

# **Council of Governors Meeting**

**Wednesday 18<sup>th</sup> October 2023 at 6pm**  
**Robens Suite, Guy's Hospital and MS Teams**

**COUNCIL OF GOVERNORS**  
**Wednesday 18<sup>th</sup> October 2023, 6pm – 7.30pm**  
**Robens Suite, Guy's Hospital and MS Teams**

**A G E N D A**

- |    |   |               |               |
|----|---|---------------|---------------|
| 1. | Welcome and apologies<br><i>Charles Alexander</i>   | <i>Verbal</i> | <i>6.00pm</i> |
| 2. | Declarations of interest  | <i>Verbal</i> | -             |
| 3. | Minutes of previous meeting held on 26 <sup>th</sup> July 2023 and review of actions  | <i>Paper</i>  | -             |
| 4. | Matters arising <ul style="list-style-type: none"> <li>• Pathology services at Royal Brompton and Harefield hospitals</li> <li>• Implementation of recommendations from the review of the critical IT incident (July 2022)</li> <li>• Children's cancer Principal Treatment Centre (PTC)</li> </ul> | <i>Verbal</i> | <i>6.05pm</i> |
| 5. | GSTT2030: Developing our Trust Strategy<br><i>Jackie Parrott</i>  | <i>Paper</i>  | <i>6.15pm</i> |
| 6. | Governor working group terms of reference<br><i>Edward Bradshaw</i>   | <i>Paper</i>  | <i>6.50pm</i> |
| 7. | Reflections on Board of Directors meeting <ul style="list-style-type: none"> <li>• Chief Executive's report</li> <li>• Apollo programme</li> <li>• Other matters</li> </ul>   | <i>Verbal</i> | <i>7.00pm</i> |
| 8. | Governors' reports for information <ul style="list-style-type: none"> <li>• Lead Governor's Report<br/><i>John Powell</i></li> <li>• Strategy, Transformation and Partnership Working Group Meeting notes 3 October 2023<br/><i>Leah Mansfield</i></li> </ul>                                       | <i>Papers</i> | <i>7.25pm</i> |
| 9. | Any other business  | <i>Verbal</i> | <i>7.30pm</i> |

*Date of next meeting: Wednesday 31<sup>st</sup> January 2024 at 6pm – 7.30pm*

## COUNCIL OF GOVERNORS

**Wednesday 26 July 2023, 6pm – 7.30pm**  
**Governors' Hall, St Thomas' Hospital and MS Teams**

**Governors present:** Sarah Addenbrooke                      Peter Harrison                      Roseline Nwaoba  
Koku Adomdza                      Emily Hickson                      Placida Ojinnaka  
David Al-Basha                      Leah Mansfield                      David Phoenix  
Victoria Borwick                      Joanna McGillivray                      John Powell  
Michael Bryan                      Margaret McEvoy                      Mary Stirling  
Marcia da Costa                      Alison Mould                      Claire Wills  
Alan Hall

**In attendance:** Charles Alexander (Chair)                      Paul Dossett (item 4)                      Sally Morgan  
Ian Abbs                      Nilkunj Dodhia                      Jackie Parrott  
Gubby Ayida                      Simon Friend                      Pauline Philip  
Avey Bhatia                      Felicity Harvey                      Reza Razavi  
Miranda Brawn                      Deirdre Kelly                      Priya Singh  
Stephanie Calvert (minutes)                      Anita Knowles                      Lawrence Tallon  
Steven Davies                      Clare Lemer (item 5)

Members of the public and members of staff

### 1. Welcome and apologies

- 1.1. The Chair welcomed attendees to the public meeting of the Council of Governors (the Council). Apologies had been received from Board Members Javed Khan and Ian Playford, and the following governors: Jordan Abdi, Serina Aboim, Elfy Chevretton, Mark Boothroyd, Nicola Clark, John Clark, Ibrahim Dogus, Sian Flynn, Katherine Hamer, Marianna Masters, Trudy Nickels, Mary O'Donovan, Rishi Pabary, Raksa Tupprasoot, Jadwiga Wedzicha and Sonia Winifred.
- 1.2. The Chairman introduced the Council to three new non-executive directors that had been appointed on 1 July 2023: Nilkunj Dodhia, Deirdre Kelly and Pauline Philip.

### 2. Declarations of interests

- 2.1. There were no declarations of interests.

### 3. Minutes of the meeting held on 19 April 2023

- 3.1. The minutes of the previous meeting were agreed as an accurate record.

### 4. Annual Report and Accounts

- 4.1. The Trust's Annual Report and Accounts 2022/23 were presented to the Council. It was acknowledged that their production was the result of a combined effort between the Trust's Communications and Finance teams, who were thanked for their work.
- 4.2. The Accounts had received an unqualified audit opinion, being assessed as accurate and containing no material errors. The complexity of the audit was highlighted, in part being attributable to the merger with Royal Brompton and Harefield NHS Foundation Trust and the requirement to consolidate two sets of accounts. External audit outlined the key areas of assessment, noting the NHS-wide challenge of securing efficiency savings in the next financial

year and beyond to help achieve financial sustainability. External audit concluded that the Trust was well governed and understood risk.

- 4.3. The Accounts had been presented to the Finance and Investment Committee and any emerging risks would routinely be considered by the Audit and Risk Committee. It was agreed that the Trust would explore the feasibility of governors meeting with the audit team prior to future publications to accommodate the wish of some governors to consider and discuss the report in further detail.

