

Council of Governors meeting, 12th July 2017

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COUNCIL OF GOVERNORS

Meeting to be held on 12th July 2017
6.00pm – 7.30pm, Governors' Hall, St Thomas' Hospital

A G E N D A

1. **Welcome, apologies and opening remarks**
2. **Minutes of meeting held on 26th April 2017** attached (CG/17/15)
3. **Matters Arising**
4. **Reflection session on Board of Directors meeting** oral
5. **Non-Executive Director reappointment** attached (CG/17/16)
Heather Byron
6. **Annual Reports**
Neil Thomas, Auditor, KPMG
 1. **2016-17 External Audit presentation** attached (CG/17/17)
 2. **2016-17 Annual Report and Accounts** tabled
7. **External Audit appointment: recommendation** attached (CG/17/18)
Martin Shaw
8. **Improving Local Child Health** Presentation
Dr Sara Hanna, Sue Donald and Dr Ingrid Wolfe
9. **Governors' reports – to note and for information** oral
 1. **Lead Governor report**
Devon Allison
 2. **MeDIC** attached (CG/17/19)
James Palmer
 3. **Quality and Engagement** attached (CG/17/20)
Kate Griffiths-Lambeth
 4. **Service Strategy** attached (CG/17/21)
Giles Taylor
10. **Questions and answers – for information** attached (CG/17/22)
11. **Any other business**
12. **Date and time of next meeting:**

The meetings will be held on 25th October 2017, Governors' Hall

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

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Council of Governors

**Minutes of the 56th meeting of the Council of Governors held on
Wednesday 26th April 2017 in the Governors' Hall, St Thomas' Hospital**

Present:

Devon Allison
John Balazs
Prof Kevin Burnand
Anita Campolini
Yvonne Craig Inskip
Dr John Chambers
John Duncan
Jonathan Farley
Noreen Ging
Linda Goldsmith
Kate Griffiths-Lambeth
Tom Hoffman

Tony Hulse
David Maurice
Darren Oldfield
James Palmer
Prof Lucilla Poston
Vicky Rogers
Sue Slipman
Giles Taylor
Prof Warren Turner
Dr Bryn Williams
Sonia Winifred

Apologies:

Thelma Bangura
Heather Byron
Robert Davidson
Jane Fryer

Jenny Stiles
Matthew Patrick
Prof John Porter
Bill Williams

In Attendance:

Executive Directors:

Dr Ian Abbs
Jon Findlay
Ann Macintyre
Amanda Pritchard
Martin Shaw
Dame Eileen Sills

Non Executive Directors:

Emma Duncan
Felicity Harvey
Girda Niles
John Pelly
Sheila Shribman
Priya Singh
Sir Hugh Taylor (Chair)
Steve Weiner

Other Attendees:

Peter Allanson
David Cheesman
Sue Cox
Angela Francis
Alastair Gourlay
Monty Keuneman

Adeola Ogunlaja

Trust Secretary and Head of Corporate Affairs
Director, Cancer Programme
Head of Nursing for Transplant, Renal & Urology
Head of Radiotherapy
Director of Asset Management
CEO Support Manager and Assistant Trust
Secretary
Membership and Governance Co-ordinator

CG/17/11 Welcome, apologies and opening remarks

The Chairman welcomed Noreen back to the Council of Governors as a staff governor replacing Sam Newman who had left the Trust. She would be serving the balance of his term of office.

CG/17/12 Minutes of the meeting held on 25th January 2017

The minutes of the meeting held on 25th January were approved as a true record.

CG/17/13 Reflections session on Board of Directors meeting

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

The Chairman agreed to see whether it would be possible to relocate the remaining meetings of the Board and Council of Governors to the Robens Suite where the acoustics were more sympathetic – there was a general view that Governors' Hall was not suitable as it was often difficult to hear speakers. It was intended that meetings in 2018 would be held on the Guy's site.

Governors were reassured that the reviews and debriefs of the security incident on Westminster Bridge in March acknowledged some of the concerns raised about the limits to the Trust's involvement.

The Executive accepted the need to improve the Trust's performance in looking after the career development and prospects for BME staff who had raised some concerns in the staff survey. The particular concerns about recruitment of BME staff to posts at band 8B and above were commented on. Looking at the pipeline would be as important as the current processes though it was also noted that turnover at the more senior levels was lower.

The participation rate and benchmarking, especially when compared to other London trusts, put the Trust into a good position to take action. When analysed at directorate level the survey provided much useful information that could be put into action. It was agreed that governors would be invited to take part in the next stages of reacting to the survey and the action plans devised at Trust level.

It was noted that the Trust's digital strategy was to be considered at the forthcoming Digital committee which two governors would be attending and would include plans for an Electronic Health Records system which was likely to be a long term project. It was hoped that the strategy could be presented to the next meeting of the Council.

It was confirmed that priority was always given to investigating never events as they occurred. Although there had been some improvement year on year any never event was considered unacceptable and improvement activities took place regularly. However, it was important to ensure that staff felt able to report never events (and other serious incidents) so that these could be used positively to learn from. Equally, the reaction should be proportionate and not sensationalised.

CG/17/14 Lead Governor election

John Porter had stood down as Lead Governor and an election was held in which Devon Allison was elected by Governors to serve as Lead Governor.

CG/17/15 Building our Membership: Recruitment, Communications and Engagement Strategy for 2017/18

The Trust Secretary introduced the Trust's membership development strategy by reminding Governors that the requirement to build a membership that reflected the communities served by the Trust was statutory and as such a responsibility for the Trust. Governors were being asked to support the Trust with advice, guidance and practical activity to deliver the strategy. As most governors belonged to one of the communities the Trust was a part of, they were in a good position to fulfil these tasks. This strategy was a key component in the overall Patient and Public Engagement work that the Trust was involved in.

The make up of the communities of SE London was varied and so it had been difficult to come up with a simple strategy that would satisfy all and the data held on the current membership was patchy. Additionally, many of the benefits of membership intangible though valuable – the Trust was successful and a major teaching and research hub so local patients benefited from the early adoption of new therapies and procedures as a result.

The strategy was intended as a set of practical and measurable actions which MEDIC would be asked to monitor. Work had already begun with some research undertaken by Green Park into some local population characteristics and the short film involving one of the governors made recently had been shown in local shopping malls and had led to the recruitment of around 200 new members many of who were from target groups.

The next step would be to set up an implementation group which MEDIC had agreed to convene and governors were encouraged to put themselves forward to join this short term task and finish group.

Governors commented on the need to target population groups where the Trust had small numbers of members. It was commented that staff members had different needs and often were patients bringing a further perspective to the Trust.

It was suggested that the film, now available on the Trust's website, could be shown in GP surgeries and other material made available in similar places.

The Chairman confirmed that the Trust was prepared to provide resources to an agreed level to support this work.

As requested, the Council of Governors noted the priorities and activities outlined in the plan and adopted the strategy.

CG/17/16 Update: Replacement of External Auditors

Although the Trust had been pleased with the work of the new external auditors, KPMG, new regulations meant that they would be unable to offer other services to the Trust. Amongst other services KPMG were the Trust's tax advisers and had opted to relinquish their external audit role.

The Council of Governors was responsible for this appointment and noted that the process to replace KPMG had begun and recommendations for a replacement external auditor were expected to be presented to the meeting in July.

CG/17/17 Guy's Cancer at Queen Mary's Hospital and the new Kidney Treatment Centre

Governors received a presentation about the cancer and kidney treatment centre opening in Sidcup.

The Cancer Centre would be offering radiotherapy and chemotherapy alongside support and information supplied by the Dimpleby Macmillan charities.

The opportunity had been taken to transform patient pathways and the staffing would be a mix of staff based permanently at Sidcup and others who split their time between Sidcup and the Trust; there was also to be a new cadre of clinical assistants undertaking both clinical and administrative duties.

Overall this initiative was a part of the Trust's vision to become a system leader with its research and teaching roles stretching beyond Lambeth and Southwark.

The Kidney Treatment Centre would offer a progressively more networked service for haemodialysis being offered closer to people's homes whilst also offering more flexible treatment times and the opportunity for people to manage their own conditions at home. .

The service would offer a full portfolio of outpatient services including transplant assessment, vascular access and imaging deploying a multi disciplinary team from consultants to dieticians. The service was being offered in conjunction with a private provider, Diaverum, who would be providing the nursing staff and equipment.

Both centres were lined to Trust IT systems with automatic back up in case of failure.

Governors supported the Trust's enthusiasm for these developments and supported the intention of doing more on other sites in the future.

CG/17/18 Governors' Reports**Membership Development, Involvement and Communications Working Group**

The Council of Governors noted the report and request for support on the implementation of the membership strategy.

Quality and Engagement Working Group

The Working Group had enjoyed good engagement in suggesting topics for further discussion and exploration and had been grateful for the presentation made by the Evelina on transitioning patients from children's to adult services.

Service Strategy Working Group

The next meeting would be spending time on understanding the Evelina Strategic Business Unit and the cardiovascular institute proposals and the Working Group Lead encouraged Governors to attend.

CG/17/19 Questions and answers

The Council of Governors noted the updated matrix of issues that had been raised and the Chairman asked Governors to continue to pose questions and raise issues to the Trust.

CG/17/20 Any other business

There were none.

