

Council of Governors meeting, 25th October 2017

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## **COUNCIL OF GOVERNORS**

Meeting to be held on 25<sup>th</sup> October 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 12<sup>th</sup> July 2017** attached (CG/17/23)
3. **Matters Arising**
4. **Reflection session on Board of Directors meeting** oral
5. **Trust preparations for winter** presentation  
*Jon Findlay and Eileen Sills*
6. **Governors' reports – to note and for information**
  1. **Lead Governor report** oral  
*Devon Allison*
  2. **MeDIC** oral  
*James Palmer*
  3. **Quality and Engagement** attached (CG/17/24)  
*Kate Griffiths-Lambeth*
  4. **Service Strategy** attached (CG/17/25)  
*Giles Taylor*
7. **Questions and answers – for information** attached (CG/17/26)
8. **Any other business**
9. **Date and time of next meeting:**

The meetings will be held on 24 January 2018, Robens Suite, Guy's Hospital

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 57<sup>th</sup> meeting of the Council of Governors held on  
Wednesday 12<sup>th</sup> July 2017 in the Governors' Hall, St Thomas' Hospital**

**Present:**

Devon Allison	Tony Hulse
John Balazs	Darren Oldfield
Prof Kevin Burnand	James Palmer
Heather Byron	Prof John Porter
Yvonne Craig Inskip	Prof Lucilla Poston
Dr John Chambers	Vicky Rogers
Jonathan Farley	Mohammed Seedat
Noreen Ging	Jenny Stiles
Linda Goldsmith	Giles Taylor
Kate Griffiths-Lambeth	Dr Bryn Williams
Tom Hoffman	

**Apologies:**

Thelma Bangura	David Maurice
Anita Campolini	Matthew Patrick
Robert Davidson	Sue Slipman
John Duncan	Prof Warren Turner
Jane Fryer	Bill Williams

**In Attendance:**

***Executive Directors:***

Dr Ian Abbs  
Hannah Coffey  
Jon Findlay  
Amanda Pritchard  
Julie Screaton  
Martin Shaw  
Steve Townsend

***Non Executive Directors:***

Felicity Harvey  
John Pelly  
David Perry  
Reza Razavi  
Sheila Shribman  
Priya Singh  
Sir Hugh Taylor (Chair)

***Other Attendees:***

Sue Donald  
Alastair Gourlay  
Dr Sara Hanna  
Adeola Ogunlaja  
Diane Spillane  
Neil Thomas  
Dr Ingrid Wolfe

Matron, Children's Community Nursing Team  
Director of Asset Management  
Evelina London Medical Director  
Membership and Governance Co-ordinator  
Governance Support Manager  
Auditor, KPMG  
Programme Director, Children & Young People's  
Health Partnership and Consultant in Children's  
Public Health, Evelina London

**CG/17/22      Welcome, apologies and opening remarks**

The Chairman welcomed Mohammed Seedat to his first meeting as the Lambeth Council stakeholder governor replacing Sonia Winifred. Governors noted that Thelma Bangura's term of office was coming to an end. Her contribution to the Council of Governors was commended. The results of the 2017 community staff governor election would be announced the following week.

Governors were reminded that the Council of Governors Awayday on the 19<sup>th</sup> July would be run as a GovernWell training session, facilitated by NHS Providers. A drinks reception would follow with members of the Board from 5pm.

The Chairman acknowledged the workforce, health intervention and membership engagement issues raised by Governors informally. Governors were reassured that the issues raised had been identified and would be addressed working closely with Governors.

The importance of Non-Executive Director attendance at working group meetings was noted. The Chairman was in the process of reallocating responsibilities amongst the NEDs including attendance at Governor working groups.

This year's Annual Public Meeting would take place on Thursday 14<sup>th</sup> September. It was to be held in a temporary Marquee at St Thomas', as part of a week to reflect on the difficult and tragic events that had occurred in London over the year.

**CG/17/23      Minutes of the meeting held on 26th April 2017**

The minutes of the meeting held on 26<sup>th</sup> April were approved as a true record.

**CG/17/24      Reflections session on Board of Directors meeting**

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

Assurance was sought that the new digital processes would be more responsive to the needs of staff and patients. The Chief Digital Information Officer confirmed that the new digital strategy would lean towards understanding the needs of staff and patients in order to improve their experience within the resources available. Clinical support was key in designing and delivering a more efficient Electronic Health Records (EHR) system though it was important to be well informed about what the new system would be able to deliver.