**ACTION: SC**

## **5. Children's Principal Treatment Centre**

- 5.1. An overview of the proposed changes to children's cancer services in South London and Southeast England was provided. Following a national review of children's cancer services in 2019 and a new service specification for Principal Treatment Centres in 2021, NHSE commenced a process to identify which provider would provide these services in the future. This would result in children's cancer services transferring from the Royal Marsden Hospital site in Sutton which could not provide the necessary services on site to meet the specification.
- 5.2. Proposals had been invited from two providers who could demonstrate they met the service specification and proposals were submitted by GSTT/Evelina London and St George's University Hospital in November 2022. Following a rigorous evaluation process by panels of experts, a decision had been made that both options should be put forward to public consultation. Evelina London was NHS England's preferred option going into consultation, having scored more highly in three out of four domains, but the consultation process would determine the final outcome.
- 5.3. The vision was that if successful the paediatric oncology team would join an environment that, as well as being clinically and academically world-class, had been designed specifically for children and families. Evelina London was the only dedicated, purpose-built specialist children's hospital in the South Thames region, with an extensive range of secondary and specialist services, as well as community services, and cancer services would be welcomed into the heart of Evelina London.
- 5.4. The Council was asked to note the case for change, and the strengths of the Evelina London proposal. It was confirmed that the consultation period was expected to be launched in September 2023 and to run for twelve weeks.
- 5.5. A number of queries were raised in response. There was a significant amount of interest in the parking provisions, recognising this was a key consideration for many families. It was confirmed that there would be an equivalent number of dedicated parking spaces as currently at the Royal Marsden. The timing of a decision was expected in early 2024. It was noted that timelines had already slipped as public consultation had been due to start in June 2023. The risk of further delay was discussed and colleagues noted that delays would bring uncertainty to the future service and add to the distress of families and staff.

### **RESOLVED:**

- 5.6. The Council noted the case for change and further details setting out how to engage in the consultation process would be provided.

**ACTION: JP**

## **6. Report from the Nominations Committee**

- 6.1. An update from the Nominations Committee was provided with two specific requests for approval:

6.1.1. the appointment of Cllr Ibrahim Dogus onto the Nominations Committee, and

6.1.2. the updated terms of reference for the Nominations Committee (the only significant amendment reducing the quorum from three members to two, in addition to the Chair).

6.2. The Council was advised that the amendment proposed in paragraph 6.1.2 was to enable routine decisions to be taken without delay. This would not restrict the number of governors and additional representation was encouraged given the importance of the Committee's remit.

6.3. A discussion ensued about the proposed revisions to quorum. It was clarified that meetings of the Committee would be quorate with the Trust Chair and two additional members, as set out within the Nominations Committee terms of reference at paragraph 4.3.

**RESOLVED:**

6.4. The Council approved the appointment of Cllr Ibrahim Dogus onto the Nominations Committee and the proposed changes to the Nominations Committee terms of reference.

**7. Reflections on the Board of Directors meeting**

7.1. The Council asked Board members about the long-term benefits of the new electronic health record to be implemented in October 2023. Governors were advised that Epic would enable digital and data transformation and more integrated models of care. Cost savings were expected, as well as enhanced productivity, with live bed status provided as one example. Most importantly, the use of Epic was expected to positively transform patient experience.

7.2. It was proposed that a presentation was provided at a future Council meeting, setting out the full benefits of Epic in detail. The second half of the financial year was considered to be the appropriate time for this.

**ACTION: AB**

7.3. There was interest in the Modern Slavery Statement approved by the Board of Directors earlier that day. Governors wishing to engage in this area were invited to link in with the associated working groups.

7.4. Further information was sought in relation the Trust's Sustainability Strategy to facilitate understanding of what was achievable and any limitations posed by resources. It was noted that the strategic commitments were quite numerous and that greater prioritisation was needed. A commitment was made to provide the Council with further information on the work in progress on sustainability measures.

**ACTION: LT**

**8. Governors' reports for information**

8.1. The Council noted the Lead Governor's Report and the meeting notes of the most recent meetings of the Quality and Engagement and Strategy, Transformation and Partnership working groups.

8.2. Noting that a number of committees had met since the previous public meeting, a request was made that the Governors were provided with the draft minutes for all such meetings.

**ACTION: SC**

**9. Any other business**

9.1. It was noted that the Trust's Annual Public Meeting would be held on 13 September 2023 as a hybrid meeting, in the Nevin Lecture Theatre at St Thomas' and on Microsoft Teams.

*The next meeting of the Council of Governors would be held on 18 October 2023*

# **GSTT 2030: Developing our Trust Strategy**

**Council of Governors**

*October 18, 2023*

**Jackie Parrott, Chief Strategy Officer**

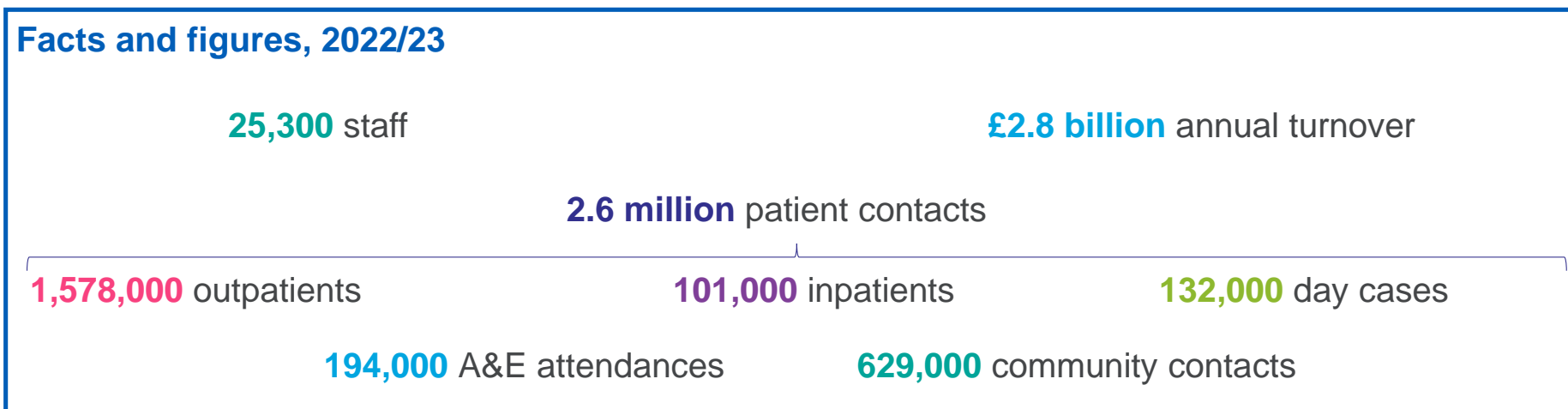
## Introduction

- The current Trust strategy, *Together We Care*, runs from 2018-2023 and we are developing our new strategy.
- Our programme of work is called GSTT2030.
- The new strategy will set out our vision for the future, priorities and new Trust values.
- It is the first Trust strategy following the merger with Royal Brompton and Harefield. Governors have already told us about the importance of reflecting our large and diverse organisation in the new strategy.



