

Council of Governors meeting, 26th April 2017

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COUNCIL OF GOVERNORS

Meeting to be held on 26th April 2017
6.00pm – 7.30pm, Governors Hall St Thomas'

A G E N D A

1. **Welcome, apologies and opening remarks**
2. **Minutes of meeting held on 25th January 2017** attached (CG/17/07)
3. **Matters Arising**
4. **Reflection session on Board of Directors meeting** oral
5. **Lead Governor election** attached (CG/17/08)
6. **Building our Membership: Recruitment, Communications and Engagement Strategy for 2017/18** attached (CG/17/09)
7. **Update: Replacement of External Auditors** attached (CG/17/10)
8. **Guy's Cancer at Queen Mary's Hospital and the new Kidney Treatment Centre** Presentation
David Cheesman and Sue Cox
9. **Governors' reports – to note and for information**
 1. **MeDIC**
Kate Griffiths-Lambeth attached (CG/17/11)
 2. **Quality and Engagement**
Devon Allison attached (CG/17/12)
 3. **Service Strategy**
Giles Taylor attached (CG/17/13)
10. **Questions and answers – for information** attached (CG/17/14)
11. **Any other business**
12. **Date and time of next meeting:**

The meetings will be held on 12th July 2017, Governors Hall, St Thomas' Hospital

| | |
|------------------------------|-----------------|
| Board of Directors meeting | 3.45pm – 5.30pm |
| Council of Governors meeting | 6.00pm – 7.30pm |

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Guy's and St Thomas'

NHS Foundation Trust

Council of Governors

**Minutes of the 55th meeting of the Council of Governors held on
Wednesday 25th January 2017 in the Robens Suite, Guy's Hospital**

Present:

Devon Allison
Thelma Bangura
Prof Kevin Burnand
Heather Byron
Yvonne Craig Inskip
Robert Davidson
John Duncan
Jonathan Farley
Linda Goldsmith
Kate Griffiths-Lambeth

Tom Hoffman
Darren Oldfield
James Palmer
Prof Lucilla Poston
Vicky Rogers
Jenny Stiles
Giles Taylor
Bill Williams
Dr Bryn Williams

Apologies:

John Balazs
Anita Campolini
Dr John Chambers
Jane Fryer
Tony Hulse
David Maurice

Sam Newman
Matthew Patrick
Prof John Porter
Sue Slipman
Prof Warren Turner
Sonia Winifred

In Attendance:

Executive Directors:

Dr Ian Abbs
Hannah Coffey
Jon Findlay
Sir Ron Kerr
Ann Macintyre
Steve McGuire
Amanda Pritchard
Martin Shaw
Dame Eileen Sills

Non Executive Directors:

Felicity Harvey
Girda Niles
Priya Singh
Sir Hugh Taylor (Chair)

Other Attendance:

Peter Allanson
Adeola Ogunlaja
Karen Bonner

Trust Secretary and Head of Corporate Affairs
Membership and Governance Co-ordinator
Corporate Head of Nursing

CG/17/01 Welcome, apologies and opening remarks

The Chairman welcomed Lucilla Poston to her first meeting as the KCL stakeholder governor, following Dianne Rekow's retirement. Governors noted that Sam Newman was standing down as he was leaving the Trust's employment. He would be replaced by Noreen Ging who had the next highest number of votes on the ballot and would serve the remainder of his term. His contribution to the Council was commended.

The Trust Secretary reported that the Lead Governor's health continued to improve although it was not yet clear whether he would be able to resume his responsibilities. He was likely to make a decision in time for the Council to take action in April, if necessary. In the meantime, any governors who were interested in standing for election as Lead Governor were invited to discuss what was involved with the Chairman or Trust Secretary.

A vacancy had arisen on the Nominations Committee for a patient governor. After a vote amongst the Patient Governors, Heather Byron was elected to sit on the Committee.

CG/17/02 Minutes of the meeting held on 26th October 2016

The minutes of the meeting held on 26th October 2016 were approved as a true record.

CG/17/03 Matters Arising

In the light of a discussion at the recent Accountability Session, rather than the previous meeting, Governors noted that the Chairman of King's College Hospital Foundation Trust had intervened in the national debate on NHS funding.

CG/17/04 Reflection session on Board of Directors meeting

Members of the Council of Governors raised a number of issues arising from the Board discussions.

Assurance was sought that the proposals for the Evelina London to have more devolved responsibility would not loosen its ties to the main Trust. The Chairman confirmed that the proposal would not affect the position of the Evelina London as an integral part of the Trust, with the Chief Executive remaining the accounting officer for the whole Trust, including Evelina London. The proposals were a response to the recognition that the scale of the Trust was making it increasingly difficult for the Board and the senior executive team to maintain close, detailed oversight of all its functions. The greater level of operational autonomy and accountability being considered for the Evelina London would, in practice, enhance the assurance of the Board and the Governors could exercise in the case of this discrete, but nevertheless crucial, area of the Trust's activities.

The Chief Operating Officer clarified the comments made about operating theatre capacity in that the Trust expected to deliver next year's predicted activity within its current capacity and was not reliant on increasing the number of theatres. That was different from saying the Trust was not investing in theatres, indeed the capital plan assumed that it would.

Governors were particularly interested in some of the innovative solutions being used to avoid staffing difficulties including physician's assistants whose value was particularly evident on orthopaedics. The shape of ward teams would change over time and would need to flex to provide the right solutions for the needs of patients in any given location. Resolving the position of EU staff who represented about 13% of employees was important to the Trust in terms of longer term planning and of course the well being of the individuals. Governors also welcomed the proposed increase in the use of volunteers in the Trust.

The Director of Finance was commended on his stewardship and presentation of the Trust's financial position.

The Chief Operating Officer gave more detail about some of the increases in referral numbers. Overall the position had settled and the system as a whole seemed more stable, so the unprecedented peaks of the earlier part of the year were not expected to recur. What had happened had encouraged the CCGs to look more closely at local demand management, which the Trust welcomed.

CG/17/05 Community Services Staff Governor election

The Council noted the timetable for the forthcoming election for a staff governor from the adult services staff which would take place in the early summer.

CG/17/06 The Nightingale Project

Governors warmly welcomed the presentation by Karen Bonner and colleagues describing the early days of the Nightingale Project where the first phase concentrated on establishing the ward nursing teams at the beginning, middle and end of the shift. A simulation based training programme was being spread across the ward workforce and into analogous community settings such as Pulross and the @Home service. The next steps would then be to involve more members of the multi disciplinary team.

CG/17/07 Governors' Reports

Membership Development, Involvement and Communications Working Group

The Working Group Lead drew attention to a number of initiatives that the group was sponsoring – engagement sessions for staff and staff governors including raising governor profiles by involving them in presenting care awards, establishing an e-mail group etc.

A survey to members to gather more information generally and e-mail addresses specifically would be sent to members in February. The group had also commissioned some research aimed at advising the Trust about accessing harder to reach communities to encourage a membership more reflective of the local communities. The report was due at the end of January.

The new membership strategy would be launched with governors in April and a film aimed at encouraging membership was being made involving staff and governors. It would be aired in shopping centres in SE London beginning in Brixton on 20th February 2017.

Finally, the topics for the next set of health seminars had been confirmed and it was hoped that governors could be encouraged to attend the sessions.

Quality and Engagement Working Group

The Group had received presentations on improving transfers of care and had been encouraged by films from the local Healthwatch committee reflecting local experiences and initiatives.

A focus on young people and the transfer from children's services to adult's, together with reviews of the quality strategy, were on the next agenda. A further invitation to suggest future agenda topics would be issued shortly.

Service Strategy Working Group

The Group had concentrated recently on business planning and fulfilling the remit of advising the Trust on its strategies. It was helpful for governors to see the amount of work needed to develop credible plans given the relentless pressures on meeting operational and financial targets. There had also been a briefing on the STP and Fit for the Future.

All three groups encouraged governors to attend the meetings; there is a real role to play and the work the Trust put into preparing for them demonstrated the seriousness with which it took the Council and its opinions.

CG/17/08 Questions and answers

The Council of Governors noted the updated matrix of issues that had been raised which included to questions dealt with or raised during January's Accountability Meeting.

CG/17/09 Any other Business

There was none.

