

Council of Governors Meeting

Wednesday 31 January 2024 at 6pm
Robens Suite, Guy's Hospital and MS Teams

COUNCIL OF GOVERNORS
Wednesday 31 January 2024, 6pm – 7.30pm
Robens Suite, Guy's Hospital and MS Teams

AGENDA

- | | | | |
|-----|---|---------------------|--------|
| 1. | Welcome and apologies
<i>Charles Alexander</i> | <i>Verbal</i> | 6.00pm |
| 2. | Declarations of interest | <i>Verbal</i> | - |
| 3. | Minutes of previous meeting held on 18 th October 2023 and review of actions | <i>Paper</i> | - |
| 4. | Lung transplant research
<i>Professor Anna Reed, Consultant in Respiratory and Transplant Medicine</i> | <i>Presentation</i> | 6.05pm |
| 5. | ICS and partnership matters
<i>Charles Alexander</i> | <i>Verbal</i> | 6.20pm |
| 6. | Report from Nominations Committee
<i>Felicity Harvey</i> | <i>Paper</i> | 6.35pm |
| 7. | External audit contract
<i>Steven Davies</i> | <i>Paper</i> | 6.50pm |
| 8. | Governor elections 2024
<i>Edward Bradshaw</i> | <i>Paper</i> | 6.55pm |
| 9. | Reflections on Board of Directors meeting | <i>Verbal</i> | 7.00pm |
| 10. | Q&A with Trust chair and non-executive directors | <i>Verbal</i> | 7.15pm |
| 11. | Governors' reports for information | <i>Papers</i> | 7.25pm |
| | <ul style="list-style-type: none"> • Lead Governor's Report
<i>John Powell</i> • Quality and Engagement Working Group Meeting notes 26 September 2023
<i>Leah Mansfield</i> • Membership Development Working Group Meeting notes 8 January 2024
<i>Katherine Hamer</i> | | |
| 12. | Any other business | <i>Verbal</i> | 7.30pm |

Date of next meeting: Wednesday 24 April 2024 at 6pm – 7.30pm

COUNCIL OF GOVERNORS

Wednesday 18 October 2023, 6pm – 7.30pm
Robens Suite, Guy's Hospital and MS Teams

Governors present:	Jordan Abdi David Al-Basha Victoria Borwick Michael Bryan Elfy Chevretton John Clark Marcia da Costa	Sian Flynn Katherine Hamer Peter Harrison Leah Mansfield Joanna McGillivray Margaret McEvoy Alison Mould	Roseline Nwaoba Placida Ojinnaka John Powell Mary Stirling Raksa Tupprasoot Jadwiga Wedzicha Claire Wills
In attendance:	Charles Alexander (Chair) Ian Abbs (to 7pm) Edward Bradshaw (minutes) Miranda Brawn Nilkunj Dodhia	Jay Dungeni Simon Friend Richard Grocott-Mason Felicity Harvey Anita Knowles	Jackie Parrott Pauline Philip Ian Playford Lawrence Tallon

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 non-executive directors Deirdre Kelly, Javed Khan, Sally Morgan, Reza Razavi and Priya Singh, and the following governors: Serina Aboim, Sarah Addenbrooke, Koku Adomdza, Mark Boothroyd, Nicola Clark, Ibrahim Dogus, Emily Hickson, Marianna Masters, Trudy Nickels, Mary O'Donovan, Rishi Pabary, David Phoenix and Sonia Winifred.

2. Declarations of interests

- 2.1. There were no declarations of interests.

3. Minutes of the meeting held on 26 July 2023 and review of actions

- 3.1. The minutes of the previous meeting were agreed as an accurate record, subject to one change: paragraph 4.3 would be amended to reflect the governors' request to speak to the Board about the Trust's Annual Report and Accounts after it had been laid before Parliament.
- 3.2. Five actions had been recorded at the previous meeting, four of which had been completed. The outstanding action related to paragraph 7.2 of the July meeting minutes, and was for a presentation setting out the full benefits of the new Epic electronic health record system in detail. This would be arranged for early 2024.