## About us

- We provide full range of general and specialist care, research, education and training in many locations, including our community buildings, health centres, GP practices, schools, and homes and from our five hospitals – Evelina London Children’s Hospital, Guy’s Hospital, Harefield Hospital, Royal Brompton Hospital and St Thomas’ Hospital.
- We work in partnership with a wide range of clinical, academic, charitable and commercial organisations





## Context

- There has been unprecedented change since 2018.
- The Trust has many opportunities but faces challenges and constraints and, in common with the rest of the NHS, we need to make considered decisions about the future.

Covid-19 pandemic impact

Exposure of, and focus on, addressing health inequalities

Multiple operational challenges – industrial action, elective recovery, workforce challenges

George Floyd and movements influencing equality, diversity and inclusion

Partnerships and system focus – statutory Integrated Care Systems (ICS)

Major limits on capital spend, changing finance regimes

Organisational merger and new Trust Operating Model

Launch of Epic – huge transformational opportunities

Future of healthcare - new technologies and treatments

# GSTT 2030: Developing the Trust Strategy – our process



## Engagement approach

- Throughout the strategy development process we are engaging and collaborating with people who use our services, their carers/parents, staff, governors and partners
- This engagement is helping us to understand the challenges and needs of people, communities, staff and how we can best meet these now and in the future
- We have a lot of previous engagement work to draw upon from within the Trust and undertaken in partnerships such as the Integrated Care System.
- Over the next few months, we will continue engagement, particularly focussing on discussing:
  - what is most important to people
  - where we need to focus our attention and resources

## Patient and public survey

- We launched a survey in August to ask for people's views on what is important to them and where we need to focus our attention and resources.
- Please take part in and share the short survey. The survey will close on Sunday, 22 October.



- For more information, email [getinvolved@gstt.nhs.uk](mailto:getinvolved@gstt.nhs.uk)

### Guy's and St Thomas' 2030: What matters to you now and in the future?











#### What matters to you?

We listen and respond to the views and experiences of people who use our services and they have already told us about some of the areas that matter. Now we need your help to understand which of these you think are most important and whether we have missed anything out.

On a scale of 1-10, with 1 being 'not at all important', and 10 being 'very important', please tell us how important, or not, it is to you that we focus on the following:

## One to one discussions

- We have been having one to one discussions with patients, carers and local people at our main hospital sites using a prompt to guide a discussion about what is important to them.
- We are now planning visits to our community sites
- This will be followed by outreach to under-represented groups

<p><b>Waiting and access</b></p>  <ul style="list-style-type: none"> <li>• Shorter waiting times for appointments and treatment</li> <li>• Regular updates and support when waiting</li> <li>• Accessing care differently</li> </ul>	<p><b>Communications</b></p>  <ul style="list-style-type: none"> <li>• Easy to speak to the right person</li> <li>• Choice of method (like letter, text message, app)</li> <li>• Communication support (like translated leaflets)</li> </ul>	<p><b>Health inequalities</b></p>  <ul style="list-style-type: none"> <li>• Supporting everyone</li> <li>• Working with communities</li> <li>• Opportunities for fair and equal care</li> </ul>	<p><b>Prevention</b></p>  <ul style="list-style-type: none"> <li>• Help to make lifestyle changes</li> <li>• Live healthier for longer</li> <li>• Less likely to get ill</li> </ul>	<p><b>Joined up care</b></p>  <ul style="list-style-type: none"> <li>• Services working better together</li> <li>• Better communication between services</li> <li>• Care at home / care closer to home</li> </ul>
<p><b>Future of healthcare</b></p>  <ul style="list-style-type: none"> <li>• Science and technology</li> <li>• New drugs, devices and tools</li> <li>• Improving treatments and services</li> </ul>	<p><b>Digital healthcare</b></p>  <ul style="list-style-type: none"> <li>• Accessing medical information and health records through online web portal / mobile app (such as MyChart)</li> <li>• Remote monitoring and at home services</li> <li>• Fair access for those who can't use digital</li> </ul>	<p><b>Patients, carers and communities as partners</b></p>  <ul style="list-style-type: none"> <li>• Stronger relationships</li> <li>• Patient choice and shared decision-making</li> <li>• Caring, listening and improving patient experience</li> </ul>	<p><b>Employer of choice</b></p>  <ul style="list-style-type: none"> <li>• Opportunities for local people</li> <li>• Lots of different jobs</li> <li>• Linking up with schools and colleges</li> </ul>	<p><b>Research</b></p>  <ul style="list-style-type: none"> <li>• Opportunities to take part in studies</li> <li>• Local, national and global research</li> <li>• Access to new treatments</li> </ul>

## Insights from patient and public engagement to date

Themes from engagement activities with patients and public from within the Trust and across south east London have centred on the following themes:



Continuity and consistency



Quality of care



Transition



Clinical facilities



Communication



Patient choice



Accessibility



Digital inclusion



Care coordination



Addressing health inequalities



Barriers to care



Patient involvement

## Partner engagement

- We have a long history of working in partnership and collaborating with a wide range of organisations for the benefit of patients and populations .
- The Health and Care Act 2022 places a duty to collaborate and work in partnership, so services work seamlessly for people.
- We will continue to work together to identify how we can achieve collective and system strategic priorities that improve our services on a sustainable basis.





## Engagement across the Trust

- We are:
  - Collating themes from our Clinical Group, Essentia and Trust-wide strategies which are being developed alongside the overarching Trust strategy.
  - Engaging with senior leaders within the Trust.
- Emerging themes shown on this slide are feeding into our strategic framework.
- We will engage with wider staff following the launch of Epic.
- A key component of the new Trust strategy will be the new Trust values setting out how we aim to behave and shaping our culture.

Population health and equity

Innovation and technology

Healthcare excellence

Valuing our staff

Quality

Data and analytics

Patient-centred

Research

Joined up services

Equality, diversity and inclusion

Capital and estates

Sustainability

Education and training

Specialist services



# Questions for the Council of Governors

1. What is most important to you?
2. What would you like us to address in our strategy?
3. Where do you think we should focus our attention and resources?