Governors were concerned about the intention of Southwark local authority to cease funding speech and language therapy for under 5s. It was noted that concerns had been expressed at Trust level to Southwark local authority. It was noted that the Trust had been notified after the decision had been made and before an impact assessment had been done.

Governors wondered how many other locally funded Trust services were exposed to being cut and how the Trust could be safeguarded. It was clear that there was no simple way for the Trust to protect itself from possible funding cuts. It was important to work closely and build good relationships with Directors of Public Health in local authorities who offer advice on public health matters.

**CG/17/25      Non-Executive Director reappointment**

The Council noted that the Nominations Committee had recommended that Sheila Shribman be reappointed as a Non-Executive Director of the Trust for a second 4 year term with effect from 13<sup>th</sup> June 2017 and that the Council of Governors had approved the reappointment.

Sheila Shribman had accepted her reappointment.

**CG/17/26      Annual Reports****1. 2016-17 External Audit presentation**

The External Auditor had found the financial statement to be appropriate, finance and the use of resources were given a clean opinion. The audit concluded that there were no significant concerns with governance.

The Quality Report reviewed three indicators including one which was selected by the Council of Governors. The clostridium difficile indicator selected by Governors and the national indicators on A&E performance were given a clean opinion. However the Auditors declined to offer an opinion on the RTT target based on the limited sample.

KPMG were commended for their contributions to the Audit Committee and for the support given to the Council of Governors. Although KPMG would no longer continue as the Trust's External Auditors, they would share best practice to ensure that the Trust was fit for the future.

**2. 2016-17 Annual Report and Accounts**

The Council of Governors received the Annual Report and Accounts for 2016-17.

**CG/17/27      External Audit appointment: recommendation**

The National Audit Office made it clear that External Auditors for Trusts should not offer other services. As KPMG, amongst other things, had provided tax advice to the Trust for a number of years they had resigned as External Auditors to be able to provide this importance service. It was therefore necessary to appoint a new External Auditor.

The Director of Finance described the process followed in reaching the recommendation. A selection panel consisting of Trust staff and 2 governors recommended that Grant Thornton UK be appointed as External Auditors to the Trust for the next 3 financial years including 2017-18. The Council of Governors approved the appointment of Grant Thornton UK.

**CG/17/28      Improving Local Child Health**

Governors received a presentation about improving local child health from the Evelina London senior team.

The Evelina London Medical Director briefed the Council on the various health challenges facing children and young people in the local population and the need to ensure that an appropriate care pathway was in place to meet local demands. Evelina London had a leadership role in London and the South East so it was important for children living in Lambeth and Southwark to benefit from the large breadth of local services provided by Evelina London.

The Matron for Children's Community Nursing Team spoke about establishing an integrated children's community nursing team for Lambeth and Southwark. The aim was to deliver care closer to home, reduce unnecessary hospital attendance, and make better use of the resources available for ill and disabled children. The team had received funding from commissioners for the Hospital @ Home service, which looked after children with short-term illnesses but who may not need to be in hospital. The new service had been warmly received by families.

The Programme Director for Children and Young People's Health Partnership briefed governors on the Lambeth and Southwark Children and Young People's Health Partnership (CYPHP) programme, which aimed to improve the health of children with long-term conditions by working closely with different professionals, children and families to provide better care at home and in community settings.

CG/17/29

### **Governors' Reports**

#### **Lead Governor report**

The Lead Governor reported that Governors had raised a number of matters including the need for staff to be supported in areas such as housing and the cost of travelling to work.

Governors were concerned about the prevent agenda and funding cuts to services which would have long-term impacts on the lives of those who currently used the services. These issues needed to be tackled and would be followed up.

The Lead Governor had welcomed being involved in this year's Dragons' Den competition as a panel member and reported that the ideas presented were interesting and patient focused.

Finally, she noted that attendance at working group meetings was disappointing considering the preparation undertaken by the Trust to provide interesting presentations and discussions. Governors were encouraged to join at least one working group and to attend meetings.

#### **Membership Development, Involvement and Communications Working Group**

The new Working Group Lead, James Palmer, thanked his predecessor for the progress made on the membership agenda and the development of the strategy. He reported that work had begun on the action plan and the group was working closely with the Patient and Public Engagement team and the Communications team on this agenda.