CG/17/10 Date and time of next meeting

The meetings will be held on 26th April 2017 in the Governors Hall, St Thomas' Hospital

| | |
|-------------------------------------|---------------|
| Board of Directors meeting | 3.45 – 5.30pm |
| Council of Governors meeting | 6.00 – 7.30pm |

Signed:

Date:

| | | |
|----------------------------------|--|------------------|
| Council of Governors |  Guy's and St Thomas' NHS Foundation Trust | |
| Election of Lead Governor | 26th April 2017 | CoG/17/08 |
| | | |

| | | | | |
|--------------------|---|------------------|-----------------|--|
| This paper is for: | | Sponsor: | Chairman | |
| Decision | X | Author: | Trust Secretary | |
| Discussion | | Reviewed by: | | |
| Noting | | CEO* | | |
| Information | | ED* | | |
| | | Board Committee* | | |
| | | TME* | | |
| | | Other* | | |

* *Specify*

1. Summary

The Lead Governor, John Porter, has decided to stand down and so the Council is invited to elect a replacement Lead Governor in accordance with the Trust Constitution.

2. Request to the Council of Governors

Two governors have put themselves forward for election so we will need to hold a ballot during the meeting. Ballot papers will be given to Governors on arrival at the meeting. They should be completed and returned to the Membership Manager before the agenda item “Governors’ Reports” so that the outcome of the election can be announced at the end of the meeting. The Constitution requires a paper ballot at the meeting so attendance at the meeting is the only method of voting.

Annex

Candidates standing as Lead Governor, April 2017

Devon Allison

Joining the board of governors was made much easier for me by John Porter, who made himself available with such wisdom and good humour. While I cannot claim John's long experience, I would work hard for the trust and my fellow governors. Difficult times lie ahead, as the trust moves into uncharted and financially challenged STP territory while handling unprecedented demand, and we need to sustain excellent relationships between governors, directors and staff. As lead governor, I would plan to:

help governors find the places where they can best contribute—whether through committees, agenda setting, or effectively communicating the experience and points of view that arise from being a stakeholder in the trust's complex community;

lead informal governors' meetings encouraging people to discuss issues and ideas openly and in depth; and

ensure new governors are warmly welcomed, while all governors feel part of a team that works.

David Maurice

Although a relative newcomer to the Trust, I come with 18 years successful experience as Chair of Governors of 2 local schools, for which I was honoured with an MBE.

The role of Lead Governor and its tasks and responsibilities is identical to that of Chair of a school Governing Body and there is nothing that I haven't encountered in my time as Chair.

If I am elected as Lead Governor, I hope (within Trust guidelines) to expand the role and call on the expertise of other Governors, since I firmly believe that utilising the talents of other Governors is the most efficient and successful way of ensuring the Trust benefits the very most for that pool of talent that exists within the Governors.

I would like to create a working group to allow this to happen and hope that Governors will want to be a part of that process.

| | | |
|---|--|------------------|
| Council of Governors |  Guy's and St Thomas' NHS Foundation Trust | |
| Building our Membership: Recruitment, Communications and Engagement Strategy for 2017/18 | 26th April 2017 | CoG/17/09 |
| | | |

| | | | | |
|--------------------|----------|------------------|---|--|
| This paper is for: | | Sponsor: | Membership Development, Involvement and Communications Working Group | |
| Decision | X | Author: | Adeola Ogunlaja (Membership and Governance Co-ordinator) | |
| Discussion | | Reviewed by: | | |
| Noting | | CEO* | | |
| Information | | ED* | | |
| | | Board Committee* | | |
| | | TME* | | |
| | | Other* | | |

* *Specify*

1. Summary

The *Building our Membership: Recruitment, Communications and Engagement* strategy outlines our proposed plan to build and maintain a healthy Trust membership that is more substantial and representative of the communities we serve. The strategy focuses on the following key areas:

- To build and maintain a representative membership
- To improve involvement of members
- To improve communications and engagement with members
- To improve the data stored on members

These priorities are aligned with and driven by the Trust's Patient and Public Engagement Strategy, which provides the framework for membership recruitment and involvement.

2. Request to the Council of Governors

The Council of Governors is asked to:

- Note the priorities identified for 2017/18 indicated in section 4.0
- Note the proposed activities for 2017 indicated in section 5.0
- Adopt the strategy and the action plan attached at Appendix A

Building our Membership: Recruitment, Communications and Engagement

1.0 Introduction and background

- 1.1 As an NHS Foundation Trust, Guy's and St Thomas' has a duty to engage with its local communities, encourage local people to become Trust members and ensure that our membership is representative of the communities we serve.
- 1.2 The Trust has made considerable efforts to ensure that our membership is representative of our diverse local communities however there has been a steady decline in membership over a number of years. The Trust has 9,594 patient and public members as at 31st March 2017 compared with 9,921 patient and public members in March 2014.
- 1.3 This strategy outlines our proposed plan during 2017/18 to build and maintain a healthy Trust membership that is substantial, responsive and representative in order to meet local needs and continually improve our services. The Trust's comprehensive Patient and Public Engagement Strategy 2014-17 provides the framework for membership recruitment and involvement.

2.0 Membership benefits

- 2.1 Guy's and St Thomas' is accountable to its members via the Council of Governors who represent their views.
- 2.2. Members are kept informed about Trust activities through various channels including the quarterly *the GiST* magazine, monthly *e-GiST* email newsletter, ad hoc electronic communication, and invitations to events and meetings such as the free Members' Health Seminar and the Annual Public Meeting.
- 2.3. Other benefits of being a member include:
 - Voting for representatives on the Council of Governors
 - Standing for election to the Council of Governors
 - Attending the Council of Governors meetings
 - Advising on the information given to patients
 - Taking part in surveys and consultations
 - Getting involved in patient involvement initiatives such as mystery shopping and patient-led assessment teams
 - Receiving discounts on products and services with Health Services Discounts

3.0 Eligibility for membership

Membership of Guy's and St Thomas' is free and divided into three constituencies:

3.1. Public Constituency

People who are aged 18 years or over and live in the London boroughs of Southwark, Lambeth, Westminster, Lewisham or Wandsworth are enrolled as public members.

3.2. Patient Constituency

People who do not live locally but are aged 18 years or over, and have been patients or carers of patients treated at the Trust in the last 5 years are enrolled as patient members.

3.3. Staff Constituency

Our staff constituency consists of the following:

- Staff who are employed under a permanent contract of employment or on a fixed term contract of at least 12 months by the Trust;
- Staff who are employed by any of our partner organisations and have been continuously based at our Trust for at least 12 months;
- Registered volunteers of the Trust

Trust staff are automatically enrolled as staff members unless they choose to opt out.

4.0 Priorities for 2017/18

| Constituency | March 2017 | March 2016 | March 2015 | March 2014 |
|--------------|--------------|--------------|--------------|--------------|
| Public | 5,581 | 5,523 | 5,609 | 6,652 |
| Patient | 4,013 | 4,052 | 4,204 | 4,269 |
| Total | 9,594 | 9,575 | 9,813 | 9,921 |

4.1 The above table shows a steady decline in patient and public membership since March 2014. This is due to members no longer wishing to remain members, passing away, or moving away and not providing new addresses for future communication. During 2017/18 it will be important to focus on recruitment to ensure that our Foundation Trust membership numbers grow.

4.2. Analysis of the demographic makeup of the Trust's public membership shows that it is not representative across the three main categories for which it is required to report to NHS Improvement: gender, age and ethnicity.

The table below provides a breakdown of the current public membership constituency by comparison with the local population for gender, age and ethnicity. The index score is an indicator of membership representation; scores below 100 (red) reflects under-representation, between 100 and 120 means we are on target and above 120 (green) reflects over-representation.

