

## Council of Governors Meeting 27th April 2016 Full Set

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## COUNCIL OF GOVERNORS

Meeting to be held on 27<sup>th</sup> April 2016  
5.30pm – 7.00pm, Robens Suite, Guy's Hospital

### A G E N D A

1. **Welcome, apologies and opening remarks**
2. **Minutes of meeting held on 27<sup>th</sup> January 2016** attached (CG/16/08)
3. **Matters Arising**  
Update on NED recruitment
4. **Reflection session on Board of Directors meeting** oral
5. **Southwark and Lambeth Integrated Care** Presentation  
*Angela Dawe and Merav Dover*
6. **Update: Council of Governors Elections 2016** attached (CG/16/09)
7. **Governors' reports – to note and for information**
  1. **MeDIC, 16<sup>th</sup> February** attached (CG/16/10)  
*Kate Griffiths-Lambeth*
  2. **Quality and Engagement , 9<sup>th</sup> February** attached (CG/16/11)  
*Devon Allison*
  3. **Service Strategy, 12<sup>th</sup> April** attached (CG/16/12)  
*Giles Taylor*
8. **Questions and answers – for information** attached (CG/16/13)
9. **Any other business**
10. **Date and time of next meeting:**

The meetings will be held on 27<sup>th</sup> July 2016, Governors' Hall, St Thomas' Hospital

Board of Directors meeting	3.45pm – 5.30pm
Council of Governors meeting	6.00pm – 7.30pm
Supper	7.30pm – 8.30pm

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### Council of Governors

#### **Minutes of the 51<sup>st</sup> meeting of the Council of Governors held on Wednesday 27<sup>th</sup> January 2016 in the Governors Hall, St Thomas' Hospital**

**Present:**

Jasmine Ali	Sam Newman
Devon Allison	Darren Oldfield
John Balazs	John Porter
Anita Campolini	Diane Rekow
John Chambers	Barry Silverman
Yvonne Craig Inskip	Jenny Stiles
John Duncan	Giles Taylor
Jonathan Farley	Warren Turner
Jane Fryer	Bryn Williams
Ken Hayes	Sonia Winifred
Tom Hoffman	Paula Young
Tony Hulse	
Gyles Morrison	

**Apologies:**

Thelma Bangura	Sue Slipman
Kevin Burnand	Steve McGuire
John Burns	Frank Nestle
Robert Davidson	Matthew Patrick
Robert Drummond	
Kate Griffiths-Lambeth	

**In Attendance:**

***Executive Directors:***

Sir Ron Kerr  
 Ian Abbs  
 Anne Macintyre  
 Martin Shaw  
 Dame Eileen Sills  
 Simon Steddon

***Non Executive Directors:***

Sir Hugh Taylor (Chair)  
 Girda Niles  
 Sheila Shribman  
 Diane Summers  
 Steve Weiner

**Other Attendees:**

Peter Allanson	Trust Secretary & Head of Corporate Affairs
Olivia Henderson	Assistant Trust Secretary
<b>(For item no. CoG/16/05):</b>	
Professor Graham Lord	Director, Biomedical Research Centre
Charles Wolfe	Director of Research & Development

**CoG/16/01     Welcome, apologies and opening remarks**

The Chairman welcomed Jane Fryer from NHS England (London) and Dr John Balasz, Lambeth CCG, to their first meetings

**CoG/16/02     Minutes of the meeting held on Wednesday 28th October 2015**

The minutes of the meeting held on 28<sup>th</sup> October 2015 were approved as a true record.

**CoG/16/03     Matters Arising**

There were no matters arising.

**CoG/16/04     Reflection session on Board of Directors meeting**

Governors raised a number of issues from the meeting of the Board of Directors' meeting including:

The Council encouraged the Trust to continue progress towards digital and IT solutions for a number of uses affecting patients including sending letters of confirmation by e-mail as the current arrangement of sending letters in the post often took too long. E-noting would, when fully rolled out, give a single view of patients' records electronically. It was also confirmed that benefits realisation and cost reduction from the introduction of new technologies was actively considered. The Corporate Management Committee had considered this at a recent meeting.

In response to the suggestion that never events might be caused by long shifts, the Medical Director confirmed that the root cause analyses that followed every serious incident had not produced any evidence linking never events to long shifts or fatigue. He acknowledged the importance of designing shift patterns to be commensurate with good quality, safe care for patients and making sure that information was satisfactorily transferred between shifts.

The Trust's efforts to increase capacity referred to the work being undertaken to make sure that as much extra activity was undertaken as possible. This affected many aspects of the work of the organisation from patient administration through to ensuring that as much activity was undertaken as possible, safely – which was reviewed constantly but formally twice a year. Whilst the commercial world would concentrate on higher margin business this was not possible in the current arrangements where commissioner required services had to be delivered and to prices not set by the Trust. Tariff did not always reflect the complexity or price of delivering some of the specialist services for which the Trust was known and distinguished. In those instances, being efficient was the only way to generate a surplus on the payment. The Board regularly reviewed the services offered by the Trust but would only consider withdrawing services if others were prepared to fill the gap.

The current, central initiatives such as the Sustainability and Transformation Plans, emphasised collaboration and co-operation between organisations, with encouragement for ambitious plans and for those prepared to take some calculated risks. Collaboration across CCGs should promote better consolidation across sites and allow cost to be taken out of the system. The issues were complicated especially as the current planning round was taking place without knowing the detailed tariff for next year. However, through the Finance Director and others, the Trust continued to be heavily involved in the negotiations around tariff. The aim of moving patients out of hospitals could have the effect of increasing demand elsewhere in the system so a broader approach was welcome. For the Trust the continuing loss of tops up to tariff

from Project Diamond allied to the increased costs of technology and teaching were amongst the current risks. Work to improve the Trust's coding continued and whilst considerable progress had been made it was accepted that the work to make further improvements continued.

It was noted that there was a trend towards budgeting for community services on a per capita basis. The Trust welcomed this in principle but felt that it was not sufficiently understood or accepted that the success of treatments for long term, chronic conditions had to be set against the continuing elective needs of some of those patients which were not reflected in a capitation based budget.

## **CoG/16/05     Research and Development**

The Medical Director pointed out the strong and compelling evidence for supporting research as part of the mission to provide patients with high quality care. Although the Trust was one of the most successful in recruiting patients to trials, the mind set should move more towards questioning why patients should not be a part of research rather than why they should.

The Trust was involved in a wide range of projects looking at more effective ways of delivering secondary care including diagnostics, treatments and communications. Over 23,000 patients took part in research last year and in five years the Trust had moved from 20<sup>th</sup> to the top position in research participation. There were currently around 500 open studies and work continued to improve patient access to studies.

The Trust jointly with Leeds University was responsible for running the national co-ordinating centre for NHS research and also hosted the S E London part of the network which was the most active in London, delivering 40% of the capital's activity.

The Trust had run a nationally funded Biomedical Research Centre for 10 years and had invested heavily into state of the art facilities delivering translational research through early phase clinical studies giving local patients access to new treatments that transformed the way diseases were treated with “first in man” developments. The process of bidding for funding to be renewed for a further five years from 2017 was about to begin.