NHS CONFIDENTIAL - Governors

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST**  
**COUNCIL OF GOVERNORS**  
**WEDNESDAY 18 OCTOBER 2023**

<b>Title:</b>	<b>Updated terms of reference for Council of Governor working groups</b>
<b>Paper author:</b>	<b>Edward Bradshaw, Director of Corporate Governance</b>
<b>Purpose of paper:</b>	To present updated terms of reference for all three governor working groups
<b>Main strategic priority:</b>	All strategic priorities
<b>Key issues summary:</b>	<ul style="list-style-type: none"> <li>• As is common across foundation trusts nationally, the Guy's and St Thomas' Council of Governors has established working groups to enable governors to explore specific issues in more detail than would be possible in full Council of Governors meetings.</li> <li>• Two of the working groups are Quality &amp; Engagement (QEWG) and Strategy, Transformation &amp; Partnerships (STPWG). At the governors' away day in May 2023 it was decided to stand up the Membership Working Group (previously known as 'MeDIC') which has been dormant for the past year. As such, the next meeting has been scheduled for 28<sup>th</sup> November 2023.</li> <li>• In line with good governance practice the terms of reference for the working groups should be reviewed and refreshed on a regular basis to ensure they remain fit-for-purpose. Such a process has taken place over recent weeks, with input from relevant Trust staff, the working group chairs and the Lead Governor. No significant changes have been made to QEWG or STPWG. MeDIC has been renamed as the 'Membership Development Working Group' and its terms of reference has been more thoroughly refreshed, focusing on strengthening the link between members and governors, and ensuring a diverse membership base. Efforts have also been made to standardise the ways of working across all three groups.</li> </ul>
<b>Recommendation(s):</b>	The COUNCIL OF GOVERNORS is asked to: 1. <b>Approve</b> the updated terms of reference.

**NHS CONFIDENTIAL - Governors**



**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST  
COUNCIL OF GOVERNORS  
WEDNESDAY 18 OCTOBER 2023**

**1. Introduction**

- 1.1. As is common across the foundation trust sector, the Guy's and St Thomas' Council of Governors has established working groups to enable governors to explore specific issues in more detail than would be possible in full Council of Governors meetings, and provide a means for governors to communicate views to the Trust. Whilst the establishment of working groups is not mandated in either statute or regulation they can support both the governors and the Trust to discharge certain aspects of their statutory duties.
- 1.2. In line with good governance the terms of reference for the working groups should be reviewed and refreshed on a regular basis to ensure they remain fit-for-purpose. Such a process has taken place over recent weeks, with input from relevant Trust staff, the working group chairs and the Lead Governor.
- 1.3. Two working groups – Quality and Engagement, and Strategy, Transformation and Partnerships – meet every quarter. A third, the Membership Development, Involvement and Communication (MeDIC) Working Group, has been dormant for the past year due to a need to review its purpose and role. At the governors' away day in May 2023 it was decided that the working group should be stood up, so a new terms of reference has been drafted and the first meeting scheduled for 28<sup>th</sup> November 2023. It is proposed this group is renamed the Membership Development Working Group to signal the reset that it has undergone.

**2. Recommendations**

- 2.1. The Council of Governors is asked to **approve** the updated terms of reference for all three working groups, as follows:
  - Appendix 1: Quality and Engagement Working Group (chair: Leah Mansfield)
  - Appendix 2: Strategy, Transformation and Partnerships Working Group (chair: Leah Mansfield)
  - Appendix 3: Membership Development Working Group (chair: Katie Hamer)

**COUNCIL OF GOVERNORS  
 QUALITY AND ENGAGEMENT WORKING GROUP  
 TERMS OF REFERENCE**

**1 AUTHORITY**

- 1.1 The Quality and Engagement Working Group (the Working Group) is constituted as a working group of the Council of Governors. The terms of reference of the Working Group are set out below and any changes to these must be approved by the Council of Governors.
- 1.2 The Working Group has no formal decision-making powers and is purely advisory in nature.

**2 PURPOSE**

- 2.1 The Working Group is a forum to brief and engage governors on Trust patient experience, engagement, quality and patient safety activities. It is an opportunity for governors to seek clarity, challenge, reflect upon and contribute to these broad areas of work across the Trust, including clinical groups and corporate departments.

**3 SCOPE**

- 3.1 The Working Group will participate in annual work planning to co-develop the agenda for the year; this will be facilitated by the group's secretariat and Chair.
- 3.2 The Working Group will receive regular reports on patient experience, patient and public engagement, quality and patient safety work. These reports may include:
- a) The Trust's patient experience priorities and related patient experience programmes, their relevant activities and progress.
  - b) Patient and public engagement strategy and related activities across the Trust, including those related to service transformation, projects and programmes that directly affect patient care and services.
  - c) Progress on key national and local quality initiatives, including the Trust's quality and safety priorities and Quality Accounts.
- 3.3 Relevant clinical and operational leaders within the Trust may be invited to provide and/or present this information to the Working Group in response to its agreed annual work plan or actions arising from a meeting.
- 3.4 Governors use their role as 'the eyes and ears' of their constituencies (public, patients and staff) to provide feedback, support, challenge and reflect. Where possible, governors' insights may be triangulated with existing data to inform discussion/consideration of a topic.
- 3.5 Working Group members are encouraged to share their views and insights during meetings, or they can contact the Working Group chair or Corporate Affairs, who will direct their queries appropriately.
- 3.6 The Trust uses this feedback and insight to develop or review and, if appropriate, amend plans.
- 3.7 The Working Group's members can be invited to support specific projects, providing further insight based on their interests, knowledge and expertise.

## **4 OBJECTIVES**

- 4.1 To support and contribute to the development of the Working Group's annual work plan, informed by a combination of the Trust's priorities and governors' views and interests
- 4.2 To gain a thorough overview of strengths and areas for improvement in patient experience, patient and public engagement, quality and patient safety activities across the Trust.
- 4.3 To be apprised of examples of activities that ensure good patient experience, engagement and safety across the Trust's services.
- 4.4 To support, encourage and suggest ways in which the Trust can act on the many sources of patients' views, feedback and experiences, where it is possible to do so.
- 4.5 To contribute to the development of plans for areas for improvement.
- 4.6 To ensure matters relating to equality, diversity and inclusion are considered in the different aspects of the group's work.
- 4.7 To consider and contribute to specific programmes or projects that are a priority to the Trust (sometimes, in addition to the Working Group's annual work plan), where Governor input would be valuable.
- 4.8 To have the opportunity to identify and explore specific areas of concern raised by governors, which may be in addition to those areas highlighted in its annual work plan.
- 4.9 Receive updates from governors from committees they attend that are relevant to the Working Group's work.