| | Public | % of Membership | Population | % of Area | Index |
|---|--------------|-----------------|------------------|---------------|-------|
| | 5,581 | 100.00 | 1,494,378 | 100.00 | |
| Gender | | | | | |
| Male | 1,613 | 28.90 | 743,168 | 49.73 | 58 |
| Female | 2,384 | 42.72 | 751,210 | 50.27 | 85 |
| Unknown | 1,584 | 28.38 | 0 | 0.00 | 0 |
| | | | | | |
| Age | | | | | |
| 0-16 | 0 | 0.00 | 286,036 | 19.14 | 0 |
| 17-21 | 11 | 0.20 | 81,637 | 5.46 | 4 |
| 22-29 | 90 | 1.61 | 243,606 | 16.30 | 10 |
| 30-39 | 429 | 7.69 | 328,155 | 21.96 | 35 |
| 40-49 | 551 | 9.87 | 209,242 | 14.00 | 71 |
| 50-59 | 571 | 10.23 | 158,291 | 10.59 | 97 |
| 60-74 | 675 | 12.09 | 125,850 | 8.42 | 144 |
| 75+ | 546 | 9.78 | 61,561 | 4.12 | 237 |
| Unknown | 2,708 | 48.52 | 0 | 0.00 | 0 |
| | | | | | |
| Ethnicity | | | | | |
| White - English, Welsh, Scottish, Northern Irish, British | 687 | 12.31 | 588,303 | 41.51 | 30 |
| White - Irish | 39 | 0.70 | 31,508 | 2.22 | 31 |
| White - Gypsy or Irish Traveller | 0 | 0.00 | 905 | 0.06 | 0 |
| White - Other | 135 | 2.42 | 210,890 | 14.88 | 16 |
| Mixed - White and Black Caribbean | 12 | 0.22 | 29,029 | 2.05 | 10 |
| Mixed - White and Black African | 7 | 0.13 | 15,508 | 1.09 | 11 |
| Mixed - White and Asian | 8 | 0.14 | 17,093 | 1.21 | 12 |
| Mixed - Other Mixed | 16 | 0.29 | 26,416 | 1.86 | 15 |
| Asian or Asian British - Indian | 42 | 0.75 | 31,257 | 2.21 | 34 |
| Asian or Asian British - Pakistani | 14 | 0.25 | 18,337 | 1.29 | 19 |
| Asian or Asian British - Bangladeshi | 8 | 0.14 | 15,313 | 1.08 | 13 |
| Asian or Asian British - Chinese | 23 | 0.41 | 28,443 | 2.01 | 21 |
| Asian or Asian British - Other Asian | 30 | 0.54 | 45,514 | 3.21 | 17 |
| Black or Black British - African | 305 | 5.46 | 138,584 | 9.78 | 56 |
| Black or Black British - Caribbean | 97 | 1.74 | 94,460 | 6.66 | 26 |
| Black or Black British - Other Black | 29 | 0.52 | 47,179 | 3.33 | 16 |
| Other Ethnic Group - Arab | 1 | 0.02 | 23,698 | 1.67 | 1 |
| Other Ethnic Group - Any Other Ethnic Group | 28 | 0.50 | 54,906 | 3.87 | 13 |
| Unknown | 4,100 | 73.46 | 0 | 0.00 | 0 |

- 4.3. There are significant gaps in the data the Trust stores relating to gender, age and ethnicity, categorised as unknown in the previous table. This makes it difficult to analyse reliably the extent to which membership is under-representative.
- 4.4. Involvement of members should also be improved to incentivise people to remain members of the Trust. Communication and engagement should increase, especially amongst staff governors and staff members, as better engagement with staff members will in turn lead to a better turnout at elections and the number of staff nominees standing.
- 4.5. Therefore the main priorities for 2017/18 are:
- 1. To build and maintain a representative membership**
 - To increase Trust membership levels in a targeted way in order to make progress towards reflecting the communities served by the Trust
 - To grow the patient and public membership by 5%, from 9,594 in March 2017 to 10,074 in March 2018
 - 2. To improve involvement of members**
 - To carry out an involvement survey and agree an action plan in response to feedback
 - To continue to involve members in initiatives such as patient-led assessment teams
 - 3. To improve communications and engagement with members**
 - To improve links with community and patient groups
 - To improve communication between members and governors
 - To improve turnout at elections and the diversity of candidates
 - To increase the use of electronic communication and encourage members to share their email details
 - 4. To improve the data stored on members**
 - To ensure our members' details are up-to-date to be able to examine the extent to which the membership is representative

5.0 Proposed Activities for 2017

5.1. To build and maintain a representative membership

This is linked to objective 16 of the Trust Patient and Public Engagement Strategy 2014-17, which is to develop plans to ensure the constitution of the Foundation Trust membership is representative of the populations served by the Trust.

Membership so far has been promoted through the Trust website, *the GiST* magazine, e-*GiST* newsletter, membership leaflets, events and meetings such as the Annual Public Meeting. Fundraising in particular has been successful in recruiting over 1,000 new

members, where people are asked if they would like to become members through patient mailings.

In November 2016, the Membership Development, Involvement and Communications Working Group (MeDIC) agreed the Trust should take part in community roadshows in Lambeth, Southwark and Wandsworth, run by DFP. The aim is to yield around 1,500 new members through community-based recruitment.

The MeDIC Working Group also agreed to approach Green Park as a specialist consultancy, for advice on strategies for increasing Trust membership levels so that it reflects the diversity of our local communities more closely. A report has been produced which identifies diverse communities within Lambeth and Southwark, and contact details of community representatives.

Proposed activities during 2017:

To conduct a targeted recruitment campaign, using the DFP community roadshows as a platform.

To set up a MeDIC sub-group to develop an action plan for implementing recommendations of the Green Park report.

To continue using existing methods to develop Trust membership, with particular focus on fundraising, advertising membership in each issue of *the GiST* magazine, producing a new membership leaflet and displaying leaflets within the Trust.

5.2. To improve involvement of members

This is linked to objective 17 of the Trust Patient and Public Engagement Strategy 2014-17, which is to develop mechanisms that maximise the involvement of members in Trust activities.

A membership survey was designed in 2015 to better understand our membership and how the role could be expanded. A total of 500 responses were received, with the majority (57%) stating that they became members to take part in activities to help improve services. When asked what they would like to do more of, 51% stated that they would like to take part in surveys and consultations whilst 49% stated that would like to give their views on how services are performing and making improvements.

During 2017 it will therefore be important to focus on responding to members' interests, thereby incentivising members to remain enthusiastic and actively involved. There is an opportunity to do so through the Fit for Future programme, which is currently exploring how patient members can be engaged with the Trust to give their views on how general service areas can be improved.

Through the Patient and Public Engagement (PPE) team the Trust actively involves the public and service users in the assessment of and design and delivery of services, in line both with our obligations as a Public Benefit Organisation and with the stated objectives in our Patient and Public Engagement Strategy document which highlights the Trust's desire to transition towards a co-design model of service delivery. Members so far have had the opportunity to be involved in Ward Accreditation Visits, PLACE assessments and Call Quality Assessments.

Proposed activities during 2017:

To design a short survey focused on involvement activities for a better understanding of the service areas that our members are interested in. The data collected will be added to members' profiles by Membership Engagement Services, so that members can be called upon to give their views about developments in their interest areas.

To invite members to join patient-led assessment teams during visits to different parts of the Trust such as inpatient wards and facilities, outpatient clinics, the A&E department, and inpatient community-based services between March and June 2017.

5.3. To improve communication and engagement

This is linked to objective 19 of the Trust Patient and Public Engagement Strategy 2014-17, which is to continue to build stronger relationships between the Trust and its stakeholders including Governors, Foundation Trust members, community voluntary sector, local Healthwatch and Overview and Scrutiny Committees.

GiST mailings are a good way of engaging with members and communicating key information such as forthcoming meetings, health seminars and governor elections. During 2017, members will receive 4 mailings in February, May, August and November. Members who have provided email addresses will also continue to receive our monthly email newsletter *e-GiST*, and ad hoc email communications from the Trust.

Our Members' Health Seminars provide a good opportunity for governors to engage with members. This year we will hold five health seminars for members on kidney disease, diabetes, pain management, living with and beyond cancer, and accident and emergency. Via the evaluation forms provided, members play an important role in shaping future health seminars and topics.

Using the information provided in the Green Park report, there is scope to build stronger relationships with community organisations. It will be important to contact the community representatives highlighted in the report to improve our knowledge of these community groups and their interests, and to provide them with information about Trust activities. It will also be important to work with the PPE team to identify existing patient groups and

how governors could attend forums to describe their role in representing patient and public interests and the benefits of being a member.

Like members of the public and patients, staff members are stakeholder in the organisation and are provided with opportunities to be involved in the Trust's activities. For the second year running, GSTT achieved the top ranking for staff engagement out of all trusts in England, receiving a score of 4.03 (on a scale of 1-5) for staff engagement in the national NHS Staff Survey results published in March 2017.

However greater levels of engagement could be fostered between staff members and their governors. Following a meeting with staff governors in November 2016, it was agreed that staff governors needed to have a much higher profile in order to successfully engage with, and better represent their constituents. Some of the actions proposed included creating an internal email distribution list for staff governors to encourage a two way flow of communication with staff members, presenting Fit for the Future badges to nominated staff members at Team Briefings to increase the visibility of staff governors, and hosting internal open surgery sessions for staff, tailored around current issues and topics of interest.

Proposed activities during 2017:

To continue sending the quarterly *the GiST* magazine, monthly e-GiST newsletter, and ad hoc email communications. It is also important that we revisit the welcome email sent to all new members.

To improve links with community and patient groups by attending local forums to engage with members and to also promote Trust membership.

To deliver five health seminars for members during 2017, and gain reasonable turnouts.

To support staff governors to raise their profile and to foster greater levels of engagement between staff members and governors.

5.4. To improve the data stored on members

Hosting good data on our members is important not only for reporting to our regulator, NHS Improvement, but also for allowing the Trust to identify where gaps are in demographic representation so that it may plan evidence-based activities to address these gaps.