The Trust would have presence at the forthcoming London Pride and Lambeth Country Show events to work towards improving the diversity of Trust members.



### **Quality and Engagement Working Group**

The new Working Group Lead, Kate Griffiths-Lambeth, reported that the group had welcomed a health and wellbeing presentation reflecting the work being done by the Health Inclusion and Prevention team.

The group also received good feedback from the patient experience report though there were various recurring themes, such as noise at night, and what was being done to tackle them. Yvonne Craig Inskip, a governor representative on the End of Life Care Committee, reported on the End of Life open day held at Guy's Hospital.

### **Service Strategy Working Group**

The working group had discussed the Evelina London Strategic Business Unit (SBU) and was happy with the support Evelina London received from the Trust. Cardiovascular services were also discussed and the group was pleased with the work being done to rationalise services.

The next meeting would focus on the digital strategy. The Working Group Lead encouraged Governors to attend and welcomed suggestions for future topics.

#### **CG/17/30      Questions and answers**

The Council of Governors noted the updated matrix of issues that had been raised.

#### **CG/17/31      Any other business**

There were none.

#### **CG/17/32      Date and time of next meeting**


The meetings will be held on 25<sup>th</sup> October 2017 in the Governors' Hall, St Thomas' Hospital

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

Signed: .....

Date: .....

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<b>Council of Governors</b>	 <b>Guy's and St Thomas'</b> NHS Foundation Trust	
<b>Quality and Engagement Working Group: notes from the meeting held on 26<sup>th</sup> September 2017</b>	<b>25<sup>th</sup> October 2017</b>	<b>CG/17/24</b>

This paper is for:		Sponsor:	
Decision		Author:	Mark Tsagli
Discussion		Reviewed by:	Kate Griffiths-Lambeth
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 26<sup>th</sup> September 2017 at the Education Centre, York Road.

## **2. Attendance**

This meeting was attended by: Sarah Allen (Head of Patient Experience), Devon Allison (Lead Governor), Andrea Carney (Trust Patient and Public Engagement Manager, Yvonne Craig – Inskip, Lisa Doughty (Patient and Public Engagement Specialist), Jonathan Farley, Noreen Ging, Alison Knox (Deputy Director of Quality and Assurance), Kate Griffiths-Lambeth (Lead), Emma Mclachlan (Programme Director, Digital Patient Journey) James Palmer, Karen Proctor (Director of Quality and Assurance) Jenny Stiles, Bryn Williams, Dr. Priya Singh (Non-executive Director), Mark Tsagli (Patient Experience Facilitator) Fatima Vali (Patient and Public Engagement Specialist)

Apologies were received from: Tom Hoffman, Linda Goldsmith, Darren Oldfield, John Porter, Lucilla Poston, Giles Taylor, Warren Turner, Vicky Rogers,

## **3. Notes from the last meeting**

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

## 4. Digital Patient Journey

The Programme Director took Governors through the Digital Patient Journey Programme (DPJ). Governors noted the following:

- The DPJ programme is a key element of the Trust's transformation plan over the next 10 years.
- The programme intends to design and deliver end to end services for patients across digital channels with the objective of looking at how we communicate to patients about appointments, the new choices available, and how they can manage their appointments.
- Prior to the Programme Director joining the Trust a number of pieces of work had been undertaken which provided a useful foundation for future work: These projects included:
  - Patient Engagement events to understand what patients want and help prioritise workstreams (March 2017).
  - The team worked with the Health Innovation Network (HIN) to review external solutions e.g. referrals between clinicians.
  - Fit for the Future (FFT) engagement events for staff, particularly administration staff.
  - A journey workshop to identify core needs of the programme to support services (September 2017).
  - Second phase of engagement events to review what has been completed and to help inform prioritised opportunities – are planned for November.
- A number of planned and ongoing initiatives were discussed by programme lead:
  - DrDoctor service is delivering the appointment booking programme. The service enables patients to receive text messages confirming and/or reminding them of their appointments. The service also offers patients the facilities to change their appointment.
  - Digital letters: a project to enable patients view their appoint letters online via a link sent by SMS to their mobile phone.
  - Other initiatives include working specifically with services to understand how this can work well for them. Work is currently underway with Specialist Ambulatory Services Directorate to capture patient input ahead of referrals - helping patients get to right clinics and at the first time, reducing time spent in clinics.