Examples of the BRC's success included first in the world studies on cell transfer, paediatric peanut allergy management and the genomic medicine centre which was expected to transform prognosis and diagnosis within the next ten years.

The renewal bid, with KCL, assumed a substantial pipeline of projects and will be subject to review by an international panel. The Trust's support would continue to be central to the bid's credibility; competition would be intense. To date, the BRC had been able to build on the money provided centrally, finding five times the amount and the Trust regularly received applications from consultants who wanted to undertake research projects and directorates were actively encouraged to allocate PAs for research. The lure of the BRC and being a part of the AHSC was significant and had been discussed by the Cancer Committee. He suggested that the Children and Young People's Committee should also consider it.

Research was a core interest and activity for the Trust and the Board would support the BRC bid and consider how to enhance research activities within current line management arrangements.

**CG/16/06      Council of Governors' Elections 2016**

The Council of Governors noted the timetable and arrangements for the forthcoming elections as set out in the Trust Secretary's paper.

**CG/16/07      Non-Executive Director appointment**

The Council noted the proposals for recruitment of further non executive directors – the Chairman suggested that he may wish to consider recruiting more than one in this competition and would ensure that the specifications outlined specific skills and experience – and the timetable for finding a replacement for Diane Summers whose term of office expired in June 2016.

**CoG/16/08      Governors Reports**

**1. Lead Governor Report**

The Lead Governor added his welcome on behalf of the Council to the three new stakeholder governors nominated by the Trust's main commissioners. All three were GPs which he hoped would add a different and useful perspective to its work. Two working groups had new leads.

He commended the Board for the accountability session held in December but hoped that in future sessions it would be possible to reinstate the questions from the floor. He also commented, on behalf of governors, the importance of maintaining patient quality with no deterioration in standards through the financial challenges of the next few years. He also said that governors supported the Trust's moves to become a digital organisation and suggested that those with appropriate expertise could contribute to this development, which the Chairman welcomed.

**2. MeDIC, 3rd November**

The Council of Governors noted the report

**3. Quality and Engagement , 1st December**

The Council of Governors noted the report. It was noted that an extra planning session had been held to suggest agenda matters for discussion during the year.

**4. Service Strategy, 12th January**

The Council of Governors noted the report. The Working Group lead commented on the fundraising gap on the Cancer Treatment Centre.



**CoG/16/09     Questions and answers**

Although the matrix had been updated, the Trust Secretary was asked to ensure that progress continued to be made on outstanding matters and that they were reported from time to time.

**CoG/16/10     Any other business**

**Cycle Super Highway**

Transport for London had responded to the Trust's representations and would be meeting the Chairman to discuss them further. The Trust was grateful for Governors' support on this issue; his sense was that changes to the plans were not yet certain.

**CoG/16/11     Date and time of next meeting**


The meetings will be held on 27<sup>th</sup> April 2016 in the Robens Suite, Guy's Hospital

<b>Board of Directors meeting</b>	3.45 – 5.30pm
<b>Council of Governors meeting</b>	6.00 – 7.30pm

Signed: .....

Date:.....

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<b>Council of Governors</b>	<b>Guy's and St Thomas'</b>  NHS Foundation Trust
<b>Update: Council of Governors Elections 2016</b>	<b>27<sup>th</sup> April 2016</b> <b>CG/16/09</b>

This paper is for:		Sponsor:		
Decision		Author:	<b>Andy Simpson (Membership &amp; Governance Coordinator)</b>	
Discussion		Reviewed by:		
<b>Noting</b>	<b>x</b>	CEO*		
Information		ED*		
		Board Committee*		
		TME*		
		Other*		

*\* Specify*

## 1. Summary

The 2016 elections to the Council of Governors are now underway. The nominations stage of the elections was open between 22<sup>nd</sup> March and 19<sup>th</sup> April. A total of 32 candidates stood for nomination, the statements for which are visible on our website.

## 2. Recommendation

**The Council of Governors is invited to note the results of the nominations stage and the timetable of the voting stage of the elections (on page 3).**

## 3. Detail

The constituency breakdown for the nominations received is as follows:

- Patient Constituency: 12 nominations (3 seats will become available)
- Public Constituency: 16 nominations (3 seats will become available)
- Staff (non-clinical) constituency: 4 nominations (1 seat will become available)


Voting will open on Wednesday 11th May, with the formal Notice of Poll going on the website on Tuesday 10<sup>th</sup> May and the ballots papers being dispatched to members on 11<sup>th</sup> May. Of the 7 seats that will become available, there is only one for which the incumbent governor is unable to stand because their second and final term ends in June 2016.

#### 4. Timetable

As the term of office begins on 1<sup>st</sup> July, the election timetable has been planned so that new governors will take up their post on that date.

Date	Action
<b>May</b>	
Tuesday 10 <sup>th</sup> May	Formal 'notice of poll'
Wednesday 11 <sup>th</sup> May	Election mailing – ballot paper etc sent to members
<b>June</b>	
Friday 3 <sup>rd</sup> June	Elections close
Monday 6 <sup>th</sup> June	ERS notify result to the Trust, Trust posts results
Monday 6 <sup>th</sup> June	Board of Directors advised of results via email
w/c 6 <sup>th</sup> June	Successful and unsuccessful candidates contacted
Thursday 30 <sup>th</sup> June	Existing governors step down
<b>July</b>	
Friday 1 <sup>st</sup> July	New governors take up their posts

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<b>Council of Governors</b>	<b>Guy's and St Thomas'</b>  NHS Foundation Trust
<b>Membership Development, Involvement &amp; Communications Working Group – 16<sup>th</sup> February 2016</b>	<b>27<sup>th</sup> April 2016</b> <b>CG/16/10</b>

This paper is for:		Sponsor:	<b>MeDIC Working Group</b>	
Decision		Author:	<b>Andy Simpson (Membership &amp; Governance Coordinator)</b>	
Discussion		Reviewed by:	<b>Kate Griffiths-Lambeth (MeDIC Chair)</b>	
Noting		CEO*		
<b>Information</b>	<b>X</b>	ED*		
		Board Committee*		
		TME*		
		Other*		

## 1. Welcome and apologies for absence

**The meeting was attended by:** Peter Allanson (Trust Secretary and Head of Corporate Affairs); Thelma Bangura (Staff Governor); John Burns (Patient Governor); Yvonne Craig-Inskip (Public Governor); Kate Griffiths-Lambeth (Chair, Public Governor); Ken Hayes (Public Governor); Girda Niles (Non-Executive Director); Andy Simpson (Membership and Governance Coordinator); Bryn Williams (Staff Governor); Paula Young (Patient Governor)

**Apologies:** Matt Akid (Head of Media and Corporate Communications); Devon Allison (Patient Governor); Tony Hulse (Staff Governor); Gyles Morrison (Staff Governor); John Porter (Lead Governor, Public); Barry Silverman (Public Governor)

## 2. Notes of the meeting held on 3<sup>rd</sup> November June 2015

The minutes from the meeting on 3<sup>rd</sup> November 2015 were agreed as a true record of the meeting by all attendees.