## **5 MEMBERSHIP & ATTENDANCE**

- 5.1 All governors, regardless of their constituency are entitled to attend Working Group meetings.
- 5.2 A nominated governor group will chair the Working Group; they may nominate a deputy in their place should they be unable to attend.
- 5.3 Trust representatives from the following directorates (including other staff who are required to support) will attend meetings:
  - Chief Nurse's Office: Head of Patient Experience
  - Directorate of Strategy and Partnerships (DCEO): Head of Patient and Public Engagement
  - Quality and Assurance (Chief Medical Officer): Trust Senior Quality & Compliance Lead
- 5.4 The Working Group may invite other Trust staff, subject matter experts or external parties to meetings where agenda items require their input or attention.
- 5.5 There is a standing invitation for all Trust non-executive directors to attend the Group.
- 5.6 Attendance may be in person, through a teleconference or videoconference, or as a hybrid meeting. Participation in a meeting via electronic means shall constitute presence in person at the meeting.
- 5.7 As a working group of the full statutory Council of Governors, the Group does not have any formal decision-making function and no quorum is required to proceed with a meeting.

## **6 FREQUENCY OF MEETINGS**

- 6.1 Working Group meetings shall be held four times per year, with additional meetings where deemed necessary by the chair.
- 6.2 The Working Group may decide to take items by correspondence. In such cases, members will be given no less than five working days to respond, and the items will be formally noted at the following meeting of the Working Group and recorded in the minutes.

## **7 AGENDA, PAPERS AND MINUTES**

- 7.1 The Patient Experience (Chief Nurse's Office) and Patient and Public Engagement teams (Strategy and Partnerships) will act as secretariat and provide administrative support to the Working Group; they will be supported by Corporate Affairs as necessary.
- 7.2 The Working Group chair and secretariat will co-develop and maintain a forward plan of agenda items. The chair will confirm the final agenda for each Working Group meeting with the secretariat.
- 7.3 The secretariat will aim to circulate papers no fewer than three working days before each Working Group meeting.
- 7.4 Meeting minutes will be completed within two weeks of the meeting taking place.

## **8 REPORTING**

- 8.1 The minutes of all Working Group meetings shall be formally recorded and submitted to the Council of Governors.

## **9 CONDUCT**

- 9.1 Members of the Working Group shall keep confidential any and all information relating to discussions at its meetings that are indicated by the Chair to be confidential in nature, including any and all materials, unless required to disclose such information by law, or as otherwise agreed by the Board of Directors.
- 9.2 Members of the Working Group shall also be required to declare any potential conflicts of interest relating to issues discussed by the Working Group and these shall be recorded in the minutes. In the event of any disclosed material conflict of interest, a member of the Working Group may be excluded from the discussion relating to that item.

## **10 REVIEW**

- 10.1 The terms of reference of the Working Group shall be reviewed by the Council of Governors at least every two years.

**October 2023**

**COUNCIL OF GOVERNORS  
 STRATEGY, TRANSFORMATION AND PARTNERSHIPS WORKING GROUP  
 TERMS OF REFERENCE**

**1 AUTHORITY**

- 1.1 The Strategy, Transformation and Partnerships Working Group (the Working Group) is constituted as a working group of the Council of Governors. The terms of reference of the Working Group are set out below and any changes to these must be approved by the Council of Governors.
- 1.2 The Working Group has no formal decision-making powers and is purely advisory in nature.

**2 PURPOSE**

- 2.1 The Working Group is a forum to consult and brief governors about key Trust strategies, partnerships, and transformation programmes. This provides governors with an opportunity to scrutinise, challenge and contribute to plans, thereby helping shape the medium and long-term vision and strategic direction of the Trust.

**3 SCOPE**

- 3.1 The scope of the Working Group will largely be determined by the topics surfaced at the Trust Board and its committees. This is expected to include:
- Strategic and financial planning;
  - External developments and partnerships linked to Integrated Care Systems;
  - Innovation; and
  - Major and significant transformation programmes.
- 3.2 Other areas, based on governors' priorities or interests, will also be considered.
- 3.3 The Working Group will participate in annual work planning to co-develop the agenda for the year; this will be facilitated by the group's secretariat and Chair.

**4 OBJECTIVES**

- 4.1 To develop an understanding of the Trust's strategy and strategic planning processes and key transformation programmes.
- 4.2 To ensure the governors' views are taken into consideration when setting the strategic direction of the Trust and the supporting strategies, the wider transformation programme portfolio, and about how the Trust can provide its services in ways that meet the needs of the populations it serves;
- 4.3 To monitor, on behalf of the Council of Governors, progress against the delivery of the Trust's strategic vision, forward plans and transformation agenda; and
- 4.4 To provide advice to the Trust when the Board of Directors has to make challenging or difficult decisions which affect the strategic direction of the Trust.

- 4.5 To receive updates from governors from committees they attend that are relevant to the Working Group's objectives.

## **5 MEMBERSHIP & ATTENDANCE**

- 5.1 All governors, regardless of their constituency are entitled to attend Working Group meetings.
- 5.2 A nominated governor group will chair the Working Group; they may nominate a deputy in their place should they be unable to attend.
- 5.3 Trust representatives from the strategy, Deputy Chief Executive and finance functions will attend Working Group meetings. The Working Group may invite other Trust staff, subject matter experts or external parties to meetings where agenda items require their input or attention.
- 5.4 There is a standing invitation for all Trust non-executive directors to attend the Working Group.
- 5.5 Attendance may be in person, through a teleconference or videoconference, or as a hybrid meeting. Participation in a meeting via electronic means shall constitute presence in person at the meeting.
- 5.6 As a working group of the full statutory Council of Governors, the Group does not have any formal decision-making function and no quorum is required to proceed with a meeting.