The figures below highlight the extent of the Trust's gaps in data relating to our main membership reporting categories for patient and public members:

- Gender 1,584 members (unknown)
- Age 2,708 members (unknown)
- Ethnicity 4,100 members (unknown)

Proposed activity for 2017:

To ensure that our membership database is up to date with members' details. This can be done via the membership involvement survey by also encouraging members to provide their personal information including email addresses.

To consider making demographic questions on the online membership application form mandatory, but also include a 'rather not say' option.

6.0 Evaluation

- 6.1. The Membership Development, Involvement and Communications Working Group will monitor the effectiveness of this strategy through the action plan (see Appendix A), which will support the delivery of the identified priorities for 2017/18.

7.0 Responsibility for progress of the strategy

- 7.1. The Membership Office, Patient and Public Engagement Team, and the Communications Team will play a key role in the implementation and development of this strategy.
- 7.2. The Trust Secretary and Head of Corporate Affairs will report on progress to the Patient and Public Engagement Strategy Steering Group.


**Building our Membership:
Recruitment, Communications and Engagement
Action Plan**

| | Actions | Success criteria | Target Date | Lead | Progress |
|--|--|---|-------------|-------------------------------|----------|
| PPE Strategy Objective 16: Develop plans to ensure the constitution of the Foundation Trust membership is representative of the population served by the Trust | | | | | |
| 1. To build and maintain a representative membership | a) To conduct targeted recruitment campaigns e.g. membership recruitment at local community roadshows via DFP TV | To recruit 1,500 new members and measure the diversity of new recruits to assess the effectiveness and whether to take part in future DFP roadshows | 01/05/2017 | DFP / Membership office | |
| | b) To set up a MeDIC sub-group to develop an action plan for implementing recommendations of the Green Park report i.e. forming relationships with local BAME communities, identifying speakers to deliver tailored health seminars in the communities suggested, and considering a network of ambassadors/champions | Develop, implement and monitor the effectiveness of the action plan | 31/03/2017 | Membership office / Governors | |
| | c) To continue recruiting new members via the fundraising patient mailing programme and to advertise membership in each issue of <i>the GiST</i> magazine | Continue to monitor the number of members recruited through this method | Ongoing | Membership office | |
| | d) To produce a new membership leaflet and revisit discussions with the Friends/Voluntary team about displaying leaflets internally. To consider displaying leaflets on stands and also at | Measure how effective this method is by including 'internal leaflet' as an option when asking members how they heard about Trust membership, on the online application form | Ongoing | Membership office | |

| | | | | | |
|---|---|--|------------|--|--|
| | PALs, Sickle Cell clinics, Sexual Health clinics, and Cancer Centre Welcome Village | | | | |
| PPE Strategy Objective 17: Develop mechanisms that maximise the involvement of members in Trust activities | | | | | |
| 2. To improve involvement of members | a) To design an involvement survey to better understand the service areas that our members are interested in | To achieve the return rate of 5% | 31/03/2018 | Membership office / PPE team | |
| | b) To work with the PPE team to provide more opportunities for members to be involved in Trust activities i.e. taking part in PLACE assessment visits | Gain feedback from members towards the end of the year on how satisfied they feel about their level of involvement | 31/03/2018 | Membership office / PPE team | |
| PPE Strategy Objective 19: Continue to build stronger relationships between the Trust and its stakeholders including Governors, Foundation Trust Members, community voluntary sector, local Healthwatch and Overview & Scrutiny Committees | | | | | |
| 3. To improve communications and engagement with members | a) To continue sending the quarterly <i>the GiST</i> magazine to members and monthly <i>e-GiST newsletter</i> | Measure the open rate of the monthly <i>e-GiST</i> newsletter over the 12 month period and include questions about the magazine and newsletter in the involvement survey | 31/03/2018 | Communications team / Membership office | |
| | b) To continue to send ad hoc email communications to members and revisit the welcome letter (email) sent to all new members | Gain feedback from members towards the end of the year on how well the Trust communicates information | 31/03/2018 | Membership office | |
| | c) To work with the PPE team to identify the various patient forums available and to improve links with community and patient groups by attending forums to engage with members | Monitor the number of governors who attend to describe their role in representing patient and public interests and promote membership | 31/03/2018 | Membership office / PPE team / Governors | |
| | d) To deliver five health seminars for members during 2017/18, reviewing existing promotion | Assess the level of member engagement at all health seminars through recording attendance and | 31/03/2018 | Membership office | |

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| | channels to improve turnout | evaluating feedback | | | |
| | e) To support staff governors to raise their profile and to foster greater levels of engagement between staff members and governors | Increased awareness of staff governors and improvement in staff participation in 2018 elections | Ongoing | Staff Governors / Membership office | |
| | | | | | |
| 4. To improve the data stored on members | a) To ensure that the personal information that we store on members are up to date by asking members to provide their personal information in the involvement survey | Increased number of members with complete personal information | 31/03/2018 | Membership office | |
| | b) To consider making demographic questions on the online membership application form mandatory, but also include a 'rather not say' option | Reduced numbers in the unknown category | 31/03/2018 | Membership office | |

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| Council of Governors |  | |
| Update: Replacement of External Auditors | 26th April 2017 | CG/17/10 |
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| This paper is for: | | Sponsor: | Martin Shaw, Director of Finance | |
| Decision | | Author: | Daniel Carlen, Associate Director of Finance, Financial Operations | |
| Discussion | | Reviewed by: | | |
| Noting | X | CEO* | | |
| Information | X | ED* | | |
| | | Board Committee* | | |
| | | TME* | | |
| | | Other* | | |

* *Specify*

1. Summary

The rules relating to potential conflicts of interest for external auditors of public bodies changed in December 2016. Our current external auditors, KPMG, are also our tax advisers. The new rules mean we cannot continue with KPMG as both our external auditors and our tax advisers. By mutual agreement, it is proposed to break our contract with KPMG for external audit services after 2 years and not to retain their services as external auditors for the financial year 2017/18. They will then continue as our tax advisers for the length of their current contract.

The council of governors are responsible for appointing the external auditors. A procurement process to identify new external auditors was launched in March 2017, following the same procedure as for the previous appointment. A panel consisting of executive and non-executive directors, trust finance & procurement staff and a member of the council of governors will review the tenders and will make a recommendation to the council of governors for approval at the meeting on 12 July.

2. Request to the *Council of Governors*

The council of governors is asked to note:

- the need for the Trust to secure new external auditors,
- the process that is being followed, and
- the expectation that a recommendation for new external auditors will be presented at the council of governors' meeting in July for consideration and approval

3. Background

KPMG has provided tax and commercial advisory services to Guy's & St. Thomas' since we became a Foundation Trust (and to our predecessor body) providing advice and guidance on all our commercial activities and major construction projects in recent years. KPMG is also currently the Trust's external auditors.

KPMG has now advised that, under the guidance produced by the National Audit Office (Ethical Guidance: Annex to Auditor Guidance Note 1 [AGN 01](#) issued 12 December 2016), they cannot continue in both roles (beyond a very limited "grandfathering" of a pre-existing contract for VAT compliance).

The first reporting period to "fall foul" of the guidance is 2017/18 (so work on the 2016/17 annual accounts is unaffected). It is the Trust's preference to retain access to the full range of KPMG's non-audit services – as their knowledge of our commercial history is invaluable to our efficient use of resources. KPMG have indicated the wish under the circumstances to end prematurely by mutual agreement the current contract for external audit services. This would see KPMG complete work on the annual accounts for 2016/17 but not complete the final year of their contract. KPMG has indicated that, by starting the process of selection and confirming the Trust will not ask KPMG to continue as external auditors for 2017/18, then KPMG can continue to provide non-audit services to the Trust.

It is a responsibility of the Council of Governors to appoint the Trust's external auditors. In March, the Trust advertised for a replacement external auditor to take responsibility for the audit of the Trust's accounts for 2017/18. It was felt best to start on the process as soon as possible, rather than wait for formal approval from the April meeting, to minimise the disruption in access to KPMG's tax advisory services, while recognising that ultimate approval rest with the council of governors.


It is the intention to follow the same process as last time: the Trust is holding a procurement mini-competition under public procurement rules. The selection panel will be made up of executive and non-executive Trust directors, other members of the Finance Department and a member of the Council of Governors. At the end of the process, the panel will make a recommendation to the Council of Governors for approval.