- Telephone contact – a key focus will be to improve patient experience of telephone contact. The team has worked with Operations Team to conduct a form of audit to understand scale of the challenge so that an effective solution can be developed. This is a separate workstream within the Digital Patient Journey Programme.
  - A number of issues were identified from this audit including an understanding how many phone lines were in use, whether these are call centre technology enabled phones that could be monitored and also the need to explore key performance indicators to measure the services performance.
  - The need to look at technical and operational choices that need to be made was highlighted; whether a whole centralised system is needed to run as a call centre function.
  - The team is developing a Strategic Outcome Case (SOC) to look at the technology choices the trust avail itself with
- It was mentioned that with some of the services that have been rolled out across the Trust, the benefits are slowly becoming obvious.
  - There has been a 2% reduction in DNAs since the DrDoctor service was introduced, but it is also believed that the Trust's focus on reducing DNAs may also have played a part. More evidence will however be needed to assess the impact.
  - Interim feedback from patients using the DrDoctor service has been positive, patients are seemingly happy with the interface and functionality.
  - Through the Digital Letters Project 54% of patients are now viewing their appointment letters online and 27% of patients have chosen to go paperless. There is no disadvantage to patients who do not have online access or prefer not to do this. Patients who are unable to use digital letters are sent a paper letter through post after 24 hours.
  - There is a significant cost saving to the Trust if digital letters is fully adopted. Currently the Trust sends over 4 million letters a year, and there is a saving to the Trust of 52 pence for any letter not sent.
  - The Trust is also reviewing internal process relating to the writing of letters and clinical notes.

Governors commented upon:

- The quality and appropriateness of the letters that were being sent out to patients
- Whether the Digital Patient Journey work would contribute to Trust works to improve waiting times in clinics
- Whether the DrDoctor appointment reminder service would be rolled out to all outpatient clinics
- Considerations the project team had given to the needs of the diverse patient population the Trust serves and whether appointment reminder service was available in languages other than English

Head of Patient Experience responded that the Outpatient Appointment Letters project, led by Jen Allen, Deputy Director of Operations, will be addressing some of these issues.

The Programme Director responded that the DrDoctor service could not be used to help keep patients informed of waiting times in clinics as a different type of technology would be required for this. The Trust does have a strategy to roll appointment reminder text messages to all clinics, however some clinics such as telephone clinics do not send out reminders to patients. The programme Director also mentioned that there is technology available to send messages out in other languages and this would be looked into once the service is established.

## **5. Patient Experience (PE) report**

The Head of Patient Experience discussed some of the highlights in the 2016-17 Patient Experience Annual Report including:

- 66,000 local surveys completed by patients across the Trust.
- Mandatory national surveys the trust participated in 2016-2017 were Inpatients, Maternity, Accident and Emergency and Cancer services.
- The Friends and Family Test is now embedded in all areas of the Trust in both our hospitals and community services.

- About 86-93% of patients surveyed reporting satisfaction with their treatment and care and over 90% of patients in almost all areas of care say they would recommend the Trust.
- A&E performance is strong with improvements in safety, cleanliness and staff communication with patients. Team is doing a lot of work around communication with patients and there is a dashboard informing patients of waiting times.
- The mystery shopping scheme is now established in 43 locations and we are starting to shop a small number of community based locations on a regular basis.
- The Patient Advice and Liaison Team (PALS) have assisted c23, 300 contacts, contacts up 74% and a significant amount of these relating to appointment letters – contacts getting to departments. It is expected that the DPJ programme when fully embedded to help reduce some of the contacts relating to this.
- Voluntary Services – the Trust's volunteers gave more than 33,000 hours of their time to the Trust during 2016-17.
- The Patient Experience team will has triangulated feedback from PALS, patient surveys, Voluntary Services and identified patient and carer priorities for the next year.

Governors recognised that whilst it is important that we provide patients with information on waiting times in clinics, we should not to lost sight of the need to try and avoid patients being delayed in clinics.

## **6. Patient Engagement update**

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

- The Trust Patient and Public Engagement (PPE) strategy is in the process of being updated following a series of discussions with foundation trust members, governors and staff in late spring.
- The biennial PPE event will be held on the 6th December where PPE priorities have been identified, Governors duly invited to attend.
- The reinvigorated PPE strategy framework and its aims will largely stay the same, and objectives will be linked to Trust strategic priorities and Fit for the Future (FFT).