CG/17/21 Date and time of next meeting


The meetings will be held on 12th July 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:

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Council of Governors	 Guy's and St Thomas' NHS Foundation Trust	
Non-Executive Director reappointment	12th July 2017	CG/17/16

This paper is for:		Sponsor:	Sir Hugh Taylor	
Decision		Author:	Peter Allanson	
Discussion		Reviewed by:		
Noting	X	CEO*		
Information		ED*		
		Board Committee*		
		TME*		
		Other*		


* *Specify*

1. Summary

Members of the Council of Governors were asked to confirm in writing that they accepted the Nominations Committee recommendation that Sheila Shribman should be reappointed as a Non-Executive Director of the Trust for a second 4 year term with effect from 13th June 2017. This paper confirms that the Council duly gave its approval.

2. Request to the Council of Governors

The Council of Governors is invited to note this paper for the record.

Council of Governors	 Guy's and St Thomas' NHS Foundation Trust	
2016-17 External Audit Presentation to the Governors	12th July 2017	CG/17/17

This paper is for:		Sponsor:	
Decision		Author:	
Discussion		Reviewed by:	
Noting	X	CEO*	
Information		ED*	
		Board Committee*	
		TME*	
		Other*	X Neil Thomas, Partner KPMG LLP

* Specify

1. Summary

This is a presentation from the external auditors. They have completed their audit of the 2016/17 financial statements, annual report and quality report. Their formal opinions are contained in that document. They are invited to present their findings in more detail to the governors and will spend 5 minutes talking you through the attached presentation. Governors are welcome to ask any questions on the findings from their work.

2. Request to the Council of Governors

The Council of Governors is requested to note the paper.



2016-17 External Audit Presentation to the Governors

Guy's and St Thomas' NHS Foundation Trust

12 July 2017

Agenda

Why we are here and headline

Financial Statements detailed findings

Use of Resources detailed findings

Quality Report detailed findings

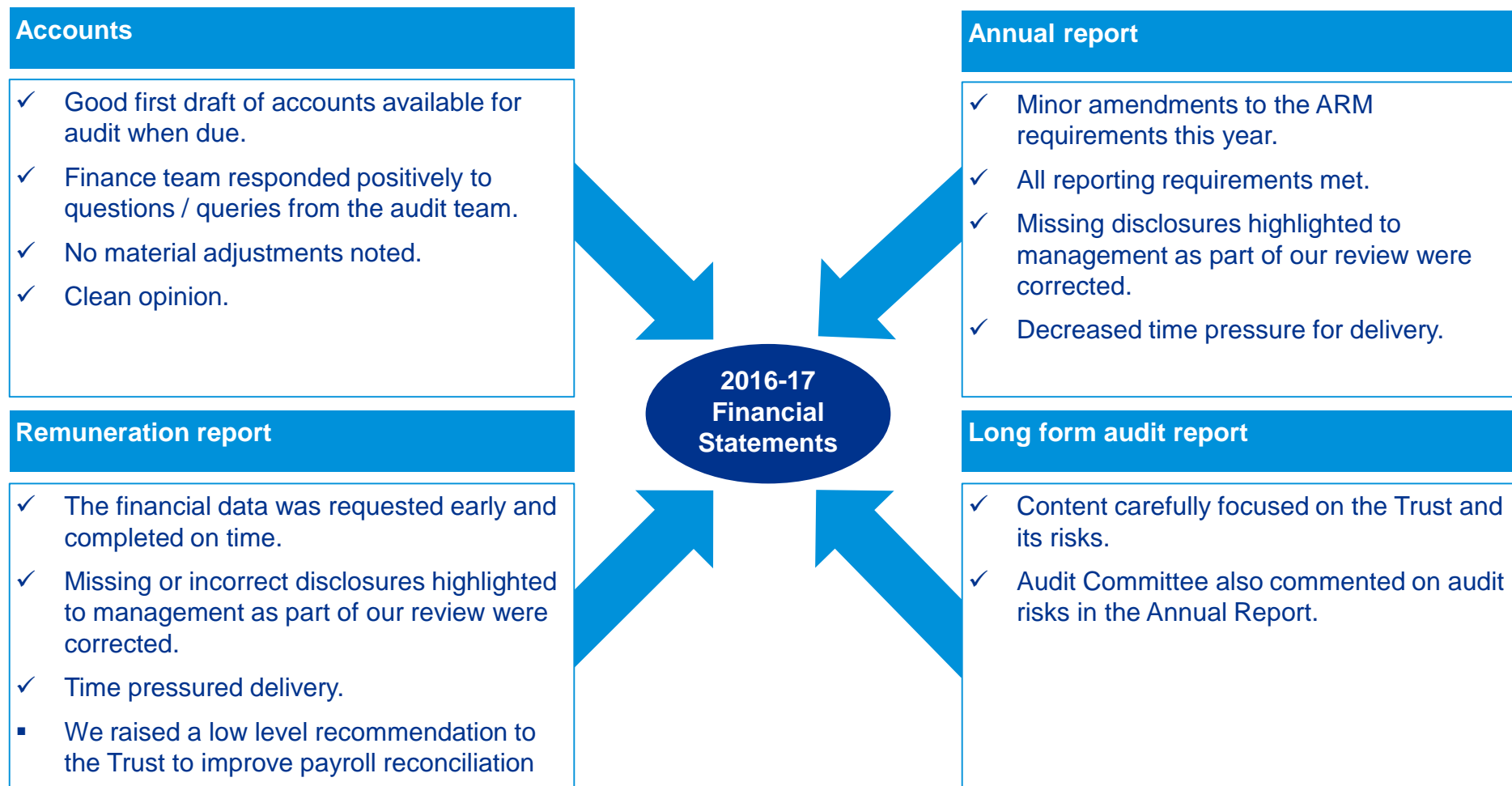
Close and Questions

Why we are here and our headlines

- We have a responsibility to sign a true and fair opinion for your financial statements and ensure that the annual report;
 - NHS Improvement also require us to report both the public and private findings to Governors; and
- We value the opportunity to receive feedback from Governors and understanding your perspectives.

Financial Statements	Unqualified (clean) opinion on the financial statements.	<i>Means we have checked that amounts the Trust says it has received and spent and money it owes and is owed are correctly recorded. We have also checked where Management has used judgement, that those judgements are well thought through and appropriate.</i>
Use of resources	Unqualified (clean) conclusion on the use of resources.	<i>Means we have looked at how the Board works and what the Trust's main regulators, NHS Improvement and the Care Quality Commission, have said about it and found no significant concerns.</i>
Quality report	<p>Limited assurance (clean) opinion on the content of the quality report.</p> <p>Limited assurance (clean) opinion given on the A&E: maximum waiting time of four hours from arrival to admission/transfer/ discharge indicator (A&E 4 hour wait).</p> <p>Qualified opinion given on the percentage of incomplete pathways within 18 week RTT (18 week RTT) indicator (2015-16 qualified opinion).</p>	<p><i>Means the Trust has included everything it should have done within the quality report and presented both good performance and areas for development. No issues were found with the "A&E 4 hour wait" indicator but the "18 week RTT" indicator was not calculated in line with national guidance.</i></p> <p><i>The indicator you selected was the rate of clostridium difficile infections. We don't have to give you a formal opinion but we report to you our finding. We have concluded that if required we would be in a position to provide an opinion that the indicator was correct.</i></p>

Financial statements detailed findings



Financial statements detailed findings

Risks we reported on in our long form audit report (audit opinion on the financial statements) were:

Recognition of NHS and non-NHS income and receivables

- ✓ Reviewed key contracts with Commissioners (£605.1m) and NHS England (£477.1m).
- ✓ Tested non-NHS income, such as overseas, NHS Injury scheme and other (£45.7m).
- ✓ Reviewed key contracts for education and training income (£79.0m), and research and development (£53.6m).
- ✓ Tested bad debt provisions (£25.8m) and confirmed consistent approach to prior year.
- ✓ Reviewed the annual STF funding for the year (£37.8m).

Valuation of land and buildings

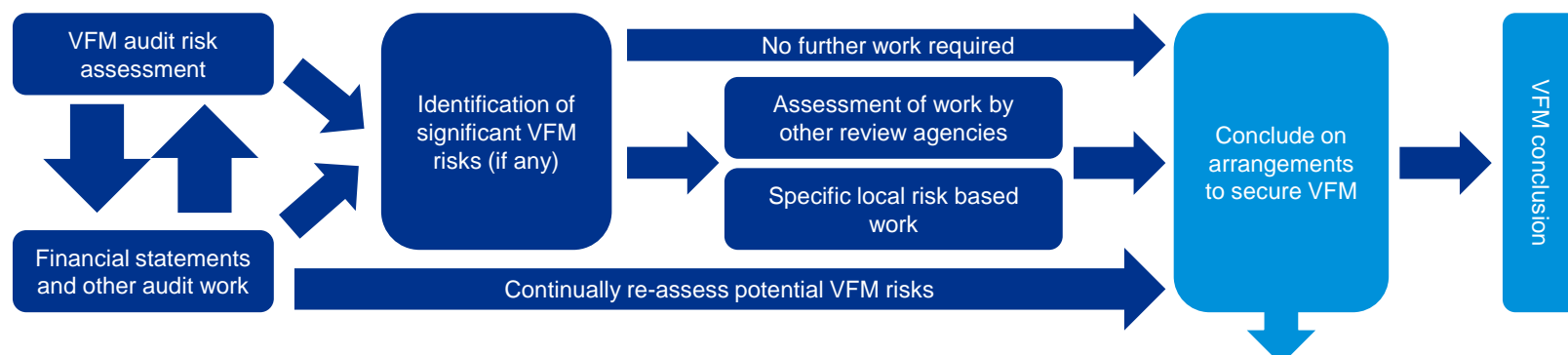
- ✓ Reviewed the professional valuers report.
- ✓ Re-measured a sample of spaces across the estate and identified an average 1.55% variance.
- ✓ Reviewed accounting entries regarding revaluation gains (£19.5m) and impairments (£35.0m).
- ✓ Tested assets under construction (£79.1m).