4. Timetable

The timetable is set out below:

| Event | Date |
|---|---------------------|
| Invitation to Tender | 28 March 2017 |
| Deadline for the receipt of clarification questions | 1400, 21 April 2017 |
| Target date for responses to clarification questions | 24 April 2017 |
| Deadline for receipt of Tenders | 1400, 28 April 2017 |
| Evaluation of Tenders | w/c 01 May 2017 |
| Clarification meeting/ Presentations of shortlisted bidders | 18 May 2017 |
| Preferred bidder selected | 29 May 2017 |
| Recommendation to Council of Governors | July 2017 |

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| Council of Governors |  Guy's and St Thomas' NHS Foundation Trust | |
| Membership Development, Involvement & Communications (MeDIC) Working Group Report – 21st February 2017 | 26th April 2017 | CoG/17/11 |
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|--------------------|----------|------------------|---|--|
| This paper is for: | | Sponsor: | Membership Development, Involvement and Communications Working Group | |
| Decision | | Author: | Adeola Ogunlaja | |
| Discussion | | Reviewed by: | Kate Griffiths-Lambeth; Peter Allanson | |
| Noting | X | CEO* | | |
| Information | | ED* | | |
| | | Board Committee* | | |
| | | TME* | | |
| | | Other* | | |

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1. Welcome and apologies for absence

The meeting was attended by: Matt Akid (Head of Media and Corporate Communications); Peter Allanson (Trust Secretary and Head of Corporate Affairs); Yvonne Craig-Inskip (Public Governor); Jonathan Farley (Patient Governor); Linda Goldsmith (Public Governor); Kate Griffiths-Lambeth (Lead, Public Governor); Tony Hulse (Staff Governor); Girda Niles (Non-Executive Director); Adeola Ogunlaja (Membership and Governance Co-ordinator); James Palmer (Public Governor); Vicky Rogers (Staff Governor); Jenny Stiles (Public Governor)

Apologies: Thelma Bangura (Staff Governor); John Duncan (Patient Governor); Darren Oldfield (Patient Governor); John Porter (Lead Governor, Public); Bill Williams (Stakeholder Governor)

2. Notes of the meeting held on 29th November 2016

The minutes from the meeting on 29th November 2016 were agreed as a true record of the meeting by all attendees.

3. Matters Arising

There was none.

4. Green Park Report

The Trust Secretary and Head of Corporate Affairs gave an overview of the Green Park project. The specialist consultancy was commissioned to work with the Trust towards building a membership that was more representative of the diverse local communities it served. Research was conducted aimed at advising the Trust about accessing under-represented ethnic groups and the report had been produced.

Based on analysis of our membership and population diversity, the report suggested that the focus should be on Black African and Caribbean, Asian, Portuguese and Polish communities in Lambeth and Black African and

Caribbean and Asian communities in Southwark. Various black, Asian, and minority ethnic (BAME) organisations within these communities were also identified to be of interest and contact details of their representatives were provided. Members of the group suggested further organisations such as the Southwark Council Voluntary Services, who may be able to advice about other BAME community groups that could be interested. The group agreed to focus on reaching out to the community organisations identified in the Green Park report for the time being.

The report also identified the health needs and preferences of the target communities such as mental health issues for Black African and Caribbean communities in Lambeth and Southwark, and issues relating to diet for Asian communities. The Trust Secretary and Head of Corporate Affairs suggested health promotion activities at community level such as identifying speakers to participate in community visits and to attend local community events to give advice on the health issues identified by these communities. This should improve community awareness, respond to community health needs and interests, and also build stronger relationships with the people and organisations in the local communities.

The group welcomed the idea of having diversity Ambassadors. The Trust Secretary and Head of Corporate Affairs suggested an initial conversation with the Director of Equality & Diversity to establish what work had been done in terms of Ambassadors.

The Trust Secretary and Head of Corporate Affairs suggested that a MeDIC subgroup should be formed to work with the Membership and Governance Coordinator to build a plan for implementing the recommendations of the Green Park report. An email would be sent to the group seeking volunteers, the Patient and Public Engagement Manager and the Director of Equality & Diversity should also be involved.

5. DFP TV Promotional Materials and Lambeth Roadshow

The new film produced to promote membership was shown and was commended by the group. The film had been uploaded on the Trust website and had been promoted through the Trust's various communication channels. It would also be shown at the DFP roadshows to encourage membership.

The Membership and Governance Co-ordinator informed that the additional materials developed were 2 pull-up banners and a new membership leaflet still in draft form. Comments made about the leaflet included the need to enlarge the images on the front page and to highlight that membership was free on the front page. The Membership and Governance Co-ordinator informed that she hoped to include an incentive for members such as the Health Services Discounts, and was liaising with the workforce team to see if it was possible. The aim was to finalise the leaflet in time to be distributed at the forthcoming roadshows.

The group noted that the Lambeth roadshow in the Tesco Superstore at Brixton had commenced. The Membership and Governance Co-ordinator had attended and met the Promotions team who seemed experienced in face-to-face engagement and understood the message we were trying to get across. A member of the team had been assigned to solely promote the Trust's membership. The next two roadshows would take place in the Elephant and Castle Shopping Centre in Southwark from Monday 6th March and Southside Shopping Centre in Wandsworth from Monday 13th March.

6. Draft Membership Communications and Engagement Strategy

The Membership and Governance Co-ordinator drew attention to the changes made to the membership strategy since the last meeting. This included a breakdown table of the current membership by gender, age, ethnicity and index scores for indication of representation in comparison with the local population. An action plan had also been included as an appendix to support the delivery of the strategy.

Governors noted that the index scores of the Trust's public membership showed that it was significantly under-represented across the three main categories: ethnicity, age (18-49) and gender. Members of the group were

interested in finding out how the Trust's membership figures compared with other Trusts in London. The Trust Secretary and Head of Corporate Affairs advised that NHS Providers may be able to provide this information.

The group welcomed the action plan and success criteria developed for each action. Further actions raised were to set up a MeDIC subgroup, to display the new membership leaflet more widely within the hospitals and community centres, to advertise membership regularly in the GiST magazine, and to produce a welcome email rather than letter.

The Membership and Governance Co-ordinator informed that the revised strategy and action plan would be circulated to the group for final review and comments before being launched at the Council of Governors meeting on the 26th April.


7. Any other business

There was none.

8. Date of next meeting

The next meeting would take place on 13th June 2017.

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| Council of Governors |  Guy's and St Thomas' NHS Foundation Trust | |
| Quality and Engagement Working Group: notes of the meeting held on 7th February 2017. | 26th April 2017 | CoG/17/12 |
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|--------------------|---|------------------|------------------------|
| This paper is for: | | Sponsor: | |
| Decision | | Author: | Mark Tsagli |
| Discussion | | Reviewed by: | Devon Allison |
| Noting | | CEO* | |
| Information | X | ED* | |
| | | Board Committee* | |
| | | TME* | |
| | | Other* | X Council of Governors |

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1. INTRODUCTION

This report details the meeting of the Quality and Engagement Working Group, which took place on 7th February 2017 at the Education Centre, York Road.

2. ATTENDANCE

The meeting was attended by: Sarah Allen (Head of Patient Experience), Devon Allison (Lead), Thelma Bangura, Kevin Burnard, Andrea Carney (Patient and Public Engagement Manager), John Chambers, Robert Davidson, Lisa Doughty (Patient and Public Engagement Specialist), Noreen Ging, Elizabeth Palmer (Deputy Director, Assurance and Compliance), James Palmer, Janet Powell (Director of Nursing, Evelina London Healthcare) Vicky Rogers, Bryn Williams, Dr. Priya Singh (Non - Executive Director), Mark Tsagli (Patient Experience Facilitator).

Apologies were received from: John Duncan, Jonathan Farley, Julie Gifford (Deputy Director Strategy), Linda Goldsmith, Kate Griffiths-Lambeth, Heather Byron, Darren Oldfield, John Porter, Jenny Styles, Lucilla Poston.

3. NOTES OF THE LAST MEETING

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

Matters Arising:

- The Lead Governor informed members of a session planned to develop topics of interest for QEWG meetings for the year. The meeting is scheduled to be held in March 2017, information to be made available to the group ahead of this.

- The Lead also enquired how Governors can engage with other volunteers/patient groups from other committees at the Trust. It was felt there potential for Governors to gain additional insight from liaising with these groups.
 - The Trust Patient and Public Engagement Manager reminded the group that many of the patient groups set up by specialities were support groups for patients and we would need to seek consent before engaging with them. Broader groups like Healthwatch or the Patient Insight Forum may be the best starting point for governors.

4. YOUNG PATIENTS : THE TRANSITION FROM CHILDREN TO ADULT SERVICES:

The Director of Nursing (Evelina London Healthcare) provided an update to Governors on the Evelina team's efforts to help young patients transition from children to adult services.