- The 2016/17 PPE audit is also now complete and analysis was reported to TME and the Board in June. The findings of the audit indicate that all projects which trigger the 'duty to involve' have met (or will have met) the duty upon completion.
- Patient and Public Engagement Team changes - The PPE team are experiencing increased requests for input due to current levels of change and transformation in the Trust. Therefore, an additional Patient and Public Engagement Specialist (Fatimah Vali) has been appointed to enable the team to provide greater support across the Trust, including major Fit for the Future programmes.
- Involving patient and public volunteers in staff recruitment - the PPE team, along with workforce development, promoted the availability of recruitment volunteers during Quarter 2 with a communications plan aimed at managers across the Trust.
- The PPE Team continue to work with Dartford and Gravesham Vanguard and Kings Health Partners on various engagement and involvement planning projects.
- There was a decrease in performance in a number of areas of the Call Quality Assessor report. The team is working with Kaye Chandler to look at how to respond to this and feedback to teams.

## **7. Quality and Safety update: Quality Priorities**

The Governors received a presentation from the Director and Deputy Directors of Quality and Assurance about Trust plans to develop a new quality strategy for the Trust. The presentation highlighted:

- A review of current strategy showed that there were about 346 different quality goals in the organisation. Numerous strategic programmes in place and the Trust needs to find a better way of working to facilitate continuous improvement
- 7 areas identified as having the greatest potential to benefit from strategic focus:
  - Care of the dying
  - Medicines management
  - Patient access to services

- Mental health access and treatment
  - Reducing harms from falls
  - Learning outcomes
  - Quality Governance (including WHO surgical safety checklist).
- The factors influencing new strategy followed an evaluation of the internal operating environment external environment (demographic, national targets and measures), and the current quality performance considerations such as Care Quality Commission standards, complaints and risks.
  - The aim is to introduce initially the concept of quality chains across the whole dimension of patient journey – to ensure that quality improvement is embedded throughout the organisation.
  - The wider consultation is currently running in the form of a questionnaire and available to complete via Survey Monkey.
  - The team is keen to have Governors input in this plan, so Governors were invited to complete the online consultation survey

**Action:** Questionnaire link will be forwarded on to Governors by the Membership Office. The consultation closes on 10<sup>th</sup> October 2017.

Governors commented on:

- How interesting and wide reaching the consultation is. They suggested the survey link be made available to Foundation members and also placed in the E-Gist to broaden the source of feedback.
- It was mentioned that Pressure Ulcers, is a key issue in the Community, but was not featured among improvement activities. In response, the Deputy Director responded that they expect the priorities to be informed by the consultation and if this issue is highlighted by others it may be included as a priority.

## **8. Reports from committees (those attended by Governors)**

The following notes highlight governors' feedback from the committees they are members of.

## **Quality & Performance Committee**

- Targets. A&E 4 hour wait target remains challenging and below the London average, and plans to address this situation are in place and being closely monitored. Also cancer referral to treatment numbers are still not meeting targets for internal and external pathways. These are both of highest importance, and much effort is being applied to the problems, but we have some capacity issues in cancer and probably in A&E too; the demand numbers are not consistent and need further analysis. It is important to “change the internal narrative” on cancer, as we must improve to retain our system leadership role for the future.
- Performance review of Viapath is needed, following a system failure.
- Financial: GSTT the financial situation is challenging and the Trust is working to manage its costs are very carefully.
- Maternity: There is to be a renewed focus on maternity services, which was highlighted by CQC.
- Potential future close relationship with the Brompton discussed.
- Workforce strategy refresh was presented by the Director of Workforce, Julie Screaton. A number of issues were highlighted including: the changing nature of work; the need for new routes into health careers; GSTT’s role as network partner; training and developing a performance development review that fits with the way staff work.

## **Children’s Services Committee**

- Evelina London is transforming from a mid-scale specialist children’s hospital into a best-in-class specialist centre, providing excellent care to children from south London, South East England and the UK.
- Evelina is growing too rapidly for its facilities and capacity is challenging. Work is being undertaken to repurposing space to meet demand, but this is limited. Theatre capacity is a particular challenge and referral to treatment times are currently longer than they should be.
- For Evelina to fully achieve potential the cancer strategy for children must be agreed.