Mandatory risks

- ✓ Fraud risk from revenue recognition.
- ✓ Fraud risk from management override of controls.
- ✓ We did not find any instances or indicators of either fraudulent revenue recognition or management override of controls.

Use of resources

Our approach is to consider:



WE REACHED A POSITIVE CONCLUSION, FROM CONSIDERING THE FOLLOWING:

Annual Governance Statement	Checked the content properly reflected you operations during the year we found a balanced narrative that reflects our understanding of your operations and risk management arrangements.
Work of other regulators	CQC full inspection in March 2016 resulted in a "Good" overall rating. The Trust responded to the three areas identified as 'requires improvement' prior to the Health summit in April 2016. The Trust is currently assigned a segment of 2 under the Single Oversight Framework, meaning targeted support could be offered. No regulatory action required.
Other work	<p>We reviewed the:</p> <ul style="list-style-type: none"> • Consistency with prior year for the core assumptions in the 2017/18 Annual Plan, and where assumptions mirror key findings from the Board paper review. • Financial run rate position, and the cash flow position, including particularly how Trust capital projects are reflected in the Trust positions. • Cost improvement schemes identified against the figure in the plan. • Management's assessment of the Trust's ability to continue as a going concern.

Quality report detailed findings



Content and
consistency

Content and consistency – clean limited assurance opinion issued

- The Quality Account was less time pressured this year.
- A good first draft of the Quality Report was received.

A&E 4 hour wait – clean limited assurance opinion issued

- We identified some data entry issues which did not affect the indicator calculation.

18 week wait RTT– qualified limited assurance opinion issued

- We identified some cases where the treatment date was not supported by the patient records with 3 cases the referral date or treatment date entered in the PAS system was not correct, 1 case not having any evidence for the referral to treatment date. Caused due to the manual recording of the information.
- We also found that there were 2 instances where patients who had received treatment were still included in the open pathways listing and 1 patient that should not have been included on an 18 week pathway.
- *Concerns about the accuracy, completeness, reliability and validity of the data used to calculate the indicator NOT patient care.*

Rate of clostridium difficile infections – no opinion required

- Governor selected indicator which we are not required to issue an opinion on.
- *If required, we would be able to issue a limited assurance opinion.*



National
Indicators:
A&E 4 hour wait
18 week wait RTT



Local Indicator:
Clostridium
difficile

Close and questions



Council of Governors	 Guy's and St Thomas' NHS Foundation Trust
External Audit Appointment: Recommendation	12th July 2017 CG/17/18

This paper is for:		Sponsor:	Martin Shaw, Finance Director	
Decision	X	Author:	Daniel Carlen, Chief Accountant	
Discussion		Reviewed by:		
Noting		CEO*		
Information		ED*		
		Board Committee*		
		TME*		
		Other*		

* *Specify*

1. Summary

KPMG withdrew from the Trust's External Audit contract due to new restrictions on non-audit work announced by the National Audit Office in 2016. Following a procurement process, a panel consisting CoG representatives, Non-Executive and Executive Directors and other staff recommend Grant Thornton UK be appointed as the Trust's External Auditors.

2. Request to the *Council of Governors*

The Council of Governors is requested to appoint Grant Thornton UK as the Trust's External Auditors.

.

3. Detail

It is the responsibility of the Council of Governors to appoint the external auditors for Guy's & St. Thomas' NHS Foundation Trust.

In February, KPMG indicated that they did not wish to continue as the Trust's external auditors following revised guidance from the National Audit Office limiting the provision of non-audit services by external audit providers. KPMG remain the Trust's tax advisors.

In March, the council of governors was advised a procurement exercise would be carried out to secure new external auditors. The requirement was tendered against the CCS framework RM1592-ConsultancyONE, Lot 5.4 External Audit and Advice in accordance with the Public Procurement Regulations and Trust Standing Financial Instructions.

One response was received – from Grant Thornton UK. Grant Thornton provided figures to suggest that they are currently one of the largest suppliers of external audit services to NHS Trusts.

The tender response was evaluated and judged comfortably to exceed the requirements specified in the tender document.

In June, Grant Thornton made a presentation to the selection panel. See table 1.


Table 1: Selection Panel Members

<i>Name</i>	<i>Title</i>
Stephen Weiner	Executive Director, Head of the Audit Committee
Heather Byron	Member of the Council of Governors
Tom Hoffman	Member of the Council of Governors
Martin Shaw	Director of Finance
Simon Lane	Head of Internal Audit
Daniel Carlen	Chief Accountant
Naomi Bourne	Procurement Manager – hard FM

It was the unanimous decision of the selection panel that the appointment of Grant Thornton UK as external auditors to the Trust should be recommended to the Council of Governors.

The appointment would be for the next 3 financial years (including the current financial year, 2017/18) with an option for the Trust to extend for a further 2 years.

The cost tendered was slightly less than the current contract and represents a small saving against budget.

Membership Development, Involvement and Communications Working Group	 Guy's and St Thomas' NHS Foundation Trust	
Membership Development, Involvement & Communications (MeDIC) Working Group report, 28th June 2017	12th July 2017	CoG/17/19

This paper is for:		Sponsor:	MeDIC Working Group	
Decision		Author:	Adeola Ogunlaja	
Discussion		Reviewed by:	James Palmer and Peter Allanson	
Noting	X	CEO*		
Information		ED*		
		Board Committee*		
		TME*		
		Other*		

* *Specify*

1. Welcome and apologies for absence

The meeting was attended by: Devon Allison (Lead Governor, Patient); Peter Allanson (Trust Secretary and Head of Corporate Affairs); Yvonne Craig-Inskip (Public Governor); Lisa Doughty (Patient and Public Engagement Specialist); Jonathan Farley (Patient Governor); Linda Goldsmith (Public Governor); Tony Hulse (Staff Governor); Girda Niles (Non-Executive Director); Adeola Ogunlaja (Membership and Governance Co-ordinator); James Palmer (Lead, Public Governor); Vicky Rogers (Staff Governor)

Apologies: Matt Akid (Head of Media and Corporate Communications); Thelma Bangura (Staff Governor); John Chambers (Staff Governor); Noreen Ging (Staff Governor); Kate Griffiths-Lambeth (Public Governor); Lucilla Poston (Stakeholder Governor); Jenny Stiles (Public Governor); Warren Turner (Stakeholder Governor)

James Palmer (Lead, Public Governor) was welcomed as the new Lead for the Membership Engagement, Development and Involvement Working Group replacing Kate Griffiths-Lambeth who became the Lead for the Quality and Engagement Working Group.

2. Notes of the meeting held on 21st February 2017

The minutes from the meeting on 21st February 2017 were agreed as a true record of the meeting by all attendees.

3. Matters Arising

There were none.

4. Membership strategy progress

The Membership and Governance Co-ordinator gave the below update on the progress made on the membership strategy action plan.

4.1. Evaluation of the DFP membership recruitment roadshows

227 new members were recruited through the DFP membership roadshows however the Membership Engagement Services (MES) were only able to enter 192 members' details into the database due to address details being partially completed. The Membership and Governance Co-ordinator would contact the remaining 35 people individually to obtain their addresses.

The demographic breakdown included in the evaluation report showed that the new members recruited were of diverse ages and ethnic groups which met the aim.

The working group questioned whether the DFP roadshows could be considered successful and worth repeating. The Trust Secretary and Head of Corporate Affairs suggested that although fewer new members had been recruited at the roadshows than DFP had led the Trust to expect, those joining partly matched the aimed for profile, the Trust had gained membership promotional materials that could be used in future recruitment campaigns and gained useful experience about the challenges of attracting hard to recruit groups.

4.2. Green Park report action plan

The Trust Secretary and Head of Corporate Affairs reminded the working group of the aim of the Green Park project, for the specialist consultancy to work with the Trust towards building a membership that was more

representative of the local communities it served. He advised that developing a representative membership was the Trust's responsibility rather than governors' responsibility which was why different teams within the Trust with expertise in the area had been called upon to be involved in building the action plan.

The Membership and Governance Co-ordinator informed that a draft action plan had been developed following the MeDIC subgroup meeting in May and subsequent meetings with the Patient and Public Engagement Team, Widening Participation Lead and the Outpatient Lead who was standing in for the Director of Equality and Diversity.

A key action was for the working group to define the membership value and for community outreach activities to be linked with the wider Trust values. James Palmer (Lead, Public Governor) referred to the new members' welcome letter and suggested that it tied in well with the Trust values. It was suggested that a link to the Trust values should be included in the welcome letter/email. The welcome letter/email could also refer to membership being one way for people to "give back" to their local hospitals.

Lisa Doughty (Patient and Public Engagement Specialist) suggested also developing a page on the Trust website dedicated to the various ways members could get involved in our plans. A link to this page could be included in the welcome letter/email so all new members would be aware of the different ways they could get involved.

The Membership and Governance Co-ordinator drew attention to the suggestion that there should be diversity advocates within the Trust to engage with the BME community organisations identified in the Green Park report, alongside governors and staff. The opportunity for staff and volunteers to become diversity advocates would be advertised through the Trust's internal communication channels. Devon Allison (Lead Governor, Patient) and James Palmer (Lead, Public Governor) volunteered to attend meetings with the community organisations as governor representatives.

The Membership and Governance Co-ordinator would discuss with the Voluntary Services Lead the possibility of volunteers staffing information stands about membership in outpatient centres. Lisa Doughty (Patient and Public Engagement Specialist) pointed out that it was important to ensure that efforts could be sustained.