Governors noted the following:

- Trust strategy to help young people transition to adult services.
- Challenges of managing the increasing number of children and young people transitioning to adult services and ensuring they are treated in the most appropriate care settings during transition.
- Challenges in transition faced by the team at Evelina and how cases involving adolescents and young people get prioritised.
- Complexity of cases on issues such as capacity, age, young people with complex conditions under the care of multiple specialities, as well as those with mental health issues.
- Challenges of working with other services to support patients with complex conditions e.g. epilepsy etc.
- Established transition pathways for young people e.g. those with conditions such as diabetes, renal, congenital heart services who need to transition.
- Age Appropriate Steering Group at Evelina – A regular meeting which focuses on transition for all 'young people' rather than just 'adolescents'.

- Events to engage young people - The team recognises the importance of having young people feedback and be engaged in service improvement and transformation projects. The Evelina team held a conference last year aimed at young people and led by young people.
- Evelina Pride – This is a group set up to encourage young people come together and work with psychologists on how they could be engaged in service transformation.

Future plans of the team

- To have an “age appropriate” care steering group. Preliminary work will be undertaken to look at how to launch an initiative similar to Barbara’s story to help provide a compelling message on this.
- Explore the possibility of having a children and young people’s unit at the Cancer Centre.
- Ongoing work on engagement of young people. Additionally explore the use of psychology students to help gain feedback and develop an understanding of the experience of older teenagers in hospital.
- Provide a clear standardised policy on transition to adult services.
- Focus on the significant number of young people with mental capacity issues.
- Ongoing work on an overall transition pathway for young people. Ensure these pathways are service driven by and tailored to specific conditions of young people.

Governors welcomed the submission and noted the following:

- a. Whether there is an interest in having an adolescent unit at Evelina
- b. Challenges for young people with complex requirements, challenging environments or multiple conditions and how the Trust can support them through transition.

In response, the Director of Nursing clarified the following:

- Looked after Children with complex requirements and challenging upbringings were a significant area of concern for community colleagues. This responsibility is shared with social care providers in Lambeth and some of the challenges in providing a better transition process are related to the staff shortages.

- For young people with complex requirements such as those with diabetes, there is a prescriptive transition pathway for them.
- Longer term plans would require a transition pathway that can be modelled to deliver services differently, but this would require the involvement of parents/carers to provide a standardised process.
- With regard to having a unit at Evelina for young people, this was something that could be considered with the expansion plans but it would also depend on demand.

5. PATIENT EXPERIENCE AND PATIENT AND PUBLIC ENGAGEMENT UPDATE

The Patient Experience Manager summarised the key points from the Quarter 3 Patient Experience report, which included:

- Friends and Family Test (FFT) - The percentage of patients recommending the Trust compares well with the Shelford Group for a number of core areas. Response rates dipped slightly, particularly for A&E in November which may also be due to the switch over to a new patient feedback system for the Trust.
 - A&E – Performance and response rates are lower than the regional average. The challenges the team faced related to the very busy nature of the service in the month, plus the redevelopment of the emergency floor. Areas of concern flagged by patients were communication and information on waiting times, clinical treatment, and aspects of poor staff attitude.
 - Governors were assured the team is aware of most of these issues and will be putting actions in place to improve experience. Planned work includes the development of a dashboard for real-time information on waiting times and encouraging staff to introduce themselves to patients.
 - Outpatients. Performance is strong and in line with regional scores.
 - Patient Transport. Performance is better than regional scores. Response volumes for this touchpoint, nationally and regionally, are low and not many NHS providers participate in the survey. The Essential Team regularly reviews this feedback to identify actions for improvement.
 - Community Services. The percentage of those 'recommending' the service scores compares well with regional scores, although there was a slight dip in September for those recommending the service.

- Inpatients – Recommend and not recommend scores for inpatient areas remain strong, however sustaining response rates remains challenging.
- Maternity Services – Strong performance was recorded in all areas except postnatal ward where recommend score was 8-9% points lower than regional average. However these numbers should be viewed with caution as responses were very low. The areas of concern noted by patients are on the environment, noise, and temperature. The North Wing redevelopment programme should help address some of these concerns. This performance is consistent with the Trust's performance in the postnatal ward questions in the National Maternity Survey.
- Local Surveys: areas of high and low performance. The Trust continues to perform extremely well, despite a slight decline in November in relation to some of the emotional aspects of care such as privacy, dignity and respect for both outpatients and inpatients. Areas of low performance include noise at night for inpatients and keeping patients informed of waiting times in clinic for outpatients.
 - Plans are in place for addressing some of the low scoring areas in the surveys. Sleep packs and ear plugs are now provided to minimise levels of noise at night. Other initiatives include the provision of quiet bins and discouraging staff from having loud conversations.

Governors noted the following:

- A&E: Patients were invited to complete comment cards at the start of their attendance in the departments before they had seen a clinician. It was suggested it would be more suitable to invite patients to give feedback after they had seen a clinician.
- Whether it was possible to gauge the representativeness of the demographic profile of patients who received text messages and interactive voice response (IVR). The Head of Patient Experience will explore this for the next meeting.

The Patient and Public Engagement (PPE) Manager took Governors through the following areas of the Patient and Public Engagement report:

- A number of opportunities for Governors to get involved:

- Digital Patient Journey is a Fit for the Future (FFT) programme to help improve the patient administration processes. There are plans for a series of workshops in March. Governors are encouraged to participate in this, particularly those who have direct experience of being a Trust patient and/or carer or relative of a patient.
- Patient-Led Assessments of the Care Environment (PLACE). Recruitment is currently taking place, Governors were encouraged to get involved.
- Disabled Go – launching an accessibility audit of the Trust. They are keen for patients and public to shadow survey visits that are being carried out to help inform the Accessibility Strategy of the Trust.

Governors should send any over expressions of interest to the Membership and Governance Co-ordinator.

- PPE Team is also supporting a number of strategic programmes at the Trust including the Fit for the Future program.
- Call Quality Assessor programme – A number of recurring issues have been identified including: the length of time callers are put on hold; staff are not double checking queries and offering further assistance as required. The PPE team are working with the telephony team to help them understand the reports and how to use the data. Sonia Phillips will be coming to the Patient Insight Forum in the future to share details of improvement initiatives the Pain Management service is undertaking.

6. QUALITY PRIORITIES 2016/17, INCLUDING THE GOVERNOR SELECTED INDICATOR:

The Deputy Director of Assurance and Compliance presented the paper setting out the draft Quality Priorities for the Trust for the next financial year 2017-2018:

The paper setting will be sent to the Trust Executive, Commissioners and Healthwatch for feedback and comment.

Feedback from Governors:

- The lead welcomed the addition of telephony as a priority. She fed back her initial observations on the terminology used in the Nightingale project “standardisation through reducing variation” and expressed concern that this could be misinterpreted as lowering standards when this is not the case. She felt this could be communicated more positively.
- Ensure full staff engagement and embedding of the ‘Hello my Name’ initiative - staff need to fully engage with this as it helps develop positive relationships between patient and staff.
- Postnatal ward – It was suggested this could be a priority as this is consistently a low performing area in survey feedback.

Governors were invited to send their feedback directly to the Deputy Director of Assurance.

7. REPORTS FROM COMMITTEES

- Due to pressures of time, representatives from each of the committees below were invited to send in their notes from the meeting they attended so these could be circulated with the minutes.
 - Quality & Performance Committee
 - Adult Local Services Committee
 - Children’s Services Committee
 - End of Life Care Committee

8. ANY OTHER BUSINESS

There was no other business.

DATE OF NEXT MEETING

Tuesday, 9th May 2017, Belvedere Suite, 1st Floor, Education Centre, York Road.

END

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| Council of Governors |  Guy's and St Thomas' NHS Foundation Trust | |
| Service Strategy Working Group report – 17th January 2017 | 26th April 2017 | CoG/17/13 |
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|--------------------|----------|------------------|---------------------------------|--|
| This paper is for: | | Sponsor: | Giles Taylor, SSWG Chair | |
| Decision | | Author: | Dan Price | |
| Discussion | | Reviewed by: | Giles Taylor, SSWG Chair | |
| Noting | X | CEO* | | |
| Information | | ED* | | |
| | | Board Committee* | | |
| | | TME* | | |
| | | Other* | | |

* *Specify*

1. Attendees:

Giles Taylor (Chair), Devon Allison, Jenny Stiles, Bryn Williams, Yvonne Craig-Inskip

Martin Shaw (Director of Finance), Jackie Parrott (Director of Strategy), Hannah Coffey (Director of Improvement) and Dan Price (Strategy Manager) attended from Guy's and St Thomas'.

Apologies were received from Ian Abbs, Sheila Shribman, Kate Griffiths-Lambeth, John Porter, Kevin Burnand, James Palmer, Heather Byron, Lucilla Poston, Vicky Rogers, John Duncan, Linda Goldsmith, and Thelma Bangura.