- There is much opportunity for Evelina to raise its profile with the public and with potential donors, to raise necessary funds for the expansion.

### **End of Life Care Committee**

- The committee discussed how death certificates taking unduly long to be certified which could add further bereaved families distress.
- Governors were made aware of the upcoming End of Life Care champions conference on Friday 29<sup>th</sup> September.

Governors raised the difficulty for some patients or families who need ramp access to the Chapel or Bereavement Office at Guy's.

**Action:** Head of Patient Experience said she would raise this with the Director of Facilities and Services.

### **Adult and Local Services:**

*No notes tabled*


## **9. Any other business**

- The Deputy Director of Quality and Assurance was keen to understand from Governors what they would like to the team to cover in their regular slot on Quality updates to Governors.

**Action:** It was agreed that an email would be sent to governors by the Membership Office inviting Governors to put forward ideas for discussion under the standing agenda item on quality.

## **10. Date of next meeting**

Tuesday 5<sup>th</sup> December 2017, Education Centre, York Road.

<b>Council of Governors</b>	 <b>Guy's and St Thomas'</b> NHS Foundation Trust	
<b>Service Strategy Working Group report – 4<sup>th</sup> July 2017</b>	<b>25<sup>th</sup> October 2017</b>	<b>CG/17/25</b>

This paper is for:		Sponsor:	<b>Giles Taylor, SSWG Lead</b>	
Decision		Author:	<b>Dan Price</b>	
Discussion		Reviewed by:	Giles Taylor, SSWG Lead	
<b>Noting</b>	<b>X</b>	CEO*		
Information		ED*		
		Board Committee*		
		TME*		
		Other*		

\* *Specify*

## **1. Attendees:**

Giles Taylor (Lead), Devon Allison, Kevin Burnand, James Palmer, John Porter, and Jenny Stiles.

Jackie Parrott (Director of Strategy), Alastair Gourlay (Director of Asset Management), Gwyneth Weller (Employee Engagement Manager) David Cheesman (Director of Cancer Transformation) and Kate Haire (Clinical Director Guys Cancer and Network), and Dan Price (Strategy Manager) attended from Guy's and St Thomas'.

Apologies were received from Ian Abbs, Martin Shaw, Sheila Shribman, Kate Griffiths-Lambeth, 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 2<sup>nd</sup> of May were approved as a true record.

## **3. Development plans for acute and community sites**

3.1 Alastair Gourlay opened the presentation highlighting that this had been a long journey and that the Trust is struggling to secure more space for clinical activity without knocking buildings down. Alastair then gave an overview of some of the major capital projects in recent years including the Guy's Cancer centre and A&E project.

3.2 The current financial situation within the NHS makes it very difficult to access to capital. The recent Carter and Naylor reviews have looked at making the NHS more efficient, particularly in the use of its estate. London has established an estates board which is entirely commissioner led and focused on the Naylor reviews recommendations on freeing up NHS land to build housing. At national level, the intention behind this plan is to free up £2bn in capital to help fund the deficit. As well as reviewing our acute site estate the Trust is also working at an STP level on estates. Within the Trust we are looking to reduce fixed costs and benchmark those to other NHS organisations.

- 3.3 The Trust is working with KCL and the Charity to achieve the estates ambitions of each of the respective organisations. We are looking to move to a flexible estate strategy using learning from the Cancer Treatment Centre/HCA agreement where the rent pays off the loan. The approach would be to build the maximum available space and use what was needed for clinical demands, and open the rest up to other organisations for rent, such as biotech, Med Tech, and research organisations. This would support our ambitions at St Thomas' for the Evelina and Cardiovascular, and at the Guy's site for Cellular and Regenerative Medicine and Cancer services.
- 3.4 In the community the Trust has mapped out the ownership for properties. Some are not as well utilised as they could be and some of the more expensive properties are being used as office space which efficient. We are working to align our property with the need of the local network hubs and with SLAM, and we'll then dispose of property that isn't fit for purpose.