## **6 FREQUENCY OF MEETINGS**

- 6.1 Working Group meetings shall be held four times per year, with additional meetings where deemed necessary by the chair.
- 6.2 The Working Group may decide to take items by correspondence. In such cases, members will be given no less than five working days to respond, and the items will be formally noted at the following meeting of the Working Group and recorded in the minutes.

## **7 AGENDA, PAPERS AND MINUTES**

- 7.1 Corporate Affairs, supported by the Strategy function and Deputy Chief Executive's team will act as secretariat and provide administrative support to the Working Group.
- 7.2 The Working Group chair and secretariat will co-develop and maintain a forward plan of agenda items. This will be based on specific requests from governors and from the Trust's strategic, clinical and managerial leads who want to update or consult governors about their plans. The chair will confirm the final agenda for each Working Group meeting with the secretariat.
- 7.3 The secretariat will aim to circulate papers no fewer than three working days before each Working Group meeting.
- 7.4 Meeting minutes will be completed within two weeks of the meeting taking place.

## **8 REPORTING**

- 8.1 The minutes of all Working Group meetings shall be formally recorded and submitted to the Council of Governors.



## **9 CONDUCT**

- 9.1 Members of the Working Group shall keep confidential any and all information relating to discussions at its meetings that are indicated by the Chair to be confidential in nature, including any and all materials, unless required to disclose such information by law, or as otherwise agreed by the Board of Directors.
- 9.2 Members of the Working Group shall also be required to declare any potential conflicts of interest relating to issues discussed by the Working Group and these shall be recorded in the minutes. In the event of any disclosed material conflict of interest, a member of the Working Group may be excluded from the discussion relating to that item.

## **10 REVIEW**

- 10.1 The terms of reference of the Working Group shall be reviewed by the Council of Governors at least every two years.

**October 2023**

**COUNCIL OF GOVERNORS  
MEMBERSHIP DEVELOPMENT WORKING GROUP  
TERMS OF REFERENCE**

**1 AUTHORITY**

- 1.1 The Membership Development Working Group (the Working Group) is constituted as a working group of the Council of Governors. The terms of reference of the Working Group are set out below and any changes to these must be approved by the Council of Governors.
- 1.2 The Working Group has no formal decision-making powers and is purely advisory in nature.

**2 PURPOSE**

- 2.1 The Working Group is a forum to support governors to fulfil their statutory responsibility to represent the interests of the Trust's members<sup>1</sup> and ensure the Trust has a membership base that is sufficiently large and diverse to be commensurate with the Trust's scale.

**3 SCOPE AND OBJECTIVES**

3.1 Membership action plan

- Contribute to the development of a membership action plan to ensure the Trust has a membership that is representative of the patients and public it serves. This will include advising on measurable metrics to assess the effectiveness of the action plan;
- Oversee delivery with the Membership action plan.

3.2 Governor and member collaboration

- Support the Trust to ensure all governors are aware of their responsibilities in relation to members, including the need to represent the interests of members and the public at large rather than just their own personal views in their interactions with the Trust;
- Advise on the communication processes needed to enable governors to:
  - Interact regularly with members of the Trust and record their views on key topics, ensuring that Trust members and the public know when and where they are able to communicate with governors;
  - Feed back to members and the public information about the Trust, its vision, performance and material strategic proposals made by the Trust Board; and
  - Report the views of governors and members to the Board as a whole.
- Advise the Trust on the steps that it could take to facilitate the above;
- Support the Trust to respond to any specific feedback from members received by the Membership Office.
- Determine how the Council of Governors can periodically assess its collective performance and communicate to members and the public how they have discharged their responsibilities;

3.3 Membership profile

- Contribute to ensuring the Trust has a membership that is representative of the patients and public it serves by:

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<sup>1</sup> Paragraph 10A(b) of Schedule 7 to the NHS Act 2006, which states that governors have a duty to represent the interests of the foundation trust and the public.

- Receiving updates regarding the constitution and demographics of the Trust's membership and proposing ideas for the recruitment of new members;
- Advising how, when and where the Trust can promote membership of the Trust;
- Advising how the Trust can improve the data it collects about its membership.
- Contribute ideas for future members' health seminars and membership communications.

#### 3.4 Governor elections

- Receive updates from the Trust about the elections process;
- Advise how, when and where the Trust can promote the governor role; and
- Advise the Trust on steps that could be taken to increase the diversity of the Trust's members who nominate themselves for election as governor.

### **4 MEMBERSHIP & ATTENDANCE**

4.1 All governors, regardless of their constituency are entitled to attend Working Group meetings.

4.2 A nominated governor group will chair the Working Group; they may nominate a deputy in their place should they be unable to attend.

4.3 Trust representatives from the Corporate Governance and membership functions will attend meetings. The Working Group may invite other Trust staff, subject matter experts or external parties to meetings where agenda items require their input or attention.

4.4 There is a standing invitation for all Trust non-executive directors to attend the Group.

4.5 Attendance may be in person, through a teleconference or videoconference, or as a hybrid meeting. Participation in a meeting via electronic means shall constitute presence in person at the meeting.

4.6 As a working group of the full statutory Council of Governors, the Group does not have any formal decision-making function and no quorum is required to proceed with a meeting.

### **5 FREQUENCY OF MEETINGS**

5.1 Working Group meetings shall be held three times per year, with additional meetings where deemed necessary by the chair.

5.2 The Working Group may decide to take items by correspondence. In such cases, members will be given no less than five working days to respond, and the items will be formally noted at the following meeting of the Working Group and recorded in the minutes.

### **6 AGENDA, PAPERS, MINUTES**

6.1 Corporate Affairs will act as secretariat and provide administrative support to the Working Group.

6.2 The Working Group chair and secretariat will co-develop and maintain a forward plan of agenda items. The chair will confirm the final agenda for each Working Group meeting with the secretariat.

6.3 The secretariat will aim to circulate papers no fewer than three working days before each Working Group meeting.

6.4 Meeting minutes will be completed within three weeks of the meeting taking place.

## **7 REPORTING**

- 7.1 The minutes of all Working Group meetings shall be formally recorded and submitted to the Council of Governors.