## 3. Matters Arising

- i. The Trust Secretary and Head of Corporate Affairs informed the group the desire to have an article promoting membership placed in the local authority publications and GP surgeries. Lambeth Talk, Southwark Life and our own GP Connect letter to local surgeries were given as examples, although it was acknowledged that there is a cost involved in placing articles in Lambeth Talk. Girda Niles (Non-Executive Director) offered the Lambeth Weekender magazine as another possible source. John Burns (Public Governor) discussed using external social media channels such as Facebook, Twitter and Pinterest to attract young males, and the idea of including social media as a part of the 2015-16 Membership Development and Engagement Plan was discussed. The Chair expressed that she was uncomfortable with the idea of using external social media channels to target a specific section of society, and instead suggested building on the Dragon's Den initiatives by using them to tackle issues pertinent to younger members of the public.



Bryn Williams proposed that we ask our Communications Department to develop a membership communications plan based on the budget available and put it to the Council of Governors.

- ii. The Trust Secretary and Head of Corporate Affairs advised the group that a recent campaign of patient mailings to promote membership and to fund raise had attracted more than 300 new patient members, thought it was noted by the Membership and Governance Coordinator that the lack of demographic data captured by the form used for this method may further obscure the reliability of the Trust's data in determining the extent to which it is representative.

#### **4. Council of Governors Elections 2016**

The Membership and Governance Coordinator advised the group that in preparation for the Formal Notice of Election on 22<sup>nd</sup> March 2016, the Trust's independent ballot services provider, Electoral Reform Services (ERS) had been instructed to act, and that the first stage of the process will be to extract member data from the relevant constituencies on 8<sup>th</sup> March 2016.

It was noted that in order to facilitate "blind" voting – an issue which was raised in the last meeting – there would need to be a change both in the Constitution and in the electoral system. It was also noted that ERS have never facilitated "blind" voting for Foundation Trusts (FT) so there is research required.

An error in the paper "Council of Governors Elections 2016" was pointed out to the group: the paper stated that electronic voting would be the only method available to staff, when in fact it will be just be the default method; staff will be able to request paper ballots.

The paper's internal and external communication plan was discussed by the group. It was agreed that greater awareness needed to be raised among staff FT members, and ideas discussed were having conversations with staff at various groups; having the executive team disseminate the message from the top through Team Briefings and initiatives such as Fit for the Future; having more vocal, high profile campaigns; and actively promoting the elections across the Trust through notice boards and poster, especially in areas like Outpatients.

The Chair and Bryn Williams (Staff Governor) agreed that it is necessary to enable people to canvass, through the Trust Secretary and Head of Corporate Affairs advised that this capacity is limited because you have to be a trust member to vote, which is why the focus tends to be more on promoting membership itself.

The Membership and Governance Coordinator advised the group that he was having a meeting with the Head of Media and Corporate Communications the following day – Wednesday 17<sup>th</sup> February 2016 – to discuss both the wording to be printed in local magazines and the other promotion and communication channels discussed.

## **5. Update on Staff Engagement Steering Group**

Girda Niles (Non-Executive Director) reflected on the current state of the group while acknowledging that she could not discuss the results of the 2015 staff survey because they were embargoed until publishing.

She advised the group that the attendees of the group are constantly changing to ensure there is the right mix of people to make improvements in the areas highlighted in the 2014 survey, which included discrimination at work. Reflecting on ways to try and improve this, Girda recommended using initiatives such as the Freedom to Speak Up campaign. The desire is to have the group co-produce solutions and then take them beyond the group, and to properly embed better working practices.

The Chair suggested that it would be good to learn about areas for celebration.

## **6. Membership Development, Communications and Engagement Plan**

The Trust Secretary and Head of Corporate Affairs introduced this outline of a proposal for a Membership Development, Communications and Engagement plan. He advised that an outline rather than a finished plan is being presented because the idea is to encourage input from governors. He also stated the Chairman will commit funds to developing membership, but that it must be based on rigorous analysis of the current membership and the location so that money can be spent on a recruitment campaign targeting the most under-represented groups.

There was agreement among the group members that engagement of members should be around involving them more actively with the work of the Trust, and that perhaps the Trust should encourage people to become engaged rather than to become members. The Trust Secretary and Head of Corporate Affairs advised the group that we are working with the Patient and Public Engagement teams, who are involved in this work to some extent already around Trust assessments and service re-design, to think of ways to deepen this kind of membership engagement.

Ideas discussed were asking staff from under-represented groups to encourage members of their community to join as members, and encouraging volunteers to become members.

The Chair advised that it would be helpful to produce a list of contacts who can help with analysis of the local population. Bryn Williams (Staff Member) advised that the Trust is able to access lists and sources of informatics from Lambeth and Southwark which will allow us to tap into existing research on the local population. He also suggested that local authorities should be invited to help the Trust.


Thelma Bangura (Staff Governor) advised the group that Phoenix House, a housing association based in Vauxhall, keep data on local ethnic groups. The group agreed that housing associations generally, as well as charities and local voluntary services organisations, may be a good source for exploration.

## **7. Any Other Business**

There was no other business.

## **8. Dates of next meeting**

It was pointed out that the date of the next meeting is 14<sup>th</sup> June 2016, to address a mistake on the agenda in which two separates dates in June were given.

<b>Council of Governors</b>	<b>Guy's and St Thomas'</b>  NHS Foundation Trust
<b>Quality and Engagement Working Group: notes of the meeting held on 9 February 2016</b>	<b>27<sup>th</sup> April 2016</b> <b>CG/16/11</b>

This paper is for:		Sponsor:	Quality & Engagement Work Group	
Decision		Author:	Jamie Keddie (Patient & Public Engagement Specialist)	
Discussion		Reviewed by:	Devon Allison (QEWG Chair)	
Noting		CEO*		
<b>Information</b>	<b>X</b>	ED*		
		Board Committee*		
		TME*		
		Other*		

## **1. INTRODUCTION**

This report details the meeting of the Quality and Engagement Working Group, which took place on **9 February** at the Education Centre, York Road.

## **2. ATTENDANCE**

The meeting was attended by: Sarah Allen (Patient Experience Manager), Devon Allison (Lead), Thelma Bangura, John Burns, Andrea Carney (Patient and Public Engagement Manager), Anita Campolini, Yvonne Craig Inskip, Jonathan Farley, Julie Gifford (Deputy Director Strategy), Tom Hoffman, Jamie Keddie (Patient and Public Engagement Specialist), Amanda Millard (Director of Patient Experience), Elizabeth Palmer (Deputy Director, Assurance and Compliance), John Porter, Barry Silverman.

Apologies were received from: Ken Hayes, Sam Newman, Andy Simpson, (Membership and Governance Coordinator), Jenny Stiles, Mark Tsagli (Patient Experience Facilitator), Paula Young.

## **2. NOTES OF THE LAST MEETING**

The notes were approved as an accurate record of the last meeting.

## **3. QEWS WORK PLANNING: AGREEING TOPICS FOR 2016/17**

The lead for QEWS thanked Governors for attending the planning meeting on 18 January. Governors were taken through the paper which summarised the discussion, ideas raised by Governors, and suggested themes for the QEWS work plan. Ideas outside the group's remit have been forwarded to relevant Trust leads with a request that they provide a response to the next QEWS meeting.