4. Matters arising

- 4.1. On 1 August 2023 125 staff working in pathology services at the Royal Brompton and Harefield hospitals had transferred from the Trust to Synnovis. The Chief Executive of the Heart, Lung and Critical Care Clinical Group explained that there had been no evidence of a deterioration in the quality or responsiveness of these services as a result of the transfer. Some affected staff had raised a collective grievance around the Transfer of Undertakings Protection of Employment (TUPE) process that had been undertaken, which the Trust was in the process of resolving.

- 4.2. The Deputy Chief Executive provided a verbal update regarding the Trust's progress in implementing the recommendations contained in the review of the critical IT incident that had taken place in July 2022. This followed the formal written update that the Board of Directors had received at its previous meeting in July 2023. All 29 recommendations had either been completed or were on track to be completed by their due date. The new Epic electronic health record system had consolidated a large number of legacy IT systems which would further increase the Trust's resilience to such incidents. There was discussion about the learnings from the incident that the Trust was seeking to apply to its deployment of Epic, including storing data off-site and practicing 'paper hospital' drills as part of its business continuity planning. There would continue to be Board-level oversight of delivery of the recommendations until all had been completed.
- 4.3. The public consultation on the future location of a Principal Treatment Centre for cancer services for children living in south London and south east England had launched on 26 September 2023 and would run for 12 weeks, closing on 18 December. Governors were reminded that the formal evaluation run by NHS England had identified the Evelina London Children's Hospital as the preferred option and were encouraged to complete the questionnaire linked to the consultation, details of which had previously been circulated.

5. GSTT2030: organisational strategy

- 5.1. The current Trust strategy, *Together We Care*, runs from 2018 – 2023 and the Trust was in the process of developing its new strategy under a programme of work called GSTT2030. The new strategy would set out the Trust's vision for the future, including its priorities and new Trust values, and would be the first Trust strategy following the merger with Royal Brompton and Harefield NHS Foundation Trust in February 2021. Governors were shown a presentation of the work that had been done to develop the new strategy to date; this included:
- Consideration of the different environment in which the Trust was now operating compared with 2018;
 - The need to prioritise in light of constrained resources;
 - The engagement with internal and external stakeholders; and
 - The key insights received to date.
- 5.2. It was now considered a good time to ensure the whole Council of Governors had an opportunity to comment into the emerging strategy. Governors highlighted the need to drive transformation at greater pace, the need to adopt new and emerging technology such as artificial intelligence, and the need to innovate as a way to lead solutions to the current and future issues facing the health sector, including to improve population health and reduce inequalities of access and outcomes.
- 5.3. Governors also highlighted the need to address the issue of constrained resources through a focus on improving productivity and on prevention to avoid hospital admissions. There was discussion about the ways in which Trust could support the development of primary care and the importance of meaningful engagement with patients as a way of driving change.

6. Governor working group terms of reference

- 6.1. The Council of Governors has three working groups to enable governors to explore specific issues in more detail than would be possible in full Council of Governors meetings, and provide another means for governors to communicate views to the Trust. Terms of references for all three working groups – Quality & Engagement, Strategy, Transformation & Partnerships and Membership Development – had been reviewed and refreshed over recent weeks to ensure they remained fit-for-purpose. Governors' attention was drawn to the main updates that had been made. The Membership Development Working Group had been dormant for a number

of months, but had been stood up with a key focus on strengthening the link between members and governors, and ensuring the Trust had a diverse membership base.

RESOLVED:

- 6.2. The Council of Governors approved the updated terms of reference for each working group.