It was suggested that it would be impractical for governors to staff membership information stands constantly and that a campaign could be held twice a year within the hospitals as part of a recruitment drive. Recruitment campaigns could be tied in with key dates or anniversaries such as the date Guy's and St Thomas' became a Foundation Trust.

4.3. The GiST magazine membership advert

The membership advert on the back page of the latest issue of the GiST magazine was welcomed by the working group, although the group had hoped that the future advert could highlight that membership was free.

The Membership and Governance Co-ordinator informed that there had been an increase in expressions of interest for membership of the Trust since the GiST membership advert.

The group asked if membership could be advertised on a regular basis on the back page of the GiST magazine. The Membership and Governance Co-ordinator would discuss this with the Head of Media and Corporate Communications.

4.4. Final membership leaflet – for information

The new membership leaflet was welcomed by the working group.

The Membership and Governance Co-ordinator said that the leaflet would be displayed at clinics within the Trust and distributed to local GP practices. She had included a message in the July edition of the Connect newsletter to GPs and primary care colleagues asking if the membership leaflet and film could be displayed in practice waiting areas. She had also been in contact with stakeholder governors from Lambeth and Southwark CCGs for assistance with promoting the membership materials with their colleagues.

Lisa Doughty (Patient and Public Engagement Specialist) said that the Patient and Public Engagement team would distribute the membership leaflet at engagement events. It was suggested that the online membership form on an iPad could be used.

5. 2017 Community Services Staff Governor election update

The Trust Secretary and Head of Corporate Affairs informed that a new election service provider called Mi-Voice had been commissioned to facilitate the community staff governor election as they were certain they could increase participation in the election with their approach.

With a secure online voting system, Mi-Voice made it easier for staff members to complete an online nomination form and vote electronically using a unique voting code. 14 community staff members had nominated themselves for election. The working group agreed that a thank you note ought to be sent to all candidates. Voting would close on Friday 14th July and the results would be announced on Tuesday 18th July.

6. Further membership recruitment opportunities

The working group noted the further opportunities for membership recruitment at the forthcoming Pride in the Park event and Lambeth Country Show in July.

James Palmer (Lead, Public Governor) had volunteered to attend the Pride in the Park event to talk to people about membership and encourage them to complete membership forms. The Membership and Governance Co-ordinator would attend the Lambeth Country Show and would send an email to governors seeking volunteers to support the stand at the event.

7. Governor communication with members

The working group suggested that there should be a “governor section” in each issue of the GiST magazine dedicated to answering queries from patient and public members to facilitate governor communication with members. The Membership and Governance Co-ordinator would discuss this with the Head of Media and Corporate Communications.

Governors could also communicate with the public through Patient Participation Forums with their GP practices. PowerPoint slides about the role of governors and members should be made available for governors to take along to these events.

The working group noted that staff governors now present Fit for the Future badges to nominated staff members at the monthly Team Briefing at Safe in our Hands to raise their visibility within the Trust. A staff governor email distribution list would also be created for staff members to be able to pose questions to staff governors. The Membership and Governance Co-ordinator was attending a training course in July so that she could edit and develop the staff governors’ page on the staff intranet.

It was agreed that there was a need for governors who attend other committee meetings within the Trust to provide feedback to the wider Council of Governors. The Trust Secretary and Head of Corporate Affairs advised that there should be a page on the Trust website available only to governors which could be used more


proactively to share information. The Membership and Governance Co-ordinator would discuss this with the Head of Media and Corporate Communications.

8. Any other business

Although Jenny Stiles (Public Governor) was unable to attend the meeting, her comments about the GiST membership advert and the distribution of the membership leaflet within the hospitals and local GP practices were noted and had been addressed under the agenda items. Jenny also suggested that the membership leaflet should advertise joining the Friends of Guy's and St Thomas' to promote fundraising, however the working group agreed that was a separate remit.

9. Date of next meeting

The next meeting would take place on Tuesday 17th October 2017.

Council of Governors	 Guy's and St Thomas' NHS Foundation Trust	
Quality and Engagement Working Group Report, 9th May 2017	12th July 2017	CG/17/20

This paper is for:		Sponsor:	
Decision		Author:	Lisa Doughty
Discussion		Reviewed by:	Devon Allison
Noting		CEO*	
Information	X	ED*	
		Board Committee*	
		TME*	
		Other*	X Council of Governors

* *Specify*

1. Introduction

This report details the meeting of the Quality and Engagement Working Group which took place on 9th May 2017 at the Education Centre, York Road.

2. Attendance

This meeting was attended by: Sarah Allen (Head of Patient Experience), Devon Allison (Lead), Thelma Bangura, Andrea Carney (Patient and Public Engagement Manager, John Chambers, Yvonne Craig – Inskip, Lisa Doughty (Patient and Public Engagement Specialist), Jonathan Farley, Noreen Ging, Linda Goldsmith, Kate Griffiths-Lambeth, Tony Hulse, James Palmer, Jenny Stiles, Vicky Rogers, Bryn Williams, Dr. Priya Singh (Non-executive Director), Mark Tsagli (Patient Experience Facilitator)

Apologies were received from: Tom Hoffman, John Porter, Lucilla Poston, Giles Taylor

3. Notes from the last meeting

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

4. Health and wellbeing

Alison Keens (Head of Service – Inclusion and Prevention Specialist Services) provided an update to the Governors on the team's work.

Governors noted the following:

- Public Health cuts have been made in the last year with further cuts expected during 2017/18.
- The team have therefore had to think creatively in provision of services.
- Lambeth is the 9th most deprived area in London, and Southwark the 12th.
- Populations served are ethnically diverse which impacts on health conditions presenting.

Catherine Kironde presented on Early Intervention Services. The following points were noted:

- Since the last round of public health funding cuts, the service has been reconfigured.
- From a single point of access, triage is within 5 days with referral to a number of programmes including:
 - Healthy Heart, Healthy Weight
 - Change for Life
 - Self-management programme
- Funding cuts have limited the clients the service can see. For example, the Tier 2 Healthy Heart, Healthy Weight service used to see clients with a BMI of +25, this is now +35 (+30 for certain co-morbidities).
- This means the team now see people with other conditions, rather than intervening before they develop.
- Governors questioned whether BMI is reliable as a measure - confirmed still the NICE recommended indicator. However, waist circumference is also measured, and thigh/calf measurements soon will be too.
- Governors asked for more information on the walks programme. This was previously led by Lambeth Council (sub-contracted) but now back in house. Following discussions with the Ramblers Association volunteers to lead walks are being recruited and training takes place later this month.
- Governors asked about referrals and how many drop out – new service only went live in November, but previous year saw 2,400 referrals, with a high dropout – 30% not reached at triage.
- 45-50% of those seen demonstrate good outcomes.
- Looking to follow up at 6, 9 and 12 months to measure longer term success – people appear to do better on the Healthy Heart, Healthy Weight programme, but engage better with the Change for Life options.
- A strong public response to the consultation was seen with clients keen to give back and share their experiences.
- Concern were discussed about the alcohol service being cut; some services still exist with SlaM but commissioners felt there was provision elsewhere for this with GP's.

Carmen Rojas presented on the Stop Smoking service. Points noted included:

- The stop smoking service work across hospitals and in the community. Success rate is 53%.
- Referrals come from a variety of sources, but the team would like to see more from wards.
- The team base at Dulwich Hospital but deliver services across sites/the community (including home visits)

- The team provide a variety of clinical interventions including treatment for addiction, 1:1 and group sessions, pharmacotherapy, behaviour support therapy and monitoring of carbon monoxide readings.
- It is the primary cause of preventable illness and death, causing 96,000 deaths annually.
- The team also provide extended support to GP's and pharmacists.
- Provide value for money as the NHS spend 2 billion each year treating smoking-related diseases.

The value of having Early Intervention services together within GSTT was discussed.

Action: It was asked what proportion of the population of Lambeth and Southwark are smokers – Carmen will provide this information, but there is a known link between smoking and deprivation.

Action: In light of the cuts to Public Health funding, the Governors would like to lend support to the team –the chair will take this action forward.

5. Patient Experience (PE) report

The Patient Experience Manager summarised key points from the Quarter 4 Patient Experience Report:

- Trust Level Results – waiting for benchmarking but largely stable with some small improvements.
 - Noise at night – lots of work in this area, patient noise improved but staff generated noise increased
 - Under environment, the Trust scored well on cleanliness
 - Areas for improvement are people being able to find someone to talk to, communication about medication side effects and discharge - one of the Fit for the Future workstreams.
- Friends and Family Test (FFT)
 - Inpatients – continue to do well, scores in upper half of Shelford Group ratings, good response rate.
 - A & E – good response rate, increase in those who would recommend the Trust and a decrease in respondents who would not recommend.
 - Outpatients – scoring in line with national performance and slightly better than other London Trusts

- Patient Transport – scoring better than national and regional, however, accuracy of the measure raises some questions as other information contradicts results. Essentia are working to improve experience.
- Community Service – findings broadly in line with London, but a little lower for January. Part of this may be rollout of the new Patient Experience System – the Patient Experience Facilitator has been providing sessions in the community but it does take longer to get around to everyone.
- Inpatient Survey
 - Patients being given help at mealtimes – traffic light trays have been introduced to indicate who needs help as well as nutrition boards with dietary needs positioned outside each ward.
- Outpatient Survey
 - Highlighted need to keep patients updated on waiting times and who to contact once they have left hospital, information-giving will be a Patient Experience priority for next year.
- In Children's Services scores remain high.
 - Outpatients is slightly lower – patients are saying they would like more information to take home.
- Mystery Shopping
 - Indicated an increase in staff offering different ways to feedback to the Trust.
 - Reports of a lack of information on waiting times triangulated with existing patient experience data.
 - Governors asked how many Mystery Shoppers we have – confirmed as around 23 active shoppers currently with this number meeting current need for the number of outpatient clinics we shop. Locations are rotated on a quarterly basis to allow services to make changes and respond to feedback in between shops.
- PALS – highest theme in communications received is the challenges patients face in contacting the Trust.