## **8 CONDUCT**

- 8.1 Members of the Working Group shall keep confidential any and all information relating to discussions at its meetings that are indicated by the Chair to be confidential in nature, including any and all materials, unless required to disclose such information by law, or as otherwise agreed by the Board of Directors.
- 8.2 Members of the Working Group shall also be required to declare any potential conflicts of interest relating to issues discussed by the Working Group and these shall be recorded in the minutes. In the event of any disclosed material conflict of interest, a member of the Working Group may be excluded from the discussion relating to that item.

## **9 REVIEW**

- 9.1 The terms of reference of the Working Group shall be reviewed by the Council of Governors at least every two years.

**October 2023**

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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST**  
**COUNCIL OF GOVERNORS**  
**WEDNESDAY 18 OCTOBER 2023**

<b>Title:</b>	<b>Lead Governor's Report</b>
<b>Paper author:</b>	<b>John Powell, Lead Governor</b>
<b>Purpose:</b>	For information
<b>Main strategic priority:</b>	All strategic priorities
<b>Key Issues summary:</b>	A report from the Lead Governor to acknowledge what the governors have achieved over the last three months and to outline plans for the next three months.
<b>Recommendations:</b>	The COUNCIL OF GOVERNORS is asked to: 1. <b>Note</b> the Lead Governor's report

**NHS CONFIDENTIAL -**

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST**  
**COUNCIL OF GOVERNORS**  
**WEDNESDAY 18 OCTOBER 2023**

**LEAD GOVERNOR'S REPORT**

- 1.1 At the annual public meeting in September I mentioned the 'root and branch review' of how we as a Council of Governors operate as that crucial 'critical friend' to the Trust. It has been a busy time with informal meetings now rebranded as 'governor briefing sessions', and to add to this we are formulating a new structure of working with non-executive directors. Initially planned to be bi-annual, we took the decision earlier this month to make our 'triangulation' meetings quarterly and will invite a small number of non-executive directors to each of these meetings. This will provide an opportunity for governors to get to know the non-executive directors better without the need for separate introductory meetings and also give the non-executive directors more insight into both how the governors operate and the types of issues on their minds, pending further and more detailed discussion at Council of Governor meetings.
- 1.2 Understandably the industrial action is placing enormous pressure on the Trust, and the fact that a successful launch of Epic took place amid all that this entails is some compliment to all concerned. However, whenever change is involved there is inevitably some fallout, and governor visits have therefore necessarily been placed on hold.
- 1.3 This said, annual patient-led assessments of the care environment (known as PLACE) are to take place in November and will still provide governors with doubtless much information to consider going forward.
- 1.4 All this said, there is outstanding feedback from governor visits that have already taken place, a lot of which centres on issues surrounding staff welfare. Whilst not wishing to drop from strategic issues to the ground floor, we very much recognise that solving apparently minor grievances can have a very significant impact on staff morale and hence performance.
- 1.5 To this end Deputy Lead Governor Katherine Hamer is pulling together a plethora of findings from governor visits focusing on all sorts of issues ranging from observations of improvements needed to staff facilities to various aspects of departmental working

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conditions, and this will be discussed at the next triangulation meeting.

- 1.6 We have recently brought governor involvement under the spotlight as attendance at some of our meetings has dwindled significantly. Whilst recognising all governors have other commitments beyond the Trust, we need to constantly challenge ourselves on how we can promote more engagement and involvement from across the Council and make the most of the vast swathe of experience and expertise that exists in our number to discharge our duties as governors. I will be looking at attendance data and liaising with governors to understand how they can be supported to contribute more fully to the work of the Council.
- 1.7 Governors continue to be involved in further work including an upcoming review of the Trust constitution, along with a revision of the terms of reference for our working groups. I'm delighted to see that the vast majority of governor positions to observe Trust Board committees and clinical/delivery group boards have been filled. These represent golden opportunities to be the proverbial fly on the wall of core Trust business.
- 1.8 I have to report that governor 'Lunch and Learn' information sessions staged over recent months have now been paused due to disappointingly low attendance levels. We will look at time, format and subject material over coming weeks to see if an improved format can be established with increased audiences.
- 1.9 Looking forward to recruitment of future governors we also have two 'governor awareness sessions' in November for members considering an application for future Council vacancies. I would encourage any members considering a future on the Council of Governors to attend these virtual events so they can hear first-hand what the role may entail.

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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST**  
**COUNCIL OF GOVERNORS**  
**WEDNESDAY 18 OCTOBER 2023**

<b>Title:</b>	<b>Strategy, Transformation and Partnership Working Group (STPWG) notes</b>
<b>Responsible governor:</b>	<b>Leah Mansfield, Patient Governor</b>
<b>Paper author:</b>	<b>Jed Nightingale, Trust Strategy team</b>
<b>Purpose of paper:</b>	For information
<b>Main strategic priority:</b>	Support and empower our workforce
<b>Key issues summary:</b>	<p>A report on the Working Group's discussion on the following:</p> <ul style="list-style-type: none"> <li>• An overview of the Nutrition and Hydration strategy, including the process, strategic priorities and implementation plan</li> <li>• A report of the 2019-2023 Charity strategy and the new 2023-2027 charities strategy</li> <li>• An update on the GSTT 2030 strategy development work</li> </ul>
<b>Paper previously presented at:</b>	-
<b>Recommendation(s):</b>	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> <li>1. Note the key discussion points at the Strategy, Transformation and Partnership Working Group (STPWG)</li> </ol>



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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST  
COUNCIL OF GOVERNORS  
WEDNESDAY 18 OCTOBER 2023**

**Strategy, Transformation and Partnerships Working Group  
3 October 2023**

**Governors in attendance:** Leah Mansfield (Chair), Victoria Borwick, Elfy Chevretton, Peter Harrison, Margaret McEvoy, Roseline Nwaoba, Claire Wills

**Apologies:** Felicity Harvey, Alison Mould, John Powell, Mary Stirling, Lawrence Tallon, Jadwiga Wedzicha

**1. Welcome, introduction and apologies**

1.1. The Chair welcomed everyone to the Strategy, Transformation and Partnership Working Group. Apologies were noted.

**2. Declaration of Interest**

2.1. There were no declarations of interest.

**3. Previous meeting report and matters arising**

3.1. The Chair closed the action under section 4.9 from the previous meeting minutes for colleagues from EDI to return to STPWG to provide an update on EDI, as this has been added to STPWG forward agenda planning. Jackie Parrott noted that the EDI programme is moving at pace, with discussions being held in the Trust Executive Committee. The EDI improvement plan will be shared, as previously agreed.