7. Reflections on the Board of Directors meeting

- 7.1. Some governors expressed concern that the move to the new Epic electronic health record system had resulted in a number of technology connectivity issues, for example affecting label printers, and sought clarification about the impact this was having on operations. In discussion, it was explained that although the labels were a critical part of how the Trust operated, that specific issue had now been largely resolved.
- 7.2. Other governors were concerned that most Epic 'floorwalkers' would finish their work at the Trust over the coming days, and queried whether they should be extended, given the crucial role they were playing in supporting staff with the new system. Soft intelligence obtained by some governors suggested that there was more anxiety amongst staff about the new system than had been anticipated. The Trust Executive recognised the unquestionable value of the floorwalkers, however the Trust had over 3,000 'digital champions' – staff experts – who would help transition away from reliance on external expertise and would enable the Trust to optimise the use of the system.
- 7.3. In response to comments that many staff were not aware of all the functionalities of the system, Board members acknowledged that the benefits from the personalisation of Epic would take time to fully materialise, not least given the vast potential of the system to be customised. The Trust recognised the need for pragmatism about how quickly it could return to providing full clinical activity following go-live.
- 7.4. There was further discussion about the plans to train new starters on Epic, particularly the large numbers of new clinical staff joining from trusts with other electronic health systems, and how such training would be made part of the mandatory requirements.

8. Governors' reports for information

- 8.1. The Council noted the Lead Governor's Report and the meeting minutes from the most recent Strategy, Transformation and Partnership Working Group meeting. The Lead Governor drew governors' attention to a number of aspects of his report, including the quarterly 'triangulation' meetings that were being diarised and the importance of the governor action tracker as a way of recording and monitoring delivery of key actions relating to the running of the Council. The Chair of the Strategy, Transformation and Partnership Working Group reiterated the role of that group in continuing to feed back governor input into the development of the new organisational strategy, as discussed earlier in the meeting.

9. Any other business

- 9.1. There was no other business.

The next meeting of the Council of Governors would be held on 31 January 2024

Lung Transplant Research

Anna Reed

31st January 2024



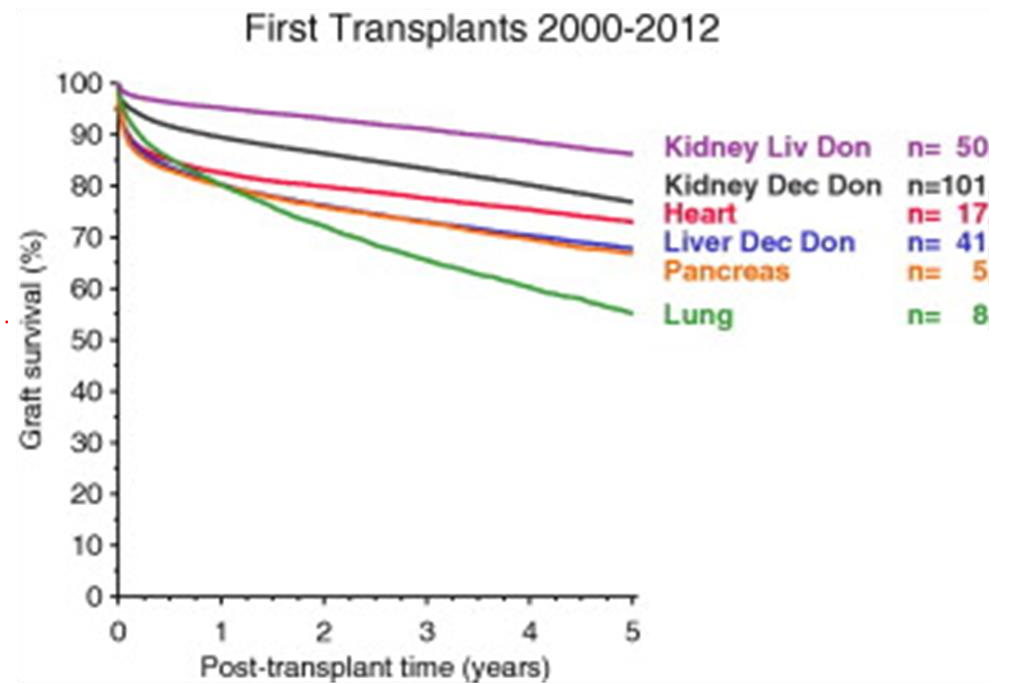
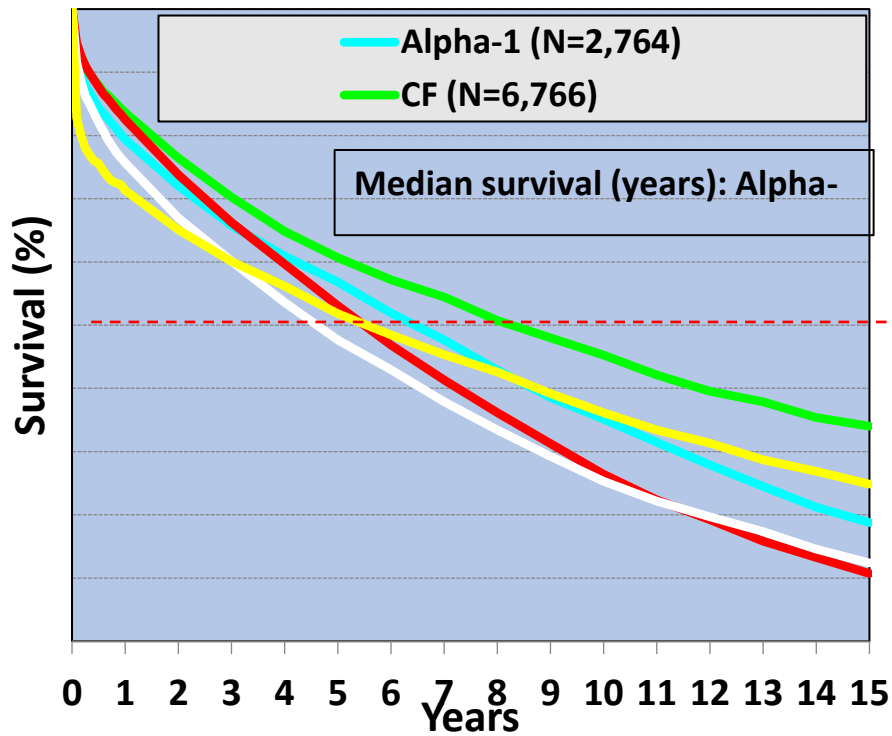