6. Patient Engagement update

- Trust PPE audit - all directorate responses have been received and are being analysed, this is used as a litmus test for how well we are engaging across GSTT. Results will be reported in June/July.
- PPE Strategy – as Governors are aware, the current strategy ends next month. Governors were reminded about the upcoming patient-public stakeholder event on 15th May as part of the refresh discussions.

- Recruitment volunteers – volunteers have attended refresher training (where required) and we are working with Communications to publicise using patient representatives in recruitment processes/interview panels.
- PLACE assessments – four of the 2017 assessments have taken place - just St Thomas' left (scheduled for 19th May). We should receive the results from NHS England late Autumn. The Patient and Public Engagement Specialist will follow up with Essentia regarding a staff assessor place for Noreen Ging.
- Orthopaedics – The Trust Patient and Public Engagement Manager highlighted the workshop recently held with the orthopaedics team. Orthopaedics have requested assistance with a staff workshop in July to take feedback forward and the Patient and Public Engagement Manager will update further at the next meeting.
- Fit For the Future – We have been supporting the Fit For the Future team, and in particular the Digital Patient Journey programme. Three patient workshops were held between February and March from which outputs will be published shortly, but results triangulate with other Trust data available.
- Lambeth and Southwark Strategic Partnership – working as a partnership to develop a citizen engagement model - Kate Griffiths-Lambeth has joined the group as a Governor representative.
- Vanguard – The Trust Patient and Public Engagement Manager and Patient Experience Manager sit on the Communications & Engagement Working Group, supporting and providing advice to workstreams/clinicians. Reporting on Communications and Engagement in the programme to NHS England on 7th June.
- Call Quality Assessor results – this quarter looked at Pain Management with some considerable drops in performance indicated. Whilst some elements have improved, for example, introductions and explaining when people are put on hold, the level of empathy and warmth appears to have dropped. Results have been passed to the service with a request for actions to be communicated back. Noreen Ging, Staff Governor highlighted this may be due to changes and new equipment in the Service.

7. End of life committee update

- Yvonne Craig- Inskip reported on the recent End of Life open day held at Guys Hospital – there were 20 stalls and over 200 attendees leading to a very positive day.
- Protocols have been produced for spiritual and religious input, and emergency weddings/civil partnerships.


8. Any other business

- Devon Allison updated that as she has now become Lead Governor, she has stood down as chair of this committee. She will be in touch with Governors' about committees with no governor representative (for example, cancer) to see if individual interests align with any openings. She asked people to get in touch and update her, and thanked everyone for coming to the group and developing the agendas.
 - Kate Griffiths-Lambeth has agreed to become chair of the Quality and Engagement Working Group, and James Palmer has stepped forward to chair MEDIC.
- Noreen Ging highlighted International Nurses' Day taking place this Friday, promoting nursing over the years. Education funding has been cut significantly and therefore they will be raising money through the abseil at St Thomas' – this work will be developed further going forward.
- Vicky Rogers raised it is Mental Health Awareness Week 2017, and important to talk about Mental Health.
- Jenny circulated some cards for people working in the local area offering reductions in local businesses.

9. Date of next meeting

Tuesday 26th September 2017, Education Centre, York Road.

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Council of Governors	 Guy's and St Thomas' NHS Foundation Trust	
Service Strategy Working Group report, 2nd May 2017	12th July 2017	CG/17/21

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, John Chambers, James Palmer, Vicky Rogers and Noreen Ging.

Martin Shaw (Director of Finance), Jackie Parrott (Director of Strategy), Marian Ridley (Evelina London Director), Sara Hanna (Evelina London Medical Director), James Coutts (Clinical Director Cardiovascular services) 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, Lucilla Poston, John Duncan, Linda Goldsmith, Darren Oldfield and Thelma Bangura.

2. Notes of the previous meeting and matters arising

2.1 The notes of the meeting held on the 17th January were approved as a true record.

3. Evelina London Strategic Business Unit

3.1 Marian Ridley opened the item by suggesting that the working group move straight into the discussion and only refer to the presentation as necessary. There were two key messages that Marian wished to highlight to the working group as a prelude to that discussion. The first was that the Strategic Business Unit (SBU) is an enabler to the strategy that was presented to SSWG in October. The second message is that the SBU is not a separate legal entity, much of this is codifying ways of working that already exist or developing ways to do so to enable the strategy. This is about creating the space for the Evelina to have its own brand and recognition beyond that of the Trust's.

During questions and discussion the following was highlighted:

- That there had been governor involvement in the development of the SBU, as noted on page seven of the presentation. The ongoing discussion is how that stakeholder engagement model should continue as the Evelina goes through its transition year. Marian noted that the Evelina management team are thoughtful on

how to ensure that the governor voice continues to be heard, this needs to be done together and no one is sure how best to do this yet and will be engaging governors further.

- The previous management system had meant that the directorates had had individual performance review meetings like other directorates, and yet had also had a board committee which provided greater profile. The aim of the SBU was to remove duplication. There has also been a view from the Board to devolve management responsibility to enable decision making that is more informed and closer to the frontline. This also provides greater credibility in the external environment to discuss the detail of Children's services.
- This evolution towards becoming an SBU had involved taking steps to consider the Evelina as a fully operational hospital rather than these individual directorates. That size required a different approach and entity to be able to fulfil the strategy. Sara pointed to her own role as an example of this, where she is accountable to Chief Medical officer, and clinical directors in the Hospital are accountable to her. Sara had always felt accountable for the medical services in the Evelina but the move to the SBU had provided a formal mandate too to affect improvement.
- When asked on whether the balance of the limits of authority between the Evelina and the Trust were right, Sara said that the level of support the Evelina has received has been incredible and the executive team were confident that the balance would be right because of this support. Marian noted that much of the work is just continuation of existing relationship. Throughout the SBU's development the conversations between different parts of the organisation have been hugely positive. The approach has been to avoid detailed protocol and instead aim for a permissive framework.
- There have been no changes in Standing Financial Instructions through the development of the SBU. Policy will continue to be set at a Trust level except for when there are specific considerations which affect children that need to be resolved. There are benefits to having more manoeuvrability, authority to act and being small enough to have distinct culture while also having access to the breadth and depth corporate expertise. Governors noted that the Evelina has over 2000 staff and a bigger turnover than Moorfields.
- Governors heard that the Evelina were considering the benefits of being able to act as a single customer to organisations like Essentia, but what that might mean was being worked through. This is an opportunity to look at new ways that the organisation as a whole can have a conversation about the kind of approach and in this example Essentia are seeing this as an opportunity.

- Governors asked whether the SBU was cost neutral. Marian noted that this was difficult to tell. The benefits are an accumulation of small things that contribute to a wider a whole, for example the Evelina has met its financial targets for the last four years running.
- Following a question on capacity in the Evelina, Jackie updated SSWG on the work jointly with the Royal Brompton and KHP. These are very early discussions and nothing definitive has been agreed, but the priority is to ensure that children's care maintains alignment to major children services hubs.
- As the Evelina is one of the few children's hospitals also provides children's community services, it has a fairly unique national perspective on providing children's services. It was also recognised that the local geography is different in London, with GOSH taking most children from elsewhere in the country while, for example, Sheffield has the Derbyshire and Yorkshire's Children hospital. The aspiration is that Evelina can play a similar role to the latter in being the Children's hospital for south London and south east England. The key is making the brand felt in these areas, as it already is when a health visitor goes to visit patients wearing an Evelina lanyard. Marian closed the discussion noting that branding and support could be a hope other presentation and offering to come back to future SSWGs to discussion the progression of the SBU.

4. Cardiovascular Services

- 4.1 James Coutts joined the meeting for this item and took SSWG through his presentation. James gave an overview of cardiovascular services in south east England noting that it had many different referral patterns that are historically driven into three medium sized units in south London. It was noted that ten years ago the Kent providers agreed to work together to create a slightly larger unit in Ashford, but this only deals with emergencies.
- 4.2 On the proposed network there are three key principles. The first is that patients should be treated as locally as possible, and so the unit like Ashford should be supported. This leads to the second principle, that where possible these super specialist treatments should be done in one place. The final principle is that all of this should be done in partnership to determine exactly what is needed, where. The Trust believes the institute is

needed to reach the required critical mass to do the specialist work needed and because the academic opportunity this would provide.

- 4.3 So far the Trust has been working with other providers to improve care, for example the provision of consultant clinics in Bexley. The Trust has also been working closely with Dartford and Gravesham, as part of the Vanguard programme, to develop a set of minimum standards. The Trust has also been sending teams to Ashford and St Georges to support their services too. With KHP the Trust has produced a joint Aortic valve repair rota which will help reduce mortality.
- 4.4 There are many challenges ahead as Cardiovascular services look to integrate. The really difficult one will be the surgical integration as co-location is vital. Finances are also an issue as neither the GST or KCH units make a financial contribution to their respective trusts. Another question that will need to be resolved is what to do about an EHR that could be used across the network. Finally academic integration can't happen without clinical integration.
- 4.5 The key issue is that for KHP, integration is the only viable route. The financial elements are challenging, especially as the super specialist work isn't profitable. Clinically the preference is to push more routine work to be as local as possible. There is also a challenge in the NHS England's perspective on how South London and Kent interact is different to how the Trust sees the relationship. James also reminded the governors that this is a novel proposal; there isn't a call for this kind of solution anywhere else in the country.