Governors' ideas were summarised into main themes and linked to other priorities and initiatives ongoing in the Trust. From this it is proposed that four topics form the focus for this year's meetings:

1. End of life care and advanced care planning
2. Improving the patient experience of the transfer of care and involvement in its planning
3. Improving transitions from children's to adults' services
4. Improving communications with patients and carers, and co-designing patient administration processes

Two additional topics were suggested for a future work plan or where there are opportunities for Governors to take part in ongoing work outside QEWG's programme:

1. Foster wellness and prevention among our communities, e.g. obesity
2. Improving communication with patients, e.g. Dental Services.

There was broad agreement among Governors that the four suggested themes should be included in the work plan, with particular interest in end of life care (a Governor sits in the Trust's end of life care board) and transition. For the latter, it was suggested that a stakeholder governor with a GP background should be invited to the meeting. There was also strong interest in communication with patients, as patients' confidence in administrative systems affects overall satisfaction with the Trust. Governors were keen that they should have a role in working with Trust staff to review the effectiveness of administration processes.

It was agreed that where Trust staff are invited to speak about the above topics at future meetings, Governors should submit their questions in advance via the QEWG lead and secretariat so that responses can be included in speakers' presentations.

A request to discuss the role of Governors in viewing and reporting on services (similar to a Healthwatch model) at a future meeting was duly noted.

#### **4. PATIENT EXPERIENCE AND PATIENT AND PUBLIC ENGAGEMENT UPDATE**

The Patient Experience Manager discussed some of the highlights in the patient experience report including:

- Maternity services survey results – improvements have been made since last time and in areas where previously struggled, e.g. receiving consistent advice and information around breastfeeding. Areas for improvement include staff always introducing themselves to patients and involving partners in discussions. Women Services are developing an action plan in response to the results that will come to next meeting
- Friends and Family Test: scores are generally Improving and in line with national and local averages. Response rates in A&E are fluctuating but actions are being taken in response to patient feedback, e.g. staff introducing themselves. Responses are low for Community Services so new ways are being considered to gather feedback. Scores for maternity services are broadly in line but postnatal ward care is lower than average.
- Noise at night remains a concern but improvements were made in December leading to a new, higher internal target. Food scores have improved. There will be a renewed focus on improving outpatient scores for keeping patients informed of delays.
- Children's experience is generally positive in both hospital and community, although waiting times remain a challenge in outpatients.
- Patient experience priorities will include improvements in communications, noise at night, and assistance at mealtimes. Governors suggested that staff are reminded to always introduce themselves to patients in line with the 'Hello My Name Is'... campaign, as wearing the badges is just the first step.
- Governors suggested the Trust feedback to Dr Kate Granger about the positive impact of the campaign.

**Action – Director of Patient Experience to give feedback on the impact of the campaign to Dr Kate Grainger**

- Mystery Shopping: Eight new shoppers have been trained. Expansion of the programme to community sites has started. The scores for staff awareness of how patients can make complaints have risen since last summer.



The Patient and Public Engagement Manager took governors through the following areas of activity:

- The patient and public engagement strategy event received successful feedback from delegates. They particularly valued the opportunities to network and share good practice. Holding a similar event annually is now being considered. The event featured the inaugural Involvement to Impact awards, with winning entries from NHS Southwark CCG, Evelina London Community Speech and Language Therapy Team, and Postnatal Ward Staff.
- At the event, the Engagement Hub was launched – learning resource for staff to help them carry out PPE more effectively. Governors requested that they receive a demonstration at the next meeting.

**Action – Patient and Public Engagement Manager to arrange for next meeting if there is sufficient interest**

- In terms of PPE strategy implementation, the priorities this quarter will focus on involvement in recruitment, updating the involvement and consultation policy, developing a membership engagement plan, and publicising the Engagement Hub.
- Call Quality Assessments: the Pain Management clinic has been covered for first time. Areas for improvement include reducing gaps of silence, and limiting the number of callers placed on hold. Feedback has been given to the teams. The assessment will be repeated periodically to measure improvements.
- Healthwatch Lambeth and Southwark are continuing their Enter & View activities. The report on Healthwatch Lambeth's visit to the Older Person Unit has been published and circulated to Governors. Healthwatch Southwark continues to complete a series of 4 visits to St Thomas' A&E and their report will be shared with Governors.

## **5. QUALITY ACCOUNTS: UPDATE ON PROGRESS TO DATE ON THE 2015-16 PRIORITIES AND THE PROCESS OF DEFINING PRIORITIES FOR NEXT YEAR**

The Deputy Director of Assurance and Compliance explained how the Trust is required to agree priorities for its Quality Accounts every three years under the domains of safety, clinical effectiveness and patient experience. The

PPE Event featured an initial discussion with delegates on developing the quality priorities – the outputs have been circulated to Governors. Some of the existing quality priorities will be carried forward and it is expected that some new ones will be required by regulators, e.g. around the A&E four hour target and cancer referral to treatment waiting times. CQC Inspection comments will also feed into next year's priorities.

Governors are required to select one external indicator for audit as part of Quality Report. Governors requested that the auditors give their input into what works well at other trusts before they make their decision.

**Action - Deputy Director of Assurance and Compliance circulate auditors' suggestions outside the meeting so governors can give their views.**

A discussion took place on including PROMS (Patient Reported Outcome Measures) within the Quality Accounts and the difficulties around auditing because return rates are very poor post-surgery.

Governors suggested that Adult and children's Community services should be included as currently there is a much greater focus on Acute services. Suggestions included a quality indicator for the @Home service and childhood immunisation targets. Governors felt that Community indicators were particularly important given the expansion of community services, so feedback on their quality early on would be particularly valued.

## **6. REPORTS FROM COMMITTEES**

**Quality Committee:** Report was tabled. Never Events are at an unacceptable rate when annual target is 0. A number of measures are being taken to improve patient safety systems. The Cancer 62 day target is improving, but will still not be met because of external performance. Governors expressed their concern that the target is still not being met. It was suggested that the lead for QEWG draft a letter to the Trust Chairman from Governors registering their concern that the receiving hospital receives the penalty and not the referring trust. It was suggested that Cancer Centre patient reference group may wish to give their input.

**ACTION – Patient and Public Engagement Manager contact the reference group coordinator to understand the views of reference group**

**ACTION – QEWG lead to draft a letter to the Trust Chairman noting Governors’ support on the matter of the Cancer 62 day target**

**Nutrition Committee:** No report received.

**Children’s Services Committee:** No report received.

## **7. MATTERS ARISING**

The Patient Experience Manager drew Governors attention to the responses to the queries they raised at the last meeting, including on radiotherapy waiting times and website queries. For Dental Services, work is underway to improve the waiting experience, e.g. with a notice board on delays and staff making regular announcements.

## **8. ANY OTHER BUSINESS**

Apologies were noted for the lack of hearing loop. A hearing loop had been installed for the meeting, but failed.

## **9. DATE OF NEXT MEETING**

Tuesday 10 May, Globe Theory Room, Education Centre, York Road.