During questions and discussion the following was highlighted:

- That the Trust intends to keep land which retains operational value. However where property doesn't have operational value to the Trust in the long term we would look at how best to dispose of the property.
- That any capital from property disposed by the Trust would be retained by the Trust. However some of the community sites are owned by NHS property, a national organisation, and so if we pull out of those buildings and they are disposed of the capital for those would go to that national body.
- The governors discussed the proposals for the Westminster Campus. Block 9 is a joint plan between the Trust and KCL to develop and education and training centre: enabling work is due to start in September and October 2017. There are some covenants around Block 9 relating to the archbishop's view to Westminster. The Strategic Outline Case for the Cardiovascular Institute favour demolishing Gassiot house to build the new Cardiovascular Institute there. The whole development plan would take place over ten years.
- On the Guy's site the Shard and other developments open up the opportunity to build as high as twenty nine floors, although no formal discussions with planners have begun yet. Mary Sheridan and Counting House are listed and not suitable for clinical activity. We are treating sicker patients and those who have

more complex needs at the Guy's site so different services could be placed there and the Trust is starting to look at an Elective Surgery strategy now. Governors noted that access to Guy's isn't great and very difficult for those people with mobility issues. In the longer term the Trust is considering how to get outpatient facilities closer to where people live so that they don't have to travel to the hospital sites for outpatient appointments.

- The Cancer Centre loan is over 25 years, as is the rental agreement with HCA. The rental agreement with the HCA covers the cost of the loan repayment over those 25 years and then offers a break clause. The plan in the future is to look to use that model on a bigger scale for these proposed developments. One of the key elements though is getting private sector support, particularly in agreements that they'll rent the space from us, as private sector lenders trust that commitment over government commitments. The NHS bank was keen to support us in the Cancer Centre loan because the HCA were involved, but we don't know at the moment whether the NHS bank has any capital available. We have currently applied to them for funding which they have agreed, but not allocated because they haven't had their allocation from NHS England.

#### **4. Guy's Cancer performance and network**

4.1 David Cheesman and Kate Haire joined the meeting for this item. David set out that the Trust is a system leader with two new centres opened, one on the Guy's site and one at the Queen Mary Sidcup site. The Trust has excellent outcomes despite the preponderance of late referrals to the Trust. Patient experience for cancer services in London is very bad, however the Trust is not in the bottom 15 and is improving, which is encouraging. The problem is waiting times, south east London is one worst in London and one of the worst in England.

4.2 David then took the governors through the various access standards for Cancer, and the Trust's performance against those standards. For the two week wait standard capacity and patient choice are major factors and lots of cancellations affect the performance because patients don't realise the pathway that they're on. The 62 day standard is split in half. The external element is affected heavily by late referrals from



other organisations which makes it difficult to achieve the 85% target. So externally our credibility is determined by our internal performance and we haven't met this which is causing concern with the regulators and commissioners.

4.3 Looking at the wider cancer system, transfers from outside the M25 are causing a big problem. This is improving but other cancer systems, run by the Royal Marsden and UCLH, are making quicker progress which makes the south east London system a poor comparator. This is partially due to fragmented pathways, which the Trust is attempting to standardise with other providers. A cross system issue is workforce availability, particularly consultant radiologists. Diagnostic capacity is another cross system issue which can inhibit performance, for example Lewisham and Greenwich have the highest number of two week wait referrals, but only have one CT machine on each site which creates a risk of backlogs if one of the machines has a technical issue. The Trust's breach analysis shows there are huge opportunities to stop patients breaching the south east London 62 day access standard. Part of the problem is that despite a large increase in referrals we're not actually seeing an increase in the incidence of cancer.

4.4 We believe that increasingly holding individual accounts is going to change in favour of cancer pathways and networks being held accountable for performance. A network approach will offer many opportunities to affect better performance across south east London and beyond. In short the Trust is a big cancer services provider, but the leader of a small network which an issue for longer term sustainability. So the Trust is now exploring what links we might have with Kent to help with this. David and Kate then gave an overview of the cancer accountable care network's structure, leadership and offer to other Trusts in the network.

During questions and discussion the following was highlighted:

- That the Trust is under a lot of pressure to improve our access performance. We recognise that this element of our service isn't as good as it could be for patients but also that because of our size, other Trust access performance issues, the regulators are looking closely at what we are doing. It's worth noting that

the Trust is improving its patient experience outcome scores, we have good clinical outcomes and good survivorship rates.