During questions and discussion the following was highlighted:


- That the Trust is actively trying to ensure Kent, Surrey and Sussex flows are considered in discussions about specialised commissioning in south London through regular meetings with commissioners.
- The business case for the integration, and the Cardiovascular Institute, is progressing. Jackie is SRO of the process and once the Strategic Outline Case is approved internally the proposal will start to be circulated externally for engagement when there is something to offer. The Trust has recruited someone to

help develop the network and is taking a co-creation approach to the network's development. Through the vascular support given to St Georges' the Trust has identified that the Vascular Network proposition is the best starting point for understanding what the network concept might look like.

- That through this development the number of Cardiovascular staff has increased. But with that has come an increased role for staff in other units across the region, for example, at the Ashford Heart Attack centre.
- It is not yet clear what commissioner's views on the network proposal will be. There is the natural tension with the STPs process when there are services have national reach and geographies. Much of the Trust's work isn't local, but the Trust is in discussions with commissioners to consider what might be done to manage cardiovascular care.
- The next steps are that the internal business case will go through KCL, KCH and GST boards for approval to proceed over the next six weeks. Then the Trust, with partners, will continue to work up the separate elements of the proposal; the building, the network and the integration. What the Trust is currently proposing is groundbreaking and there is potential for further additions on top of that. This agenda item was to help Governors understand the context for that proposal as it rises on the agenda.
- The governors asked for a short written update on the Cardiovascular Institute proposal in the future. Jackie agreed to work with Dan to provide this.

5. Any other business

5.1 There was no further business and the next meeting was confirmed for 4th of July 2017, 5.30pm to 7pm at York Road.

Council of Governors	 Guy's and St Thomas' NHS Foundation Trust	
Questions and Answers	12th July 2017	CG/17/22

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
I would like to know what GSTT is doing to ensure that staff who fear they may be affected by Brexit have access to good quality legal advice? Although much will develop on this front specialist legal firms are already aware of ways some people can be reassured and others take action now which will improve their position. I have just been to an excellent session donated free for workers and residents in Waterloo by Wesley Gryk, the specialist firm on Lower Marsh. There was an information session and then an afternoon of short individual sessions. As it was a Saturday no one from GSTT's Work Force Department was able to come but I want to check that there is some route by which the hospital is gaining and passing on the best possible advice. It might stop some staff leaving as well as being empowering to have the best possible advice. The event for our local community was fully booked and is being much appreciated.	17/0033 2017-06-21 (Jenny Stiles)	The Trust is conscious that the uncertainty of the Brexit negotiations gives rise to concerns by staff from EEA countries about what the future means for them. The Trust values all staff contributions and staff from EEA countries work in a range of vital roles across the Trust. Assurance was provided to staff of their valued contribution by the Trust Chief Executive following the referendum and again after article 50 was triggered. As Jenny says there remains uncertainty. We have approached the Trust solicitors to consider ways in which they can provide information to staff to prepare for Brexit and which might include advice on applying for residency for example. We will provide a further update to CoG once the detail of the offering has been considered. (21-06-2017)		
I would like to endorse Jenny Stiles' suggestion that we are told of the steps GSTT is taking to ensure that staff who fear they may be affected by Brexit have access to good quality legal advice? I know that GSTT appreciates and supports its staff in an exemplary manner but this seems to me to be an increasingly pressing	17/0032 2017-06-21 (Linda Goldsmith)	Please see answer above.		

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
problem and one in which staff need to feel additionally valued and supported.				
Giving that Brexit is a concern for all where by most our healthcare colleagues might end up leaving for their home country, what role can CoG play to bridge the gap of staff shortage in the Trust?	17/0031 2017-06-21 (Thelma Bangura)	At this point in time the Trust has not seen attrition of staff as a direct result of Brexit. The Trust has seen a 1% increase of EC staff joining the Trust since June 2016. In a broader context the Trust is lobbying the Government through bodies such as the Shelford group to ensure that NHS staff from EEA countries are afforded the best possible protection to continue working the in the UK and for the Trust. About 12% of staff are from EEA countries and 11% from other parts of the world. (21-06-2017)		
We are fortunate to be linked to some of the best medical teaching and research in the world - however, there is much talk about Brexit having an adverse impact on the future of science and research in the UK, as leading researchers decide not to come here and academic research funding is reduced. This would be likely to have an adverse impact on the Trust. What, if anything, is the Trust doing to add its voice and expertise to support the forthcoming Brexit negotiations?	17/0030 2017-06-21 (Kate Griffiths-Lambeth)	The contribution of EU funding and clinical and basic science academics has been key to the success of this organisation in the delivery of world leading teaching and research. It is therefore of concern that the process of a negotiated exit from the EU would compromise this position. There are three key actions that the Trust is taking to mitigate the risks of Brexit. Firstly, we are actively reassuring our current staff that we remain committed to research and education and that we remain committed to them as vital members of our workforce. We will work with them and with the government to ensure their continued contribution here.		

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
		<p>Secondly, we are influencing, both directly and through the presence on a number of national bodies, the coordinated national response to addressing the continuation of EU funding for research. We are also looking at contingencies should this research funding not continue at present levels.</p> <p>Thirdly, the Trust will contribute to the growing national conversation and will wish to contribute to the non-partisan Brexit Health Alliance that is now forming under the Chairmanship of Sir Hugh Taylor and Niall Dickson.</p> <p>(21-06-2017)</p>		
<p>In light of the recent terror attacks on both Westminster Bridge in March and London Bridge and Borough Market on 3rd June - thanks and respect go to the clinicians and staff in both hospitals who have helped and cared for casualties - given that Guy's and St Thomas' are crucial central London hospitals, can the Board explain the procedures in place to protect and support staff, as well as the Trust's role in the wider London security plans?</p>	<p>17/0029 2017-06-21 (Kate Griffiths-Lambeth)</p>	<p>1. Operational response</p> <p>The Trust is used to responding to incidents though the London Bridge incident was one of the most difficult for many reasons. A staff member, Kirsty Boden, tragically died during the attack and the Guy's site was part of the crime scene with limited access to some parts of the hospital. This happened so soon after the Westminster, Cyber and Manchester attacks.</p> <p>The response across the Trust was magnificent, theatres were up and running overnight and were fully staffed. The Trust received 13 patients in total, 4 of which were seriously injured with others discharged within 24 hours.</p>		

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
		<p>1 patient remains in hospital but is making good progress.</p> <p>St Thomas' Street being closed off meant that 250 staff were unable to access their normal place of work but with great effort essential services continued. Staff salaries were processed on time and no patient appointments were cancelled though some patients decided not to attend.</p> <p>Though the business continuity plan worked really well, there will be a formal de-brief in July to understand lessons learned and how the plan can be improved.</p> <p>2. Support for staff</p> <p>In response to both the Westminster and London Bridge attacks, the well established site lock-down process run by the security team was put in place to restrict access to the sites. The Trust also has a good police liaison and support.</p> <p>With help from SLAM, psychology support was available for staff by Monday following the London Bridge incident on Saturday.</p>		

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
		<p>The security team also reinforced that all staff carry their Trust ID badge and patients were asked to bring their ID and appointment letter to check the legitimacy of their visit for reassurance.</p> <p>3. Clinical response and looking after patients</p> <p>All patients who made it to hospital survived which is a tribute to the emergency response across London. We received patients requiring head and neck care, including a transfer from the trauma centre at King's Hospital, and all patients did exceptionally well. The emergency surgeons were very active and maintained their skills as a major A&E centre.</p> <p>(21-06-2017)</p>		
I agree with Kate that we need clarity on our Major Trauma role. I think our position implies we should be upgraded to a major trauma centre.....lives would be saved. Both recent incidents need to be fully briefed on!	17/0028 2017-06-21 (Kevin Burnand)	Based on the performance across London in the face of the terrible events over the last few months, including the tragic fire at Grenfell Tower, it shows that the trauma system works well and the specialist offer from GSTT is as significant as bidding to become a trauma centre. There is no central appetite to change. (21-06-2017)		
Pay freezes and financial pressures mean that it is challenging for many Trust employees to cope with living in or near London. What can be done to provide additional support for those on low wages -	17/0027 2017-06-21 (Kate Griffiths-Lambeth)	The Trust is very much aware of the challenges that some of our staff face coming to work at a central London Trust. As part of the Trust's Total Reward programme, Showing we care		

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
<p>for example, given that there are multiple sites on which Trust employees work, and some are expected to be located at different places in and near London at different times, is there a possibility of securing free or reduced transport passes from TfL (as the police have) to ease the burden of commuting? What access does the Trust have to affordable living for staff?</p>		<p>about you, the Trust launched an initiative a couple of years ago to focus on what support could be provided to Trust staff in the area of housing and transport. This developed into a partnership with UCLH and NHS Employers to lobby mayoral candidates in the lead up to London Mayoral elections and continued with meetings with Sadiq Khan's team post-election. The Trust sought support from the Mayor to subsidise travel. Unfortunately the Mayor could not commit to support NHS staff given, in part, the commitments already made to freeze tube fares. However via NHS Employers the intention is to continue to lobby on this point. In respect of housing, the Naylor review of NHS property and estates looked at how NHS land could be utilised for the building of 26,000 homes by March 2020 and recommends 'Land vacated by the NHS should be prioritised for the development of residential homes for NHS staff, where there is a need.' In a recent meeting with the London Mayor's office they set out their intention to review TFL land for the use of housing for key workers. Clearly the solution to this challenge will take some time to deliver in the context of using land for NHS staff housing. Further consideration is being given to exploring partnerships with housing associations to support Trust staff accessing affordable</p>		