**END**

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<b>Council of Governors</b>	<b>Guy's and St Thomas'</b>  NHS Foundation Trust
<b>Service Strategy Working Group report – 12<sup>th</sup> April 2016</b>	<b>27<sup>th</sup> April 2016</b> <b>CG/16/12</b>

This paper is for:		Sponsor:	Service Strategy Working Group	
Decision		Author:	Dan Price (Strategy Manager)	
Discussion		Reviewed by:	Giles Taylor (SSWG Chair)	
Noting		CEO*		
<b>Information</b>	<b>X</b>	ED*		
		Board Committee*		
		TME*		
		Other*		

\* *Specify*

## **1. Attendees:**

Giles Taylor (Chair), Barry Silverman, Jenny Stiles, John Burns, John Duncan, Paula Young, Bryn Williams

Martin Shaw (Director of Finance), Jackie Parrott (Director of Strategy), Sarah Morgan (Director of Organisational Development and Vanguard Programme Director) and Dan Price (Strategy Manager) attended from Guy's and St Thomas'.

Apologies were received from Sheila Shribman, Ian Abbs, John Porter, Yvonne Craig-Inskip and Devon Allison.

## **2. Notes of the previous meeting and matters arising**

2.1 The notes of the meeting held on the 12<sup>th</sup> of January were approved as a true record.

## **3. Business Planning 2016/17**

3.1 Martin Shaw talked through the opening half of the presentation, which was tabled at the meeting. Martin explained that originally the operational plan was due to be submitted on the 11<sup>th</sup> of April, but the submission date was pushed back to the 18<sup>th</sup> April and so that numbers presented were still in draft. This is why the paper was tabled rather than sent in advance.

3.2 At the start of the 2015/16 year the Trust still had a gap in its business planning of £40m and it seems that the Trust has succeeded in meeting this challenge. In October the Trust thought 2016/17 business plan would start with a £100m gap, but this has been reduced to a £90m gap due to moving to the ETO tariff. So now the Trust is being asked to plan for a £3.6m surplus, requiring a £94m saving, but the Trust would receive £19m in funding from the centre to help achieve that. The Trust is negotiating with the national bodies on our plan and we have said it could be more positive about hitting the target with more transitional funding.

3.3 The current position is that we think we will only have a gap of £23.3m of savings/funding to identify and achieve within the financial year to meet a break even plan. It was noted that if the Trust fails to hit targets then the £19m

funding may not be forthcoming and that the funding from the activity hasn't been secured as yet. The Trust thinks the total ask for savings of £75m is too much and the centre has accepted this in part. We are considering a bid against the targeted sustainability fund to help bridge the gap to the control total that has been asked of us. We are sharing our figures with neighbours to look for other ways to save costs with them. The Trust has signed Head of Terms with four of the six boroughs.

- 3.4 The Trust is planning to phase its deficit, so that we expect to be deficit at the beginning of the year before moving to the control total by the end of the year. This will trigger the regulator concerns, but by planning for it we will mitigate the issue. While the ask for the Trust in 16/17 will be difficult for us, it will be much worse for other providers.
- 3.5 On specialised services funding the funding gap has reduced from £53.3m to £37m. The Trust has said that if we don't get a sensible offer then we won't be able to meet our control total. In that case we will have to decide what to do if the national bodies don't fund specialised services to the level needed. This is not a unique problem; other tertiary centres are in a similar position. The Trust is engaged in discussions with the regulator and is expecting them to be equitable in their decisions.
- 3.6 To meet the challenge the Trust is looking at putting a bit more 'sparkle' into the Fit for the Future Programme to help directorates identify cost savings. The main workstreams have already identified £23.2m worth of savings, which have been assessed on their quality implications by the Chief Nurse and Medical Director. This year's financial recovery town hall meetings have generated a great deal of ideas and savings and the Trust is looking to do this again. The Fit for the Future Workstreams also comprise of pieces of work where we are looking to work with KCH to unlock savings and solutions and respond to the Carter Review.
- 3.7 The country has been divided into 44 distinct regions which will have their own Sustainability and Transformation Plan (STP), the Trust has been told it is in the south east London STP. Amanda has been appointed as the first amongst equals for the STP and the plan is to build on the work of Our Healthier South East London. We are expected to submit our final version of the STP in June. The Governors commented that there didn't seem to be a role for them in the STP governance. Jackie agreed and said she would raise this as the STP governance was being developed now, along with the need for greater provider input.

3.8 One of the issues that the Trust was working on was how we engage with the wider geography given how much of our income comes from other regions, particularly Kent. This was important because the Trust needed to understand the assumptions other STPs were making about the services we provide and the implications of that. The Trust is discussing this with NHS England to determine the best way of doing this and Amanda is in contact with the lead for the Kent STP.

During questions and discussion the following was highlighted:

- That the total savings of £75m was around 7% of turnover and would be difficult. Three elements were causing this, tariff changes, savings from 15/16 that were recurrent and the reserves for cost pressures. The savings proposed have to be considered in the light of multiple years of successful cost saving programmes, so the figures indicated don't reflect the total improvements in some places over multiple years.
- The Trust was expecting to make progress on agreeing the control total and contracts but recognised that the way the system was structured would make this difficult.
- The Trust, and the wider NHS, isn't sure what is triggering the rise in demand for services. However, there is a lot of positive collaborative work in the system, like the Local Care Networks, to manage the rate of growth and demand.
- On the STPs the Trust is in a fortunate position. Other providers are actively concerned about how they engage in the process and are at a different stage of their thinking on the STP.

#### **4. Dartford and Gravesham Vanguard programme**

4.1 Sarah Morgan gave brief history of the vanguard programme starting by giving an overview of Dartford and Gravesham (D&G). The trust has a circa £200m turnover, but has a PFI building which inhibits their ability to meet their financial challenge. The Trust has a good clinical working relationship with D&G across a range of specialities including paediatrics, cardiology and renal services.



- 4.2 The principles of their organisation are to bring the best quality care for their patients and been innovative in doing so. They were seeking some system leadership to become sustainable and our respective executives have forged a good working relationship based on our shared values. D&G had ambitions to be the local integrated provider, but lost the tender process to Virgin and so are focusing on their acute provision.
- 4.3 Based on this strong clinical and corporate relationship the Trust and D&G were successful in their joint bid to the Vanguard programme. Our proposal was to create a group model without incurring acquisition. Much of this work is capacity driven as 15,000 new homes are being built in the area and there is no more acute capacity, and D&G struggles to attract the workforce it needs. To respond to this the programme will look at standardising clinical pathways and given that 20% of our staff commute from Kent, is also looking at how we could run back-office functions differently. To start the work we were given £1m in quarter four of 2015/16 to mobilise phase one of the programme.
- 4.4 Sarah took the Governors through the new Delta 7 picture which is a tool the programme plans to use to explain the context of the programme and its ambitions. This outlines that D&G knows it's own area and what's best for its patients and the Vanguard aims to work together to support that vision. The plan is to build on the existing blocks of good practice and relationships to look for further opportunities for gains for both trusts. As a system leader the Trust wants to support D&G to be a really good local hospital.
- 4.5 The Vanguard programme mobilised in January with pump prime funding to start working with clinicians to develop the plans for the workstreams outlined in the presentation;
- Dartford Health partnership – an innovative approach aka 'department store model', creating a sustainable solution and maintaining local access to services.