- Imperial is an example of what can be done to turn around performance. They started all over again, brought in a new system called Somerset which changed how they handled referrals and multi-disciplinary meetings. There is never one solution to get to the kind of change needed but ensuring ownership across the pathway and system.
- One of the issues in the Trust administration teams is that it didn't have the necessary resilience and the systems are not good. To deal with this problem we are centralising the cancer administration teams and Jon Findlay has recently released investment for the administration teams which will have a great impact in improving how we handle the administrative side of our cancer services. The next step is introducing simple systems across south east London, but it's a complicated task. The Trust is confident that we can get this right, but is worried about the timelines set out for performance improvement by the regulators and commissioners. The big staffing issue is diagnostics across the system, Kings and Lewisham are both having problems, but the Trust has good diagnostic capabilities.
- The Cancer centre at Guys has primarily had an impact in improving the quality of our services once the patients get into treatment. The Trust are looking at the principle of care navigators, and introducing "cancer trackers" to raise issues when people are stuck in the pathway. Head and Neck Cancer are looking at outreach models too.
- The primary care provision for cancer diagnosis in London is variable. The two week waits information is published and there is lots of variability, and being an outlier on either end of the scale can indicate an issue with the quality and volume of referrals. There is no easy solution on what to do about it however, and that is the CCG's responsibilities rather than the Trust's.
- The Trust has looked at seven day working to see if that will help. We already undertake weekend working, the issue is diagnostic availability and the long term sustainability of such an approach, we need all the required elements to become built in to what we do at the Trust.

- Proton Beam Therapy is being introduced in Manchester and ULCH, but it's not common treatment yet.

## **5. Any other business**

5.1 There was no further business and the next meeting was confirmed for 10<sup>th</sup> of October 2017, 5.30pm to 7pm at York Road.

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<b>Council of Governors</b>	 <b>Guy's and St Thomas'</b> NHS Foundation Trust	
<b>Questions and Answers</b>	<b>25<sup>th</sup> October 2017</b>	<b>CG/17/26</b>

This paper is for:		Sponsor:	<b>Corporate Affairs</b>	
Decision		Author:		
Discussion		Reviewed by:		
<b>Noting</b>	<b>X</b>	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. We would like to encourage governors to continue to raise questions.

**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
In view of the new plans for Evelina2, is the destruction of St Thomas' House on hold and does this affect the development of Block 9? The medical students at STH (the largest undergraduate campus of King's College Medical School) get a poor enough deal as it is ....when will they be looked after properly?	<b>17/0032</b> 2017-09-17 (Kevin Burnand)	The Trust and KCL recognise that student experience at St Thomas' is not as it should be and have reached agreement to jointly develop Block 9 as an Education and Training Centre to improve the learning experience for all staff and students. Our plan is for St Thomas' House to be retained until after the new Education and Training Centre opens. <b>(28-09-2017)</b>		
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	<b>16/0022</b> 2016-12-20 (Tony Hulse)	Response has been sought.		

*Council of Governors meeting, 25<sup>th</sup> October 2017  
Questions and answers*

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
<p>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 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</p>				

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Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
interested in the Trust response to these comments.				
<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><b>Problem Statement:</b> 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><b>Context / Risk:</b> It is hard to quantify the scale of late delivery of the risk to newborns / patients as the lab never knows exactly how many</p>	<p><b>16/0016</b> 2016-07-28 (Heather Byron)</p>	<p>The Head of Nursing for Children's Medicine &amp; 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, &amp; is well used to the challenges of bloodspot screening, ongoing monitoring &amp; 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. <b>(26-08-2016)</b></p>	<p><b>Further update has been sought.</b></p>	

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
<p>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><b>Whats next:</b> 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"> <li>• 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</li> </ul>				

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Questions and answers*

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
<p>encountered (this could be a simple form on the portal for example)</p> <ul style="list-style-type: none"> <li>as part of the wider Royal Mail relationship drive some escalation discussions (the sense is that in isolation this isn't 'important enough' to deal with by the RM.</li> <li>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.</li> </ul> <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>				

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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.	<b>16/0011</b> 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 address "hospital at night concerns". What progress I wonder? I realise how difficult it is to control events at night in a busy hospital, but I have had recent experience of unnecessary noise at night in the wards	2014-04-29	Hospital at Night is about the clinical operating model for looking after patients out of hours. We are currently looking at the future clinical model that will be required at GSTT and the implications this will have for our workforce, given activity changes and the anticipated shift towards a 24/7 care model at a national level.	<b>A further response/update has been sought.</b>	