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
		<p>housing. As the Trust roles out its transforming its ways of working (TOWOW) programme that sees the introduction of Windows 10 software together with new equipment this will provide the opportunity for staff to work in a more agile way across a range of Trust sites. In addition we are trailing working with the Civil Service to access their hubs based in government buildings, libraries and the national archive at Kew to work remotely. Whilst not possible for all of our staff groups there a large percentage of staff for whom it could be beneficial to work remotely. This in turn could support them working closer to home or at home and therefore go some way to reduce the cost of travelling to work.</p> <p>(21-06-2017)</p>		
<p>What preparations has the Trust in place to combat the probable adverse impacts of further cuts in public funding after the election and rising costs and inflation - economic uncertainty/instability is growing and hence the Trust needs to be prepared for the worst, despite hoping for the best?</p>	<p>17/0026 2017-06-21 (Kate Griffiths-Lambeth)</p>	<p>The Trust in September of each year assesses the likely financial savings target for the following financial year and sets targets for directorates to respond to this challenge. Directorate plans respond to these financial challenges. The planning process sees directorates plan for the level of demand they are faced with and they identify the physical capacity, beds, theatres, outpatient facilities etc they will require to meet this demand and maintain access standards. They identify both cost saving proposal and margin they can make</p>		

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
		<p>on additional activity to offset the financial challenge.</p> <p>In addition to individual directorate efforts the fit for the future programme and commercial directorate work with directorates to identify opportunities for improvement across the organisation. We are also working with partners across SELSTP to identify where there are opportunities to secure better value by working collaboratively with both commissioners and providers contributing to the process. The central Finance team also look for balance sheet opportunities to improve the financial position.</p> <p>All proposals are scrutinised by the directorate management teams and then by the Medical Director and Chief Nurse to ensure they are not likely to have an adverse impact on the quality of service provision. This process has been sufficient in the past to meet the financial challenge and ensure the Trust remains a going concern. As the financial challenges continue to grow the team will continue to try to balance quality, access and finances to ensure value for money. We would expect to be last man standing if finances become so tight that all providers move into deficit.</p>		

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
		(21-06-2017)		
What is being done to ensure that patients and their families and/or their carers have greater involvement in decisions about their health?	17/0025 2017-06-21 (Kate Griffiths-Lambeth)	<p>In May 2016 the Trust launched the Nightingale Programme which aims to reduce variations in care, improved patients safety, quality and improve both staff and patient experience. A key part of this programme includes a handover at the bedside between nursing staff at the beginning and end of each shift. As part of this process nursing staff ask patients and the families/carers whether they have any questions about their care. This enables staff to begin these discussions and patients and their families to participate in decisions.</p> <p>In addition to this during Carers Week (12th-16th June) the Trust launched a “Carers Passport”. This document enables carers to share with staff any information they may have which can help optimise the patients care and also identify the level of involvement the carer may wish to have whilst the patient is in hospital.</p> <p>(21-06-2017)</p>		
There are a number of complaints on websites and social media about how hard it is for patients to make contact by telephone with certain departments (such as Dentistry) and for administrative delays in communicating test results, especially by email, (e.g. Urology, ENT and Lupus) -	17/0024 2017-06-21 (Kate Griffiths-Lambeth)	- There is clear evidence we aren't giving patients a good experience when they call and we are committed to improving this – it is a 2017/18 quality priority and receiving leadership at executive level, as well as being aligned with		

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
<p>what is the Trust doing to ensure swift and easy communication with worried patients?</p>		<p>one of our major transformation programmes under Fit for the Future.</p> <ul style="list-style-type: none"> - We have set up a working group to address this issue and are currently mapping the large range of different contact numbers in place across the trust, including where numbers are publicised to patients and who is staffing them across what hours. We are also reviewing data from our call centres such as the Patient Appointment Team where this is available - Initial findings support the case that we have too many different numbers, which could be rationalised, and for many of the direct lines there is confusion about how we publicise them to patients, and little resilience/ cross cover in answering the phone. Calls are answered much better where we have a call centre or team approach in place, using a single contact number. - We have identified that we need to move towards more call centres/team approach and rationalise how many numbers we offer to patients, as well as ensuring that staff answering the phone are trained and enabled to resolve patients' queries. We are working with our clinical directorates to understand the best way of doing this. 		

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		<ul style="list-style-type: none"> - We have drawn up a set of quality metrics that set out the standards we expect for patients contacting the trust by phone, such as time to answer call, and professional and courteous response. These standards will be monitored across the board once we have rolled out the required call centre technology. - We are also reviewing and updating the information on our website and in our appointment and clinic letters to offer more coherent telephone contacts. We will take some early action on this to rationalise the number and clarity of appointment related letters, and the "change your appointment" function on the website, within Q2. Further review will be aligned with longer term work to re-structure telephone contacts and ensure this is clear in all letters and communications. - We anticipate completing the mapping and discussion of solutions in the next few weeks, and will be moving to present the preferred option to Trust Management Executive during Q2 for approval (including any investment in call centre technology and implications for how staff work, which may be significant). We are aiming to start implementation of new arrangements in 		

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		<p>Q3/4 depending on the options chosen and any procurement timescales.</p> <p>- We are also, through our Digital Patient Journey transformation programme, looking to offer patients alternative ways of contacting the Trust or getting the information they need without having to call us. For example, we are rolling out the ability to reschedule (and in future, book) outpatient appointments directly online. Through our online portal, patients will be able to access their appointment and clinic letters and appointment dates which will help them have a record of their care. This will be rolling out through the remainder of 2017/18.</p> <p>(21-06-2017)</p>		
What does "good" like to the Trust in regards to Membership - this is in relation to numbers, interaction, involvement, cost and definition?	17/0023 2017-06-21 (Kate Griffiths-Lambeth)	<p>Good would be when we are able to meet the statutory requirement to develop a membership that reflects the communities we serve. Given the huge local diversity this is a far off dream and without a large physical and financial resource is unlikely to be delivered in the near future – not good news but realistic. This is a Trust responsibility and we are hugely grateful to the Governors, particularly those who attend MEDIC, for their support in making inroads into this challenge.</p> <p>(21-06-2017)</p>		

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Is there any strategy put in place where members will have responsibility for identifying community events for Governors to attend, considering representation in each public constituency?	17/0022 2017-06-21 (Thelma Bangura)	<p>There is no current process in place. This question seems to be about what governors can do so perhaps it could be tackled by governors at the informal meeting.</p> <p>The Trust has invested time and money in some new initiatives – the short film that was shown in local shopping centres aimed at increasing membership – about 200 signed up – and the film is available for use generally and is on the website. We will be represented at the London Pride march on 9th July and at the Lambeth Country Show in mid July, something we haven't done for a few years. We also commissioned some research from Green park to guide us to who we might target in the community and are putting together an action plan that we hope will generate membership. (21-06-2017)</p>		
Agreeing the promotion and involvement required from Governors to ensure appropriate support at all recruitment and engagement events?	17/0021 2017-06-21 (Thelma Bangura)	<p>It's always been hard going and often seems that the return on the investment is inadequate – but we agreed to spend more on membership and have done so. We will continue to follow up and try to make in-roads into the community and remain grateful for governors' knowledge, insight, enthusiasm and commitment. (21-06-2017)</p>		

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Is it envisaged that the implementation of the SE STP will change the GSTT Governance arrangements?	17/0020 2017-06-21 (John Porter)	<p>Current arrangements are that the STP has no statutory or legal status- it is a vehicle for NHS in SEL and its partners to work together. GST is a partner in the STP through its place on the Strategic Planning Group (SPG) which Amanda Pritchard chairs as SRO for the STP.</p> <p>The Next Steps on the Five Year Forward View sets out the position and how STPs may develop in some areas. It is confirmed that:</p> <p>“STPs are not new statutory bodies. They supplement rather than replace the accountabilities of individual organisations. It’s a case of ‘both the organisation and our partners’, as against ‘either/or’.”</p> <p>The Next Steps document sets out how “accountable care systems” will develop in some areas, and describes them thus:</p> <p>“ACSs will be an ‘evolved’ version of an STP that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other</p>		

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		<p>partners to keep people healthier for longer, and out of hospital.”</p> <p>None of the early pilot ACS’ are in London.</p> <p>In south east London we are at the early stages of exploring future organisational models which GST and other providers may be part of, such as accountable care organisations. These would be arrangements which GST could choose to be part of, but would not change the organisational sovereignty of GST as a foundation trust.</p> <p>(21-06-2017)</p>		
<p>What input and visibility can governors have into the 6 month impact review? Have the measures/KPIs been determined? (How are service levels defined? ...so we know whether they have been maintained?)</p>	<p>17/0019 2017-06-21 (James Palmer)</p>	<p>The service’s current KPI’s are unchanged from the previous contract. They require the service to meet BASSH clinical standards, with high level targets for service access and quality, and allow for benchmarking against BASSH standards and national (or London) averages where they exist.</p> <p>We have however been notified of a further significant financial saving requirement with the implementation of a pan London Integrated Sexual Health tariff, and we are in the process of contractual negotiation with commissioners. Part of this negotiation includes changes to the key performance indicators. Further changes to the service model are predicted as a result of this additional savings requirement, and therefore review of the impact of the previous consultation has been put on hold while the</p>		