2. Notes of the previous meeting and matters arising

2.1 The notes of the meeting held on the 11th of October and 21st of November were approved as a true record.

3. Business Planning 2017/18 & 18/19

3.1 Martin Shaw started the presentation by outlining that this is the third time we've taken this item with not a great deal of further information each time. On the 19th of January the first cut of the directorate business plans will be submitted to the executive teams. This was delayed slightly to help the directorates deliver the 2016/17. These plans and the budgets will be developed over the next 2-3 months. This has been a difficult planning round.

3.2 We said within our Ops plan, which was submitted at the end of December, that we wouldn't be meeting our performance targets in 2017/18. Given the increase in volumes the CCGs agreed that being compliant with the performance standards would be difficult. The Trust still hasn't heard formally whether it will receive Sustainability and Transformation Funding. On the 18th of January Martin would be discussing this issue with NHS Improvement. For A&E we anticipate we'll be compliant by March 2018, but also recognise the increased demand and so the Trust is looking to develop additional capacity. We're still doing better than most on A&E, and we're the second best in London despite a recent average performance of 88%.

- 3.3 The Quality priorities were discussed at QEWG, and our directors of quality and assurance are looking to standardise our approach towards these. The Ops plan said that we would break even, and if we achieved our agreed targets we would then be able to access £22m in sustainability and transformation funding. The financial targets for next year are broadly the same as this year's. This will all go to the next board where the plan will be discussed in detail.
- 3.4 At month 8 the Trust was £8m off plan. With an early view of the month 9 finances we are increasingly confident that we will meet the planned control total. The reasons for this are the success of the STF appeal over performance and that we have been paid for work that we hadn't expected. NHS Improvement have said that should we beat our financial plan, they will match fund our surplus against that plan and give that money to the Trust. This is because NHS improvement had budgeted a certain amount of funding to be spent on the Sustainability and Transformation Funds but this had not been fully released as Trusts had not met performance standards, creating this opportunity.
- 3.5 On the tariffs Martin said they will come out in February. A national policy decision was taken try and stop follow ups and so we will see reduced money for outpatients. However we think this will be balanced out by increases in income for maternity and specialist services. The Trust has signed contracts with clauses for shifts to the new tariff. The new tariff won't have a large impact overall but will change some directorates' profitability, like Dental.
- 3.6 The Trust has confirmed the financial targets for the two years. Contracts have been agreed with Lambeth, Southwark and Bromley. A cost and volume contract has been agreed with NHS England at £30m less than our forecast activity. The revision of the pricing needs to be factored in but the Trust isn't anticipating a major financial problem from this.
- 3.7 Jackie Parrott reminded the governors of the continuing work on the Sustainability and Transformation Plan which is mentioned in the public Ops plan. We also highlighted our work with the Vanguard and Local Care Networks. On from the work in the Vanguard, Medway and Fit for the Future the Trust is increasingly talking about developing a set methodology for transformation. This will help the Trust should it be asked to support other organisations. The Trust is also considering its internal governance structure as the Evelina sets up as a Strategic Business Unit.

- 3.8 The Trust has been undertaking a top down capacity and demand assessment and is reviewing the capital programme. Currently there seems to be a mismatch and the Trust is working to develop a response. Business plans will be finalised in March before the board sees them at their board away day in March.
- 3.9 The objectives for the Trust have also been revised for business planning this year. Through learning from various iterations over the years the Trust has settled on a few high level objectives with underlying goals that should resonate for all staff across the organisation. Jackie then provided an overview of the different sections of the business plan that directorates would be completing.

During questions and discussion the following was highlighted:

- Whether the Trust had capital to be able to develop more capacity, and that the Trust was currently looking at how to secure the capital for builds like the additional to the Emergency Department.
- Across the country around 150 trusts are in deficit and/or missing their financial trajectories. Some trusts are still aiming for a surplus. Quarter 3 figures for the NHS will be coming into the public domain soon.
- There was a wider discussion on the financial incentives in the NHS with the governors being glad to note the incentive for successful Trusts being applied. Martin made the point that while the additional funds are being used positively the system still needs further work to account for capital too. If the Trust is able to stay out of the financial problems then it will be easier for us to help other Trusts who are in distress.
- Martin was clear that the Trust will defer to clinical decisions on what to do given the new tariff, our role is to provide them with the information so that they can make the decision. If the plan requires a reduction on outpatients the Trust might consider a block contract approach which would incentivise them to reduce the number of outpatient follow ups and protect directorates of the double hit of a price and volume reductions of follow ups.
- Governors asked how directorates are held against these objectives and how business plans are tracked. This is mostly done through the monthly performance review meeting. The Trust doesn't do too much more that because it becomes like feeding a reporting apparatus without providing additional value. The governors were thoughtful about what metrics could be to give more real time feedback. Jackie said they would give this some thought.

4. Fit for the Future

- 4.1 Hannah Coffey joined the meeting for this item. Hannah outlined that the Fit for the Future (FFtF) was set up four years ago as an anti-PMO approach to transformation that focused on quality, safety and efficiency. The approach was explicitly built on staff engagement. In the past ideas like dragon's den, which John Porter chaired, and other initiatives have contributed towards around £60m savings per annum.
- 4.2 Last year the board took a decision to refresh the programme given the complexity and delivery required and to try and make the programme sustainable. The ambition is for the programme to become larger and more intentional in its delivery. The underlying aim is to make improvement something that happens everyday for everyone. The big challenge that needs to be tackled now is how to best use new technology.
- 4.3 The Trust executives have visited Intermountain and Virginia Mason to learn from their journeys and distil that into our own approach. We are keen to continue to invest in celebrating staff's success on the programme and giving them a greater opportunity to make improvements in how the Trust works. But this requires a proportional response to get the best outcomes. The FFtF teams have just met Directorate Management Teams (DMT) and one of the themes coming that they want to tackle is how we use space differently to be more efficient.
- 4.4 Hannah gave an overview of the FFtF pyramid. There would be three additional transformational workstreams this year; reducing clinical pathways variation, digital patient journey and transformation our way of working. There is also a FFtF academy in development to try and encourage the culture of continuous improvement, and a set methodology for improvement with different levels of training. We have just created a DMT training programme to try and embed the right culture. DMTs are now thinking about their contribution to FFtF through business planning.

4.5 One of the challenges that the programme does face is that patients have to be at the centre of what we develop, helping to co-create based on what good looks like to them. The programme is currently looking at what tools and techniques to use to help make this happen.

During questions and discussion the following was highlighted:

- Governors were happy to hear the challenges being discussed openly and that the digital patient journey is an integral part of FFtF. Using technology to provide, join up and scale solutions is one of the main issues that the FFtF team is working on. One of the areas that the team are looking at is how to scale up best practice, with digital dictation being the example being worked through now.
- The governors were also concerned about change fatigue in the organisation. Hannah said the board see this as their responsibility to lead on this and that if anyone in the NHS can do this kind of change then it's Guy's and St Thomas'. DMTs want to work on this but have the day to day to work through, it's about giving them the thinking space to engage with this agenda. The chairman challenged the board to positive radiators rather than drains and that this kind of change has to start from the top. Senior staff were asked to be optimistic, resilient and together.
- Governors noted the tremendous pride and excitement of junior staff who feel they are given the opportunity and the skills to make a difference on a wider scale. The vivas were widely agreed as some of most enjoyable elements as staff are to be able to see the difference they are making.