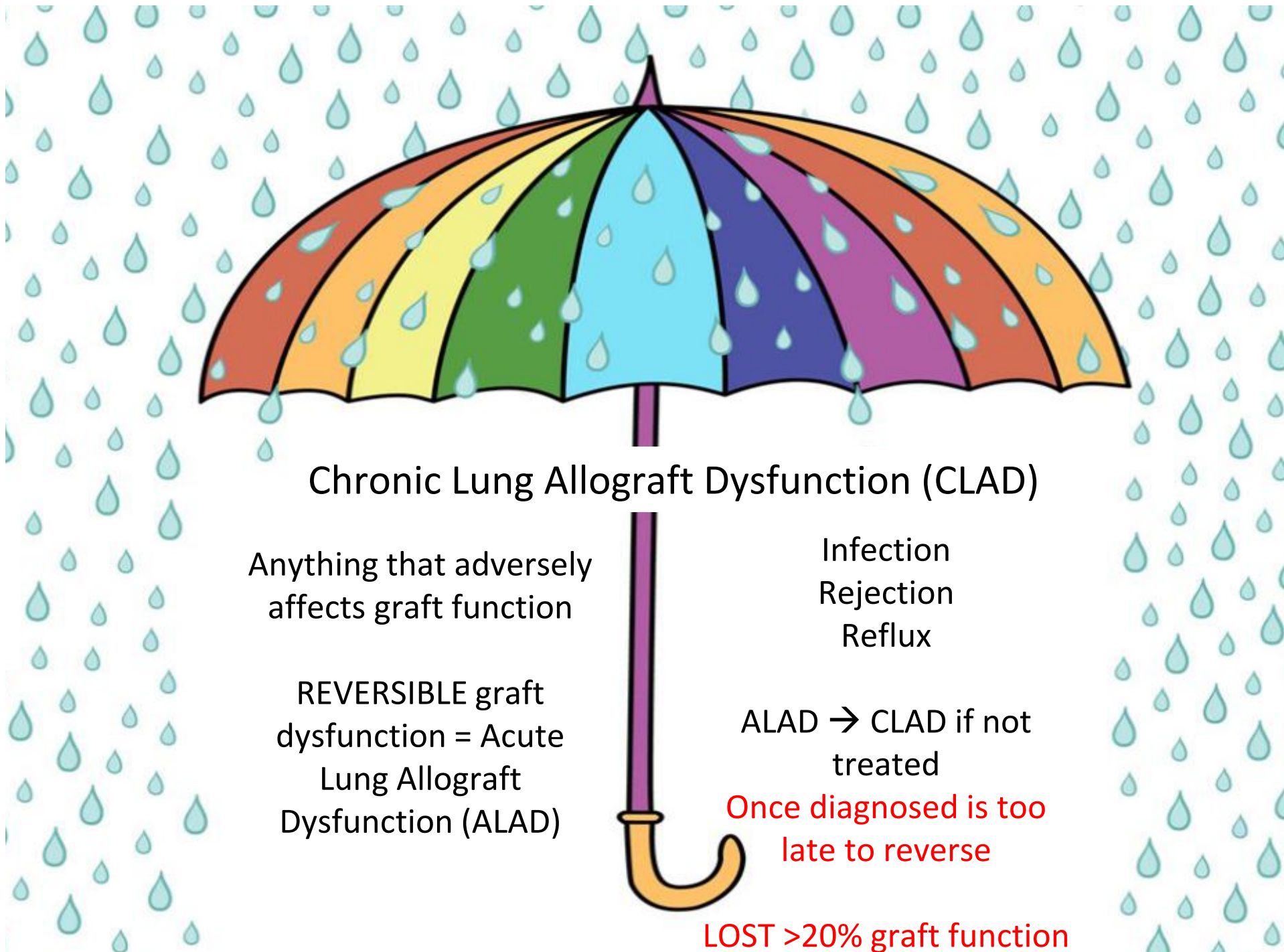
Adult Lung Transplant Survival



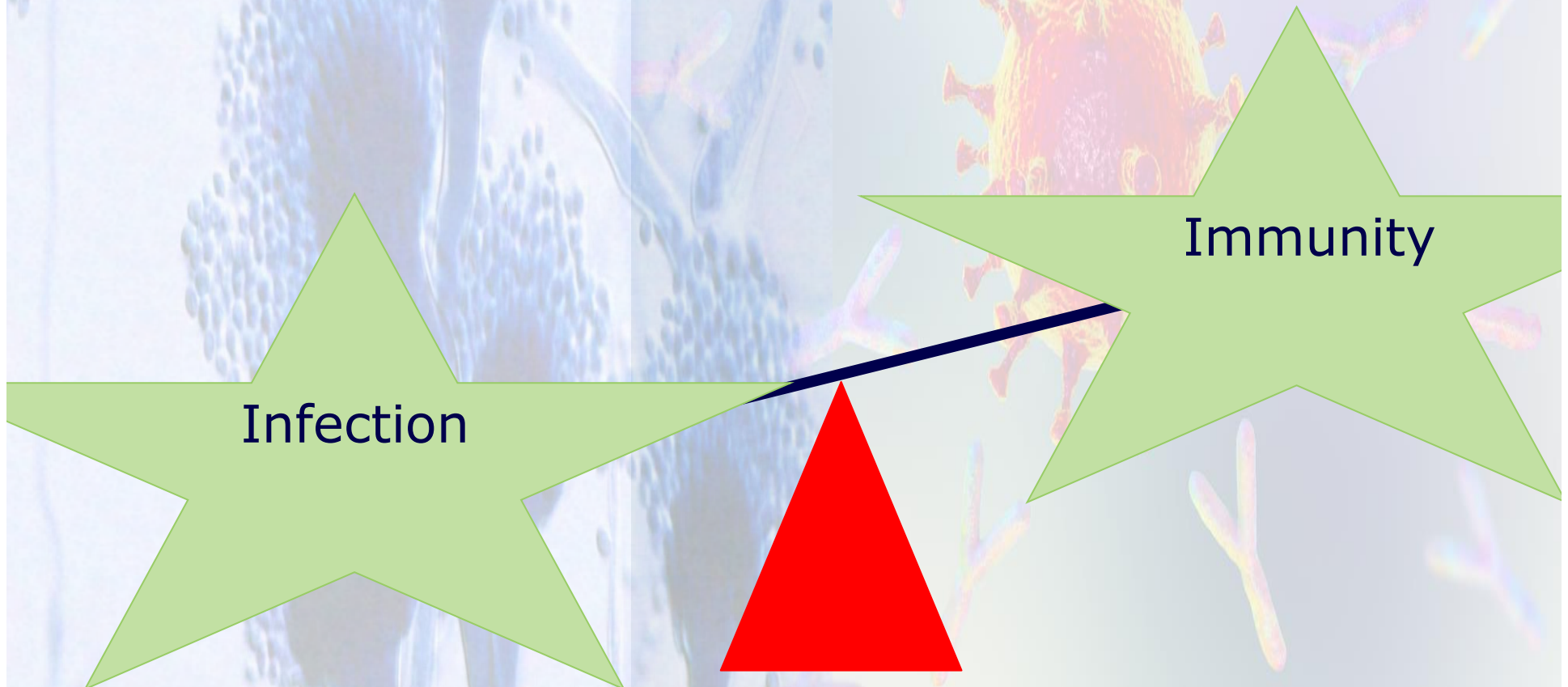
50% ALIVE AT 5 YEARS

Adult Lung Transplants





Which do you treat first?
What if they coexist?
What about colonisation?





Biomarkers for Chronic Lung Allograft Dysfunction: Ready for Prime Time?

Stijn E. Verleden, PhD,^{1,2,3} Jeroen M.H. Hendriks, MD, PhD,^{1,2} Patrick Lauwers, MD,^{1,2}
Suresh Krishan Yogeswaran, MD,^{1,2} Veronique Verplancke, MD,³ and Johanna M. Kwakkel-Van-Erp, MD, PhD^{3,4}