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		service addresses the current savings requirement. (06-07-2017)		
How is the Trust working with Lambeth and Southwark councils to keep view of the longer term impact of these changes plus the general state of local sexual health?	17/0018 2017-06-21 (James Palmer)	<p>The Trust is actively engaging with Lambeth and Southwark councils via a regular sexual health transformation board, and quarterly contract review meetings which are attended by senior representatives of the Trust's sexual health service and General Manager for the Specialist Ambulatory Services Directorate.</p> <p>We also submit data to commissioners, and Public Health England on a monthly basis showing activity volumes, caseload and casemix and outcome measures, which will inform current and future conversations around the impact of funding changes and service configuration.</p> <p>The following response was received from Lambeth council:</p> <p>The impact of the changes will be kept under review jointly via the LSL transformation board and local Clinical Advisory Group which will continue to meet going forward. We will be able to compare local impact with impact at a London level via our continued membership of the London-wide Clinical Advisory Group which our Director of Public Health (Ruth Hutt) sits on.</p> <p>We are reviewing (with all key stakeholders, including local Trusts) our LSL Sexual Health Strategy so that a new strategy is in place by</p>		

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		April 2018 and this will include refreshing needs assessments and agreeing a methodology with local Trusts for measuring the impact of any changes on capacity levels and those turned away. (06-07-2017)		
What responsibilities does the Trust feel it has in maintaining general levels of sexual health in the local population?	17/0017 2017-06-21 (James Palmer)	<p>The sexual health services landscape is complex, with responsibility for providing services being divided between local authorities, clinical commissioning groups (CCGs) and NHS England.</p> <p>Local authorities are responsible for commissioning comprehensive and integrated sexual health services, including contraception, STI testing and treatment and specialist services (including HIV prevention). Local authorities must, by law, provide open-access sexual health services for everyone in their area, to control infection, prevent outbreaks and reduce unwanted pregnancies. A significant proportion of sexual health services therefore are not part of the NHS mandate.</p> <p>Guy's and St Thomas' however strongly recognizes, and prides itself on serving the needs of the local population. Given the high prevalence of STIs and unplanned pregnancy in our locality, we remain committed working with commissioners to deliver a sustainable sexual health service.</p> <p>(06-07-2017)</p>		
As a patient governor I find the main omission to be contact with patients. If we	17/0016 2017-06-21	There are a number of ways that governors can contact patients through patient groups,		

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are to represent the views of patients to the Board there needs to be regular contact - my recent contact to date has been helpful as patients have shared their concerns such as noise on wards at night.	(Jonathan Farley)	<p>advisory groups and activities such as the PLACE inspections. There are safeguarding, privacy and dignity considerations so there cannot be a “right to roam” around the hospitals though the Trust is happy to arrange visits where appropriate.</p> <p>We respond to and monitor actions following surveys and complaints on similar themes. For example, noise at night has been identified as an issue. It is reflected from patient feedback and PLACE inspections so it is a priority to tackle and target. Eileen Sills our Chief Nurse is active on this concern.</p> <p>(21-06-2017)</p>		
I would like to ask that a lessons learned / look back on the current Evelina Capital project is conducted before we embark on Evelina 2 so that we can understand opportunities for improvement and avoid repeated errors. By all accounts the Guys Cancer Center build went very well, so perhaps we could understand their learnings too to incorporate into plans and approach for Evelina 2.	17/0015 2017-04-26 (Heather Byron)	<p>As the Evelina London capital programme advances to Phase 2, the ability to apply the Trust’s lesson’s learned from the two most recent large capital projects, Guy’s Cancer Centre and Evelina London Phase 1 expansion, are important critical success factors to ensuring a successful Phase 2 development. The following is a brief outline of the teams planned approach to capturing and incorporating lessons learned from recent projects.</p> <p>One of the most beneficial aspects will be the continuity of the project teams. The Project Director, Sally Laban, and Senior Project Manager, Colette Wong, are part of the leadership team for the Evelina London expansion programme, Phase 1 and Phase 2. Ms. Laban and Ms. Wong were two of the</p>		

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		<p>senior managers who successfully led and delivered the Guy's Cancer Centre project, the Trust's largest estates related capital programme within the last decade. The inclusion of the Cancer Centre's project delivery team will enable Evelina London to incorporate the lessons learned and experiential knowledge from the Cancer Centre into the Evelina London expansion. The continuity of the project delivery team cannot be undervalued and is a valuable asset and resource for Evelina London.</p> <p>Additionally, the Evelina Expansion team will be conducting a post occupancy evaluation and review of the Cancer Centre and Phase 1 of the Evelina London expansion programmes, with the express purpose of understanding how the overall process and ultimately to deliver the programme with increased efficacy and efficiency.</p> <p>(19-05-2017)</p>		
Is it possible to get an update on the current Evelina Capital project as I understand from reports it is delayed but it isn't clear whether that has a knock on impact on targets or its containable.	17/0014 2017-04-26 (Heather Byron)	<p>The development and implementation of the Evelina expansion capital programme is a critical step towards achieving the vision of a world-class specialist paediatric centre at Evelina London. The Evelina capital programme is comprised of two distinct phases:</p> <p>Phase 1 (Evelina 1+) - focuses on maximizing the clinical space and facilities within the existing Evelina London Children's Hospital, providing additional clinical capacity to support the continued growth of Evelina London.</p>		

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		<p>Phase 2 (Evelina 2)- expands the existing hospital infrastructure, providing adequate and appropriate clinical spaces to ensure, long-term, all clinically interdependent specialist services are provided on the Evelina London site, alongside Evelina's existing specialist paediatric services and, to the scale and capacity required to support a specialist children's centre.</p> <p>Evelina Expansion Programme Update: The Evelina Expansion programme initiated with the submission of the Phase 1 Strategic Outline Case (SOC) in autumn 2012 and is due to complete in 2018. During this time, there has been significant progress with the capital programme, with several elements of Phase 1 completing.</p> <p>Phase 1: Construction on the Phase 1 implementation began in autumn 2015, since that time several of the projects have completed:</p> <ul style="list-style-type: none"> -Neonatal intensive care renovations -Development of a new procedure room -Development of administrative "hot-desking" area within Evelina London -Phase I of the Snow Leopard unit -Children's Short Stay beds -Relocation of administrative offices to Becket House <p>The remaining elements of the Phase 1 development, including the addition of new inpatient beds, which were due to complete in</p>		

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		<p>September 2017 will complete in early 2018. The delay in the completion of the sixth floor is due to the termination of the original contractor and the subsequent appointment the replacement contractor. The transition to a new contractor delayed the delivery of the sixth floor. The operational teams evaluated alternatives to mitigate the delay in the delivery of the new beds, but to no avail. Therefore, the focus of the team is to deliver the sixth floor as early as possible, to minimise operational impacts during the first half of the winter months. The remaining elements of the Phase 1 scheme, including the additional imaging suite, are on-track with an anticipated completion in spring 2018.</p> <p>Phase 2: Evelina Expansion Phase 2 planning is currently finalising the feasibility and options development phase of the project. While behind the originally planned timeline of a spring 2018 submission for the Outline Business Case (OBC), the project has made substantial progress in finalizing new estates options, which will better support the long-term vision of Evelina London. The team now estimates an OBC submission in autumn 2018, followed by the Full Business Case (FBC) in 2019. Currently, a comprehensive procurement strategy, for delivery of Phase 2, is underway and while the planning and business case development is behind the original programme timeline, Phase 2 construction anticipates</p>		

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		<p>starting before the end of 2019, consistent with the original development timeline. Once the procurement strategy is finalised, the programme team fully anticipates being able to absorb the delays associated with planning and business case development during the procurement, and construction of Phase 2 of the Evelina London Expansion.</p> <p>(19-05-2017)</p>		
<ul style="list-style-type: none"> - The Sainsbury's Pharmacy at Guy's is crowded and at times freezing cold from frequently-opened doors - Those with prescriptions sit scrunched up together waiting for medicines, with no board charting their progress on the queue <p>However the staff behind the counter were calm, pleasant and super-efficient in the face of patients' anxieties and impatience, and she left the premises grateful for what people can do to redeem very difficult circumstances.</p>	<p>17/0013 2017-04-24 (Yvonne Craig-Inskip)</p>	<p>There are specific KPIs (100% <25 mins / 80% <15 mins etc) to measure waiting times and certainly in the first instance these are currently being met though I do need to stress this does not tell the whole story as they only measure from the time the prescription is handed in to when the patient receives the medicine in their hands. What it does not take into account is the time the person has queued and the environment they queue in.</p> <p>I know both locations are being challenged by the general increase in referrals however Guy's is particularly impacted by the opening of the new Cancer Centre prior to Christmas and the relocation of the HIV facility from St Thomas', though to be fair this is partially being dealt with via the establishment of a Satellite Dispensing unit for the HIV aspect and Lloyds are also reworking the layout of the principle dispensary at Guy's.</p> <p>Overall we acknowledge that the arrangement at Guy's is not good enough and are prepared</p>		

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		to consider other options, but these are longer term aspirations. (16-06-2017)		
<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 instrument which I think has made the problem worse</p>	<p>16/0022 2016-12-20 (Tony Hulse)</p>	<p>Response has been sought.</p>		

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<p>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>Context / Risk: It is hard to quantify the scale of late delivery of the risk to</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.</p> <p>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. (26-08-2016)</p>	<p>Further update has been sought.</p>	

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<p>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 example) • as part of the wider Royal Mail relationship drive some escalation discussions (the sense is that in 				

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<p>isolation this isn't 'important enough' to deal with by the RM.</p> <ul style="list-style-type: none"> 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>				
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 would have on the operation of the FT.	16/0011 2016-06-22 (John Porter)	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 compared to other similar service providers. This output forms part of the continuing cost improvement plan.		
The CEO says that there is a programme of work underway by the Medical Director to	2014-04-29	Hospital at Night is about the clinical operating model for looking after patients out of hours. We	A further response/update has been sought.	

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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		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.		

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