- Cardiology – To set up an integrated ‘system of care’ approach to ensure consistency of care for cardiology patients, wherever they live.
- Location – Developing an effective co-location strategy for some non-clinical and administrative resources in a site outside of central London.
- Vascular – To develop an innovative patient focused, ‘holistic’ networked approach to the efficient delivery of vascular care for local patients.
- Procurement – Create a network procurement model able to build procurement capability and delivery across multiple hospitals.
- Organisational Design – To create a Foundation Healthcare Group model which could yield significant benefits for both organisations and develop a replicable model for the NHS.
- Paediatrics – To develop a clinical network that enables the delivery of efficient secondary and tertiary health care to the children of DGT and GSTT.

4.6 Since the presentation was sent around the Trust discovered that the funding will be less than anticipated, only 20% of what was requested, and so the second wave of workstreams won’t be mobilised. As much of the work interlinks with our digital programme the Vanguard team is looking at accessing the money announced in the Autumn statement.

4.7 The ultimate ambition of the programme was to test a satellite model that doesn’t include acquisition and determine how the governance for that would work, particularly as acquisition hasn’t worked in the NHS. Phase one workstreams will look at what a HQ might look like and the implications of that.

During questions and discussion the following was highlighted:

- Governors asked whether this programme was a one way street with the benefits just going to D&G. Sarah explained that in many respects their outcomes are our outcomes for services like vascular and stroke so this will


benefit us in that regard too. For the Trust this is also about accelerating what we want to do, look for economies of scale and building a more sustainable future for the system.

- Governors asked about the firewall between D&G and the Trust, as well as the timelines for the programme. Martin pointed out that much of our activity is interdependent and their board is being proactive and helpful to look at what might be done. The Programme is looking at a five year plan, with a longitudinal study to look at the long term impact.
- Governors thought that the governance would be the key issue, and also one of the most difficult to resolve. Jackie highlighted that this work had implications for multiple areas like Medway, helping local hospitals be the best they can be and thinking about how we run specialised services like Evelina London Healthcare. This programme is based first and foremost on what is best for patients which is why D&G wants to work with us on this.
- The governors questioned whether Vanguard was worth what we'll have to support national reporting requirements. The Trust's view was that by being part of the cohort we can learn from others, have the access to the regulators to push a non-acquisitional model of care and help the regulators think through how they would regulate that.

## **5. Any other business**

5.1 There was no further business and the next meeting was confirmed for 5<sup>th</sup> July 2016, 5.30pm to 7pm in the Globe Theory Room at York Road.

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<b>Council of Governors</b>	<b>Guy's and St Thomas'</b>  NHS Foundation Trust
<b>Questions and Answers</b>	<b>Questions and Answers</b> <b>CG/16/13</b>

This paper is for:		Sponsor:	Corporate Affairs	
Decision		Author:		
Discussion		Reviewed by:		
Noting		CEO*		
<b>Information</b>	<b>X</b>	ED*		
		Board Committee*		
		TME*		
		Other*		

\* *Specify*

## **1. Summary**

This report provides a list of queries which have been raised by governors. Answers are included or are ongoing and will be provided to governors once available.

**Note:** *Governors are asked to send any queries to the Membership and Governance Co-ordinator or Peter Allanson and not directly to directorates. We will log questions and ensure they are properly handled.*

## **2. Request to the Council of Governors**

**The Council of Governors is invited to note the report.**

### 3. Detail/Commentary

The following questions have been raised by governors during the last quarter. Answers are included or are ongoing and will be provided to governors once available.

**Note: Governors are asked to send any queries to Andy Simpson or Peter Allanson and not directly to directorates. We will log questions and ensure they are properly handled.**

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
<p><b>In response to a survey circulated to governors to support the Kings College Hospital campaign to improve local transport links.</b></p> <p>This is good but do not GSTT not have some improvements around our sites e.g.</p> <p>(1) the Guys access:</p> <ul style="list-style-type: none"> <li>buses still advice a patient to alight at The Hop Cellar</li> <li>car and Taxis Access</li> </ul> <p>(2) St Thomas :</p> <ul style="list-style-type: none"> <li>Sir Hugh resent letter on bus stops, bus safety</li> </ul> <p>I think we should be seen to be pursuing</p>	<p><b>15/0026</b></p> <p><b>2016-03-06</b></p> <p><b>(Barry Silverman)</b></p>	<p>The Trust actively engages with external developers and public sector authorities on proposed, active regeneration and modernisation projects neighbouring Guy's Hospital or St Thomas' Hospital. Our concern is for the access and flow of traffic, cyclists and pedestrians coming into and leaving the hospital sites safely and effectively.</p> <p>The following highlights the updated position from this engagement:</p> <p><b>Guy's Hospital:</b></p> <ul style="list-style-type: none"> <li>In November 2015 the TfL's bus team confirmed that announcements on 381 and RV1 bus routes had changed to 'alight for Guy's Hospitals at Duke Street Hill' not at The Hop Exchange</li> <li>London Bridge station redevelopment ensuring communications of any major disruptions</li> </ul>	<p><b>Westminster Bridge Road South</b> - a letter was submitted from the Trust's Chair as part of the consultation on TfL's proposed bus stops/cycle ways. Unfortunately the final report published indicates that TfL intend to go ahead with the bus stop bypass along Westminster Bridge Road despite a number of organisations opposing this. Planned works are expected to start in autumn 2016 and complete in January 2018.</p> <p><b>Coach park on Lambeth Bridge Road</b> – following the Trust's response to the consultation and</p>	

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
patient interest.		<p>resulting from this project and on-going discussions to improve the wayfinding and signage to Guy's Hospital</p> <ul style="list-style-type: none"> <li>On-going discussion continues with TfL and Southwark Council re access to the hospital after Guy's Cancer Centre opens</li> <li>On-going discussion with developers at Shard Place (Fielden House) and King's Science Gallery due to impact of works along St Thomas Street and Great Maze Pond</li> </ul> <p><b>St Thomas' Hospital:</b></p> <ul style="list-style-type: none"> <li>TfL have confirmed a new bus stop on Lambeth Palace Road is now operational for bus routes C10, 77 and 507. This is located on the same side to St Thomas' Hospital and we have requested bus announcements to be updated as follows - for the new bus stop 'alight here for Evelina London Children's Hospital' and the existing Stop C to announce 'alight here for St Thomas' Hospital and Emergency Department'</li> <li>Westminster Bridge Road South - a letter was submitted from the Trust's Chair as part of the consultation on TfL's proposed bus stops/cycle ways. The public consultation closed in December 2015 (with a number of the drop-in events hosted at St Thomas' Hospital) and the findings from this are to be published in March 2016.</li> <li>We met with TfL in February 2016 and outlined</li> </ul>	<p>follow up meeting, TfL have decided not to go ahead with the proposed Coach Park on Lambeth Bridge Road (click here for final report).</p> <p>TfL have confirmed that the new bus stop on Lambeth Palace Road is now operational for bus routes C10, 77 and 507. This is located on the same side as St Thomas' Hospital and we are still awaiting confirmation on the correct bus announcements e.g. new bus stop to announce 'alight here for Evelina London Children's Hospital' and the existing Stop C to announce 'alight here for St Thomas' Hospital and Emergency Department'.</p> <p><b>(21-03-2016)</b></p>	



Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
		<p>the need for a joined up approach to their consultations e.g. Westminster Bridge Road South, Coach Park on Lambeth Bridge Road and Lambeth Bridge Southern roundabout. We outlined that the Trust needed to have a better understanding of these and their overall impact to the access and flow of traffic, cyclists and pedestrians coming into and leaving St Thomas' Hospital</p> <ul style="list-style-type: none"> <li>On-going discussion with developers at the Shell Centre, Elizabeth House and Waterloo Station due to the impact of works at the station and along York Road</li> </ul> <p>We appreciate any on-going feedback from staff, patients and governors to improve the access in and out of the hospital by continuingly engaging with external developers or public sector authorities.</p> <p><b>(14-03-2016)</b></p>		
<p>The policy papers coming out of NHS Improvement make much of place-based service provision. I have seen no discussion of how our 'place' is to be defined but the definition is obviously of considerable interest to governors.</p> <p>We are aware of SLIC placing us firmly in Lambeth and Southwark. We see work on SE</p>	<p><b>15/0025</b></p> <p>2016-02-18 (John Porter)</p>	<p>The place-based system of care is an initiative developing a whole systems approach to improve the overall response to growing financial and service pressures whilst avoiding further structural changes to the NHS. The idea is for the various organisations within particular geographical boundaries to work together to ensure efficient delivery of services, rather than there being a</p>		

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
<p>London which seems to move our sights Eastward. There is also talk of the southern London dimension. Our membership of course takes us across the river and also into Wandsworth. Then there is the dimension of tertiary care and in particular childrens' services.</p> <p>I hope we are not putting ourselves in a position of a fait accompli on our 'place' which does not reflect the reality of our services.</p>		<p>provider <i>or</i> a commissioner response.</p> <p>Implementation of place-based systems will see the formation of Sustainability and Transformation Plans (STP) for each region. It has been agreed by commissioners that our local STP is South East London (SEL) as part of the Our Healthier South East London (OSHEL) programme embracing the South London Integrated Care (SLIC) project. The SEL STP covers the boroughs of Lambeth, Southwark, Lewisham, Bromley, Bexley and Greenwich. Our own CEO is the lead from the SEL STP to which we have been allocated.</p> <p>For a trust like GSTT which provides specialist services nationally and which also has secondary flows from South West London as well as Kent, Surrey and Sussex, the geography of our STP is not entirely appropriate and this has been acknowledged.</p> <p>Whilst we agree it makes sense to build upon the work undertaken as part of OHSEL we contend that the sustainability of some specialised commissioned services cannot be addressed through one geographically confined STP.</p>		

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
		<p>There needs to be, amongst other things:</p> <ul style="list-style-type: none"> <li>• a national and regional discussion and strategy for children's services ;</li> <li>• a south London, Kent, Surrey and Sussex conversation on cardiovascular services; and</li> <li>• a south east London and Kent conversation on cancer services</li> </ul> <p>Also, service changes in other London footprints could shift activity flows and volumes that would have an impact on us. We have asked the Programme Director for OHSEL to link with his counterparts in South West London and other London 'footprints', though how London will link with surrounding STP footprints is currently unclear.</p> <p>We will keep governors abreast of developments. <b>(31-03-2016)</b></p>		
On KHP, could provide an explanation of the governance. How money flows in, how it is spent and under whose authority. Why no accounts are produced. How NEDs are appointed. How fund-raising across KHP partners is organised. Why no minutes of BOD meetings are produced. How CAGs are	<b>15/0024</b>  2016-02-05 (John Porter)	<p>The running costs of Kings Health Partners (KHP) are shared equally between the four organisations: Guy's and St Thomas' (GSTT); King's College Hospital; South London and Maudsley; and Kings College London.</p> <p>The foundation trusts (FT) have not delegated authority to KHP, so any initiatives it's proposing</p>		

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
controlled and financed. What KHP role is in integrated care across the community and what this community is and will be.		<p>that will require funds or delegated powers require the approval of all three FT Boards of Directors. Where service reconfiguration is concerned, there should be consultation of the governors of all three FTs and further afield.</p> <p>Our Chairman is minded to release KHP Board minutes to the GSTT Board, which would in turn make them available to governors.</p> <p>We shall respond further with more information generally and with regards to fund-raising. <b>(01-04-2016)</b></p>		
<p>As Governors we have had at least two briefings on SLIC, including one at a KHP Governors meeting. We have also seen the good work of SLIC on the ground.</p> <p>We know that the funding of SLIC by the Charity is about to end. Would it be possible for the Trust to write to its Governors telling us what changes will take place when the Charity funding ends, what governance will be put in place and how SLIC will operate?</p>	<p><b>15/0023</b></p> <p>2016-01-16 (John Porter)</p>		<p><b>A presentation on SLIC will be given at the next Council of Governors meeting on 27-04-2016</b></p>	
I think that there are aspects of Healthwatch's Enter and View Report that should be considered by Governors. In particular, the opportunity given by statute to Lambeth	<p><b>15/0022</b></p> <p>2016-01-07 (Barry)</p>	The formal statutory position is that Healthwatch have the Enter and Watch role as set out in the 2012 legislation, which governors do not.	One of the objectives in the 2016-17 Membership Development and Engagement Strategy, currently under	

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
<p>Healthwatch, for in depth examination of issues and access to management and staff, that is not available to Governors.</p> <p>If Governors did have such access, I think that the proceedings of QEWG would not only be different but also that much more productive.</p>	Silverman)	<p>However, we always try to facilitate requests from governors for access to staff, community locations and the hospitals. Whilst we would not deny governors access to management and staff here, but this always has to be by agreement (as indeed with the Enter and View and other inspection regimes) due to safeguarding implications.</p> <p>Our governors are well briefed with access to information and can use their experience from a variety of backgrounds to apply to their statutory role, which is to hold the non executive directors individually and collectively to account for the performance of the Board. We can discuss how to support your being better-positioned to do this on behalf of all patients and users.</p> <p><b>(04-01-2016)</b></p>	production, is to explore and identify a range of opportunities for governors to engage with local Healthwatch and other organisations which represent the needs of our patient groups.	
<p><b>NHS: Call for opt-out organ donation law across UK</b></p> <p>Wales has implemented Britain's first opt-out organ donation system with anyone who has lived in the country for more than a year now considered to be a donor unless they have registered a formal objection, informs The Times (Staff). Just three per cent of adults, or 85,944 people, have decided to opt-out as compared to only a third of the population registering to be a donor. The British Medical Association and the British Heart Foundation</p>	<p><b>15/0020</b></p> <p>2015-12-01 (Yvonne Craig Inskip)</p>	<p>GSTT is very supportive of organ donation: The Renal Unit has a very large living donation programme, and organ donation after death has been integrated into routine end-of-life care.</p> <p>If the government decided to introduce an opt-out system in the UK, the Organ Donation Committee would likely recommend that the Trust adopted it.</p> <p><b>(01-04-2016)</b></p>		