5. Any other business

5.1 There was no further business and the next meeting was confirmed for 2nd of May 2017, 5.30pm to 7pm at York Road.

| | | |
|------------------------------|--|------------------|
| Council of Governors |  Guy's and St Thomas' NHS Foundation Trust | |
| Questions and Answers | 26th April 2017 | CoG/17/14 |
| | | |

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|--------------------|----------|------------------|--------------------------|--|
| This paper is for: | | Sponsor: | Corporate Affairs | |
| Decision | | Author: | | |
| Discussion | | Reviewed by: | | |
| Noting | X | CEO* | | |
| Information | | 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

| Matters of interest/question | Issue number & date raised | Responses | Progress/further information | Completed date |
|---|---|----------------------------------|------------------------------|----------------|
| <p>This is from my own experience and may not apply in all areas of the Trust but I understand that the Trust switched to 'Horizon' [it has a number of names] booking universally, even against protest from specialties such as mine who felt it was inappropriate. What this means is that when you leave your appointment and have a follow-up say in 6 months you are not given a date at the time [as happens when I go to my dentist] but the name is put on a 'waiting list' [though it is not called that] and the appointments are sent out about 6 weeks in advance. It is in fact a form of demand management as often there is not the capacity so then appointments are delayed to say 8 months - for me the record was 1 year of delay for a child under cancer surveillance. There is little or no clinical input into this, or if there is it is impossible to vet about 3-400 appointments every 6 weeks or so on the list. The consequences are many - patients spend time ringing [and usually not getting through] to ask about appointments, people can not plan appointments in advance when they know they will be away etc etc. It was introduced to avoid large numbers of clinics being cancelled because of leave etc. which was happening. However it is a blunt</p> | <p>16/0022 2016-12-20 (Tony Hulse)</p> | <p>Response has been sought.</p> | | |

| Matters of interest/question | Issue number & date raised | Responses | Progress/further information | Completed date |
|---|--|---|---|----------------|
| <p>instrument which I think has made the problem worse not better. Horizon booking may work in some areas but not in mine. Before this, we knew when clinics were getting full as they gradually filled and could make an appropriate judgement at the time to delay if not urgent. Booking of follow-ups needs to be much more finessed than at present - probably with a form of prioritisation ie those that can be delayed if there is a capacity issue and those that cannot. This would not be hard. I would be interested in the Trust response to these comments.</p> | | | | |
| <p>I wonder whether the below is something we can support either as a CoG or raise up to the Children's Services committee given it has impacted the clinical process and patients?</p> <p>Problem Statement: The lab is facing some lapse in service from the Royal Mail around a business delivery service that is in place for the prompt delivery of newborn screening / monitoring blood spot tests. Whilst this hasn't yet a systemic problem, talking to the lab and the dietitians, there have been a number of incidents which clearly causes concern both from the perspective of delay to patients on results but also any potential risk / harm resulting from tests which do not arrive or cant be read in the lab.</p> | <p>16/0016 2016-07-28 (Heather Byron)</p> | <p>The Head of Nursing for Children's Medicine & Neonatology responded as follows:</p> <p>I have some insight into this, as this must originate from the paediatric metabolic service - she worked in this team for many years, & is well used to the challenges of bloodspot screening, ongoing monitoring & Royal Mail.</p> <p>Just in terms of assurance with regards to delays in NBBS after birth, the national "fail safe" system does provide some reassurance and ensure if a sample is mislaid or significantly delayed a baby would have a repeat sample taken in a timely way. I will look into the other issues raised with the teams involved and will feedback progress around these points.</p> <p>Thank you again for sharing this with us.</p> | <p>Further update has been sought.</p> | |

| Matters of interest/question | Issue number & date raised | Responses | Progress/further information | Completed date |
|--|----------------------------|--------------|------------------------------|----------------|
| <p>Context / Risk: It is hard to quantify the scale of late delivery of the risk to newborns / patients as the lab never knows exactly how many newborn screening / monitoring blood tests are being sent in. However, we know the implications of a late results, especially in the newborn screening where in many of the conditions being screened for require immediate intervention / treatment. Its concerning that we may not receive a sample and isn't clear whether there are robust processes in place across the community network to identify promptly if a newborn test results hadn't been returned and therefore a further test taken. I fear, more often than not, it would be missed for some time, which could have medical and/or quality of life implications.</p> <p>Whats next: There are a number of things which could happen to support the labs in dealing with the problem so that the service becomes reliable and they are spending valuable time chasing RM.</p> <ul style="list-style-type: none"> • develop a simple, consistent escalation process to Royal Mail (admin driven not lab driven) so that we are consistent in our escalations and have a clearer audit behind us of the issues encountered (this could be a simple form on the portal for | | (26-08-2016) | | |

| Matters of interest/question | Issue number & date raised | Responses | Progress/further information | Completed date |
|--|--|---|------------------------------|----------------|
| <p>example)</p> <ul style="list-style-type: none"> as part of the wider Royal Mail relationship drive some escalation discussions (the sense is that in isolation this isn't 'important enough' to deal with by the RM. review whether Royal Mail is the right partner to be responsible for the delivery of such important blood samples or whether a commercial agreement should be made with another party (whilst on the surface the 'cost' of the RM business reply service may seem competitive, I wonder when you look at the total cost including the courier costs to bring post from RM to GSST, it may not be... not to mention the slightly unreliable nature of the service. <p>I am very happy to support any next steps, but wanted to share with you for your guidance as to whether this is something we are at liberty to raise awareness to and have the possibility to help resolve?</p> | | | | |
| <p>Governors understand, from documentation released at Board Committee meetings, that Consultants are helping to identify cost improvement opportunities for FY 2016/17 and that Lord Carter has similarly identified savings opportunities. Could the Board outline the nature of these opportunities and give some understanding of the impact they</p> | <p>16/0011 2016-06-22 (John Porter)</p> | <p>The Trust commissioned PWC, following a tender process, to perform a six week diagnostic study to identify and quantify in year savings opportunities for the Trust in 2016/17. The report shows a number of cost saving opportunities over and above existing savings schemes. PWC and the Carter team have provided benchmark data demonstrating potential efficiency savings for the Trust when</p> | | |

| Matters of interest/question | Issue number & date raised | Responses | Progress/further information | Completed date |
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| would have on the operation of the FT. | | compared to other similar service providers. This output forms part of the continuing cost improvement plan. | | |
| I would welcome a summary of how GSTT's efforts to the keep entrance to the hospital safe are progressing. I want to know what we are doing about TFL's plans for all pedestrians into St Thomas' having to cross cycle tracks - many of them from floating bus islands | 16/0009 2016-06-22 (Jenny Stiles) | <p>This is about TfL's proposal to put a cycle lane on the west side of Westminster bridge and a by-pass bus stop outside the hospital entrance so anyone getting off the bus has to cross the cycle lane to get into the hospital.</p> <p>Responded to the consultation</p> <ul style="list-style-type: none"> Put in formal complaint that our concerns had not been given sufficient weight – the only change made as a result is to lengthen the crossing point over the cycle lane from the bus stop Set up petition – closed with over 2,000 signatures – and been to observe the floating bus stop outside the Royal London Garnered support from Lambeth, SBEG and witness statements from a number of groups and individuals in support of a legal claim to take TfL to Judicial Review on the basis that the proposal makes insufficient reasonable adjustment for people with a permanent disability. The case makes suggestions for a number of alternative ways of dealing with the cycle super highway here. Have been meeting TfL to discuss sensible alternatives and thus avoid litigation | <p>Transport for London (TfL) planned to start work on the south end of Westminster Bridge in preparation for a new cycle lane and bus stop bypass on Wednesday 29 March – they gave a presentation at the South Bank Forum last night and information about the likely impact on traffic in the area is already available on the TfL website.</p> <p>A press release will be sent out which is likely to lead to coverage in the Evening Standard and other regional and local media.</p> <p>We have been working with them this week to ensure that, as far as possible, the TfL release accurately reflects the fact that major changes have been made to their original scheme as a result of concerns raised by the Trust in partnership with other key local stakeholders (Kate Hoey</p> | |

| Matters of interest/question | Issue number & date raised | Responses | Progress/further information | Completed date |
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| | | <p>We have tried to be clear that we are neither anti cycling nor anti cycle lanes nor, in the right place, floating bus stops and are sorry our actions have been seen as such and as negative by some groups and individuals – however no-one we've talked to thinks the proposal is a good one and it seems unwise to replace a hazard with another one.</p> <p>(22-06-2016)</p> | <p>MP, Lambeth Pensioners Action Group and groups representing people with a disability) through our <i>Keep Our Bus Stops Safe!</i> campaign and petition last year. The TfL release also states that the Trust has withdrawn its judicial review as a result of the changes to the scheme.</p> <p>I have sent our statement to the Evening Standard this afternoon under embargo for Monday (as TfL have sent them their press release today). Our statement makes clear that, although we are pleased that TfL have modified the scheme following concerns raised, this does not mean that the Trust's concerns about the siting of the bus stop bypass have been fully allayed.</p> <p>The proposed start date was subsequently postponed. The new date is to be advised.</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 | 16/0003 2016-02-05 (John Porter) | 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 | Minutes of KHP Joint Board meetings are available on the KHP website using the link below: | |

| Matters of interest/question | Issue number & date raised | Responses | Progress/further information | Completed date |
|---|----------------------------|--|---|----------------|
| NEDs are appointed. How fund-raising across KHP partners is organised. Why no minutes of BOD meetings are produced. How CAGs are controlled and financed. What KHP role is in integrated care across the community and what this community is and will be. | | <p>Maudsley; and Kings College London.</p> <p>The foundation trusts (FT) have not delegated authority to KHP, so any initiatives it's proposing 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. (01-04-2016)</p> | http://www.kingshealthpartners.org/about-us/our-governance/kings-health-partners-joints-boards-meetings | |
| 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. | A further response/update has been sought. | |

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