON	132	11.46%
HERTFORDSHIRE COUNTY COUNCIL	108	9.38%
SURREY COUNTY COUNCIL	98	8.51%
WEST SUSSEX COUNTY COUNCIL	56	4.86%
KENT COUNTY COUNCIL	40	3.47%
SOUTH EAST LONDON	31	2.69%
NORTH CENTRAL LONDON	28	2.43%

Respiratory patients by JHOSC area with more than 2% of patients		
	Patient count	**% of total patients**
NORTH WEST LONDON	423	41.31%
SOUTH WEST LONDON	106	10.35%
SURREY COUNTY COUNCIL	87	8.50%
HERTFORDSHIRE COUNTY COUNCIL	70	6.84%
ESSEX COUNTY COUNCIL	55	5.37%
NORTH CENTRAL LONDON	50	4.88%
KENT COUNTY COUNCIL	38	3.71%
SOUTH EAST LONDON	35	3.42%
WEST SUSSEX COUNTY COUNCIL	31	3.03%
NORTH EAST LONDON	22	2.15%

8. Summary of proposed facilities

To accommodate this temporary consolidation, the Trust is opening at least 41 additional beds across the Evelina London and St Thomas' campus.

- **Edward Ward (St Thomas' North Wing)**
  Currently being refurbished to house the consolidated cardiology service. It is located a short walk from ELCH via internal corridors and is in the same building as neonatal and maternity services.
- **Sky Ward (6th Floor ELCH)**
  Will be converted into a dedicated 15-bed respiratory unit. This includes 13 beds of new capacity and two beds reprovided from existing LTV provision on Snow Leopard Ward. Sky Ward will be a specialist-only ward and will not be used for general paediatric admissions.
- **Snow Leopard Ward**
  Existing sleep and LTV services here will be upgraded to provide the additional 20 sleep study slots required.
- **PICU**
  The PICU team from RBH will join the Evelina team, creating a robust workforce of 26 consultants and nearly 300 nursing staff managing 34 critical care beds.

9. Governance and regulatory oversight

The planning and implementation of this temporary move are conducted under a rigorous governance framework involving oversight from internal Trust leadership and NHS England London Region with ICBs

9.1 Trust programme governance

A Programme Steering Group has been established to oversee the transition. This group includes senior executive and clinical leadership, supported by a dedicated delivery team. The steering group monitors:

- Clinical safety assurance and operational readiness.
- Workforce planning and staff consultation progress.
- Statutory patient and public engagement.
- Risk mitigation through defined "go-ahead gateways
- Escalations from service specific clinically led working groups with West London Children's Healthcare

9.2 NHS England oversight and clinical review

Guy's and St Thomas' has worked closely with NHS England London Region throughout this process. Recognising the complexity of moving world-class cardiac and respiratory services, NHS England commissioned the London Clinical Senate to undertake an independent rapid safety assessment of the respiratory proposals.

The Clinical Senate's review, concluded in December 2025, provided critical independent view. The senate concluded:

- The Trust's proposal is a "clinically safe option" with the capacity to deliver from April/May 2026.
- Continuing to provide these specialised services at the Royal Brompton without a sustainable PICU is an "anachronism" and considered the option for respiratory medicine to remain there as "non-viable" on safety grounds.
- The single directorate management team and integrated Electronic Health Record (Epic) used across both sites provide essential continuity for patient safety.

9.3 Distinction between temporary and permanent change

The Trust is implementing this as a planned temporary change under the oversight of NHS England to resolve immediate clinical sustainability and standards compliance issues.

Crucially, this temporary change is not a decision on the long-term configuration of the service and does not replace the formal process required for a permanent service change.

9.4 Formal approval to proceed

Following the Clinical Senate's assurance, completion of the Trust's internal risk evaluations, and liaison with other local NHS partners, NHS England provided formal approval to proceed with the planned temporary changes on 9 January 2026. In doing so NHS England London Region confirmed its view that the move is an essential and urgent requirement to safeguard clinical standards.

9.5 Commissioning arrangements

These highly complex services were historically commissioned directly by NHS England as part of its national specialised commissioning portfolio. Under recent national policy changes, commissioning responsibility has been delegated to ICBs, with governance arrangements established to support multi ICB decision-making in recognition of the fact that many services, including CRIC, serve a very wide geography and population. Whilst NHS South East London Integrated Care Board (ICB) acts as the host commissioner to Guy's and St Thomas', multi ICB decision-making arrangements, and continued NHS England accountability for specialised services means a collective overview, oversight, and implementation approach to the planned temporary move.

It is important to note that this delegation of administrative oversight does not alter the clinical or geographic scope of the service. The inpatient units at the Royal Brompton and Evelina London provide care for children from across the Home Counties and the UK, with some two-thirds of the patient cohort residing outside of North West London. Consequently, the planning for this temporary move is conducted through a regional lens to ensure equity of access for the entire served population, rather than any single locality

10. Patient involvement

The Trust is fully aware of its statutory duty under Section 242 of the NHS Act 2006 to put in place arrangements to inform and involve patients in the planning and development of changes

to services.

10.1 Informing and involving patients

A comprehensive engagement plan is currently in operation.

- **Direct notification**

  The Trust sent letters to the families of the children who have used these inpatient services in the last year, are using these services currently, and have upcoming appointments (2,500 patients), supplemented by text message alerts drawing attention to the information.

- **Briefing sessions**

  Families were invited to join dedicated briefings and discussions to involve them in the move's implementation.

- **Outreach**

  Engagement is occurring directly within clinics and through telephone contact to continue to gauge awareness and capture concerns.

- **Digital Access**

  Families have been invited to sign up for engagement updates. Full details of the changes being planned, including frequently asked questions (FAQs), are published on the RBH and ECLH websites. Dedicated phone number and email contact details have been provided for patients with questions and queries.

10.2 What we have learned

Early interactions with families and a review of patient feedback data from 2020-2025 have identified key priorities:

- **Continuity of Care**

  Families highly value maintaining links with their familiar clinical teams.

- **Communication**

  A need for clear and timely information about when the move will take effect.

- **Travel and accommodation**

  Families have asked for more information about the practicalities of traveling to and staying near a site they are not familiar with.

In response the Trust has confirmed:

- Families can expect the clinical teams they have contact with to stay the same
- Appointment information will be sent out in good time, to give families time to plan for the changes to their journeys.
- Parents will be able to stay at the bedside, in ECLH parent accommodation or in the 59

family rooms at Ronald McDonald House (a short walk from ELCH). Eligible patients will have access to the hospital transport system.

11. Next steps

1. **Implementation**

   The move is scheduled to start in mid-May 2026, aligning with the start of a new clinical rota. It will be phased over 2-3 weeks to ensure a safe transition.

2. **Workforce**

   Formal staff consultation on changed working arrangements has concluded.

3. **Patient safety?**

   A fortnightly monitoring group, chaired by the Medical Director for Evelina London, is overseeing surgical rota sustainability until the move. Risks related to the planned temporary move for other services are being monitored and managed through the programme governance

4. **Long-term planning**

   Following this temporary move, NHS England and regional commissioners will lead a formal process involving public consultation to determine the permanent long-term configuration of these services. That process will be conducted under the established statutory assurance framework for service reconfiguration.