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
has called for the UK to adopt the policy.  Does GSST support this campaign - or is that too political?				
<p>As a Governor Member of the Trust's 'Smoke free Working Group' I asked whether GSST might be able to apply its accumulated work on the Smoke free objective towards a wider purpose with other Commercial Organisations. The reply was that, in relation to its peers, GSST was more at the end of the line than a vanguard for a Smoke free policy.</p> <p>This being so, I would like to enquire whether the Trust is already taking such action as may be available to it of implementing the <b>Public Health England</b> advice to Government on reducing sugar consumption.</p> <p>Therefore :</p> <ul style="list-style-type: none"> <li>• <b>If so</b>, could Governors be told about the plans and have the opportunity of contributing to them by participating in any established Working Group (such as was the case for developing the 'Smoke free' policy)</li> <li>• <b>If not</b>, will the Trust begin a proactive response to the Public Health (E) proposal in those areas not requiring</li> </ul>	<p><b>15/0004</b></p> <p>2015-10-26 (Barry Silverman)</p>	<ul style="list-style-type: none"> <li>• Our menus operate a traffic light coding system identifying what foods are healthier than other</li> <li>• The menus also display information on the nutritional content of the meal</li> <li>• We have implemented a vending policy that ticks the boxes of all the Government Buying Standards in relation to vending &amp; sugar content</li> <li>• Reduced confectionery packet sizes in line with GBS</li> <li>• We do not display sugar/confectionery or unhealthy items at till points</li> <li>• All our drink ranges have been reviewed &amp; high sugar options have been removed</li> <li>• Low calorie options are available throughout the retail outlets</li> <li>• Healthier food options are available daily &amp; are cheaper in price</li> <li>• We are active within the Trust's Health &amp; Well Being Committee</li> <li>• Trust dieticians have an active role within catering looking at improving healthy meals, snacks &amp; vending</li> <li>• Commercial contracts when renewal is up</li> </ul>		

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
<p>Government action but which are available to the Trust now within its present powers :</p> <ol style="list-style-type: none"> <li><b>sugar reduction in everyday food and drink</b></li> <li><b>ensure the sale of healthier food in hospitals and also public bodies</b></li> </ol> <p>It would be helpful if Governors could be informed of the scope of any intended response and how it might be applied to :</p> <ul style="list-style-type: none"> <li>hospital catering in the form of measurable targets, including alternative sugar options for patients</li> <li>commercial operations and franchise anywhere on hospital premises and any timescale or targets that might be necessary in relation to present contractual obligations</li> <li>the reputational powers of the Trust in encouraging other organisations in South East London and Westminster too follow its lead</li> <li>protecting staff health in relation to sugar consumption – particularly Agency night staff more removed from the day to day hospital environment</li> </ul>		<p>will have new guidelines to meet the demand for healthier options</p> <ul style="list-style-type: none"> <li>Actively involved with the Healthier Hospital Procurement Workshop</li> <li>Working within the communities supporting the Sustainable Lambeth Action Plan</li> </ul>		

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
Noting that PHE states that, <b>“if the UK were to meet the SACN target of 5% of energy being sugar within the next 10 years, it would save £484 million per year by avoiding deaths and preventing 204,000 dental caries,”</b> does the Trust have any knowledge of its <b>‘present sugar consumption’</b> and is there a way of setting a reducing target in relation to it, by establishing measurable criteria and actions that would advance the PHE objective.				
Local dentists are frustrated that communication for referrals to the dental department has to be on paper and not email or, for urgent cases, by FAX. Further, whilst the treatment received by their patients is seen as excellent, the follow-up reports are very slow in arriving which makes for difficulties.	<b>15/0003</b> 2015-06-25	<p>The dental department confirmed that they take referrals by email and the details are on the Trust website. The referrer is required to fill in a form and email it to the department. If a referrer has to send in x-rays they are often sent by post.</p> <p>The process for 2 week waits is by the central team and not Dental Services. They requested faxing in referrals.</p> <p>The department have a new Secretarial Manager in place who is ensuring that the letters are turned around more quickly, and is putting in long-term process changes.</p>	<p>A new Secretarial Manager is in place who, because of financial constraints, divides her time between this role and being PA for the Directorate Management Team.</p> <p>We have looked at the secretarial support for the total Directorate and understand that having grown considerably in the last few years we do not have sufficient secretarial manpower for all the referrals to be able to meet the Trust’s five-day letter turnaround. In response to this we have asked for two WTE secretaries in this year’s business plan. These will be a cost</p>	



Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
			<p>pressure to the Directorate.</p> <p>As well as recruiting we have been sending more letters out to Dict8 and Dict8IT, which means a quicker turnaround for those letters which only need checking when they returned, to ensure that they go to the appropriate patient/dental practice.</p> <p>We are currently looking into Dragon Dict8, whereby the consultant dictates the letters after the patient has been seen and, and we are also looking at emailing letters rather than posting them.</p> <p>The team are constantly working to improve their service within the constrictions of the financial environment both of the Directorate and of the Trust. <b>(24-03-2016)</b></p>	
I have written previously about the requirement for Patients wishing to attend <b>Urgent Care</b> (surely to be encouraged rather than to A & E) to register first at A & E. However, notwithstanding my representations, this remains a requirement	<b>15/0002</b> 2015-06-22	The Emergency Care programme team are reviewing the process for the urgent care centre registration and as an interim measure a sign will be added at the main A&E entrance advising patients to register with A&E reception before attending UCC. These issues are not anticipated to	The process was reviewed and the present single point of assessment and registration was kept on the basis of enhanced patient safety and clinical	

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
which is brought into sharp relief with the opening of the new corridor in Lambeth Wing that bypasses A & E. The effect is that Patients requiring the Urgent Care Department, arriving at the Main Entrance (or Lambeth Wing entrance that is very close to it) can easily arrive at the Urgent Care. But, having done so, patients are then directed, <b>by a large notice</b> , to register with A & E before entering. As a result they must retrace their footsteps to the Lambeth Wing Entrance and proceed to A & E via the <b>outside pathway</b> to register and then retrace their footsteps back to Urgent Care. May I suggest that this is an unreasonable imposition – particularly in inclement weather/winter conditions and seems to place the priorities of Departmental administration above Patient welfare? If so, it is hardly a demonstration of ‘showing we care’		be long term as the Urgent Care Centre will be relocated next to the Emergency Department reception in April 2016.	efficiency.  The new registration area and UCC open in four months, at which point the area of concern disappears. <b>(18/03/2016)</b>	
The CEO says that there is a programme of work underway by the Medical Director to address "hospital at night concerns". What progress I wonder? I realise how difficult it is to control events at night in a busy hospital, but I have had recent experience of unnecessary noise at night in the wards	2014-04-29	Hospital at Night is about the clinical operating model for looking after patients out of hours. We are currently looking at the future clinical model that will be required at GSTT and the implications this will have for our workforce, given activity changes and the anticipated shift towards a 24/7 care model at a national level.	<b>A further response/update has been sought.</b>	