3.2. The GSTT2030 strategy development evidence pack had been shared with the group and the GSTT2030 Trust strategy development work will become a standing item at STPWG for ongoing governor engagement and input.

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3.3. The minutes of the previous meeting of the Group, held on the 4<sup>th</sup> July 2023, were approved as a true record.

### **4. Nutrition and hydration strategy**

4.1. Presentation slides were circulated prior to the meeting. Emma Stennett, Digital Transformation Dietician, and Rhys White, Head of Nutrition and Dietetics, presented an overview of the newly developed Nutrition and Hydration strategy. This presentation included detail of the strategy development process, strategic priorities and the implementation plan.

4.2. The Trust Nutrition Steering Committee, a multi-professional group co-chaired by the Head and Nutrition and Dietetics and Deputy Chief Nurse, oversees delivery of nutrition and hydration care to patients, staff and visitors. The nutrition and hydration strategy aims to implement national and organisational standards around nutrition and hydration, including CQC regulations and the National Standards for Healthcare Food and Drink. The strategy development process included engagement with key stakeholders such as food and catering services, patient experience teams, patient representatives, medical and nursing staff, and speech and language therapists.

4.3. The strategy was published in July 2023 on the GSTT website and within GTi. Strategy launch events led by the Healthy Eating Service brought awareness to the strategy and support services for staff.

4.4. The strategy sets out five main priorities:

- To meet and maintain hospital food and catering standards supporting patients, staff, the community and environment
- To develop menus that meet the diverse needs of patients and staff, providing essential nutrients to maintain health and prevent nutrition-related health problems
- To provide safe, high quality care related to enteral and parenteral feeding
- To make food and fluids accessible and affordable with healthy options available to staff and visitors and to provide advice and education on good nutrition and hydration
- To make sure staff and volunteers receive regular, high quality training in nutritional and hydration care and patient support

4.5. The strategy aims to meet the five main priorities through a focus on 1) Food production, sustainability and technology; 2) Nutrition and hydration for our patients; 3) Nutrition and hydration for our staff and visitors and 4) Education and training.

4.6. The implementation plan sets out goals to be achieved in years one, two and three. Year one work already underway includes:

- Electronic nutritional screening, digital food orders, and Nutrition Communication Board on Epic
- Review of menu updates and use of translated menus across the organisation

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- Merging nutritional guidelines from the GSTT and RBHH sites
- Increasing availability of plant-based foods in retail outlets

### 4.7. The following points were clarified during discussion:

- All GSTT charities have been instrumental in funding initiatives, such as the edible garden and the support with swallowing initiative.
- The patient and experience team send feedback directly from patient surveys to the Nutrition Steering Committee, which is then reviewed, cascaded to relevant departments and actioned.
- Nationally, NHS organisations find it challenging to meet standards around 24 hour food provision. GSTT has food available overnight at all hospital sites (e.g. Smartvending), although this is not always hot food – this is an unmet need. There are also differences between sites and there is ongoing work to improve the offering.
- The launch of Apollo, along with the nutrition and communication boards, will ensure safe information is communicated about nutritional needs for patients, especially concerning inpatients with specific nutritional requirements.
- Reducing food waste is a priority for catering, in line with the Trust's net zero agenda.
- Comprehensive nutrition and hydration guidelines for patients in the last days or hours of their lives are led by the palliative care team. Policies and guidelines are available that were updated this year. Support for patients considered at the end of their life includes staff focused on artificial feeding who are able to respond to changing patient needs quickly.

## **5. GSTT charities' strategy**

5.1. Presentation slides were circulated prior to the meeting. Barbara Kasumu, Executive Director of Charities, presented a summary of the 2019-2023 strategy, as well as an update on the new 2023-2027 charities strategy and plan for the next four years.

5.2. More than £40 million was raised over the previous strategic period through philanthropy, community fundraising and corporate fundraising, funding more than 280 projects across the Trust to support the incredible NHS staff and exceptional healthcare provided by GSTT. Example of projects include:

- Long Covid project, co-designed with patients
- Showing We Care about You staff wellbeing programme
- Head and Neck Cancer funding and fundraising programme

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- 5.3. To provide better opportunities to engage with target audiences such as patients and staff, the three individual charity brands – Guy's & St Thomas' Charity, Guy's Cancer Charity, and Evelina London Children's Charity – were officially launched during the previous strategy.
- 5.4. The charities strategy for 2023-2027 has been co-designed in collaboration with the Trust. Jackie Parrott and Barbara Kasumu were co-Senior Responsible Officers (SROs), working with Trust clinical leads and relevant senior leaders and executives. A key driver of the new strategy is to raise income from fundraising to deliver health impact at scale.
- 5.5. The mission for the charities is to support Guy's and St Thomas' to deliver better, fairer healthcare for all. The strategy includes partnership impact goals, cross-cutting themes and strategic enablers, guiding principles, and specific priorities for each of the three charities.
- 5.6. During discussions, the following points were clarified:
- The Charities support the Trust to deliver exceptional healthcare, including innovations that are not publicly funded, including on opportunities to partner.
  - The Charities develop positive, responsive experiences with donors.

## **6. Update on status of GSTT 2030**

- 6.1. The Trust strategy team is continuing to work on developing the new Trust strategy – GSTT 2030. The strategy development programme includes extensive engagement, including with patients, partners, staff and governors. GSTT 2030 will be an agenda item at the upcoming Council of Governors and a standing item at STPWG. The intention is to either use the January STPWG meeting or organise a bespoke workshop with governors focused on the strategy. Governors are also invited to join the multi-stakeholder group which is being organised by the Patient and Public Engagement team.

## **7. Any other business**

- 7.1. Claire Wills provided a short summary of shadowing the People, Culture and Education Board Committee. This included discussion on the developing People strategy, risks around recruitment and retention, and importance of staff wellbeing in light of wider NHS pressures. The next meeting will focus on education, training, and career progression.

*The next Strategy, Transformation and Partnership Working Group meeting will be held on Tuesday 9<sup>th</sup> January 2024 at 5:30pm-7pm.*