Early Identification of Chronic Lung Allograft Dysfunction: The Need of Biomarkers

Adrien Tissot^{1,2}, Richard Danger^{1,3}, Johanna Claustre^{1,4}, Antoine Magnan^{1,2,3,5*} and Sophie Brouard^{1,3*}

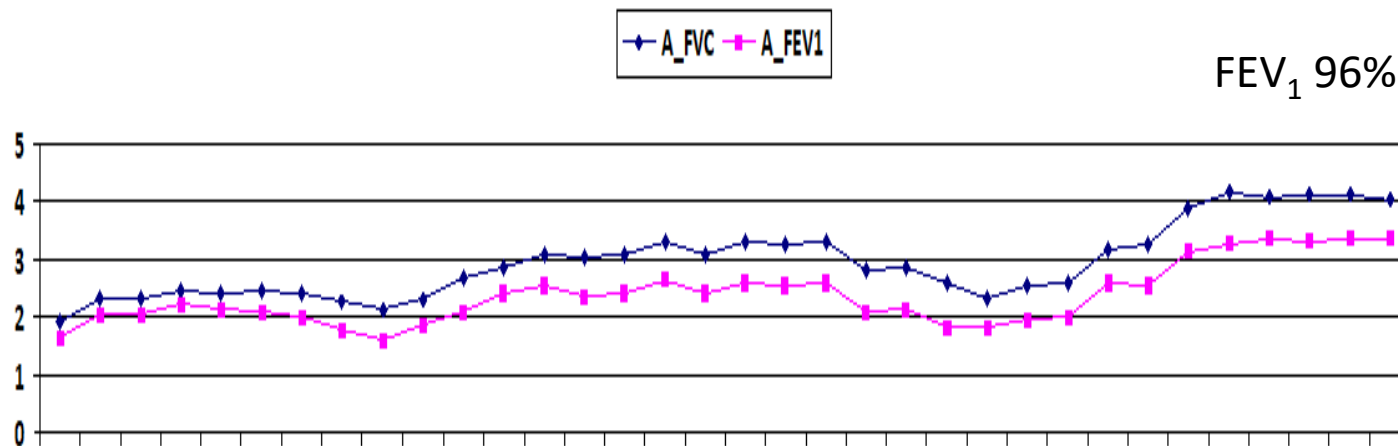
Emerging biomarkers in chronic lung allograft dysfunction

Osnat Shtraichman^{1,2}, Joshua M Diamond¹

Potential novel biomarkers for chronic lung allograft dysfunction and azithromycin responsive allograft dysfunction



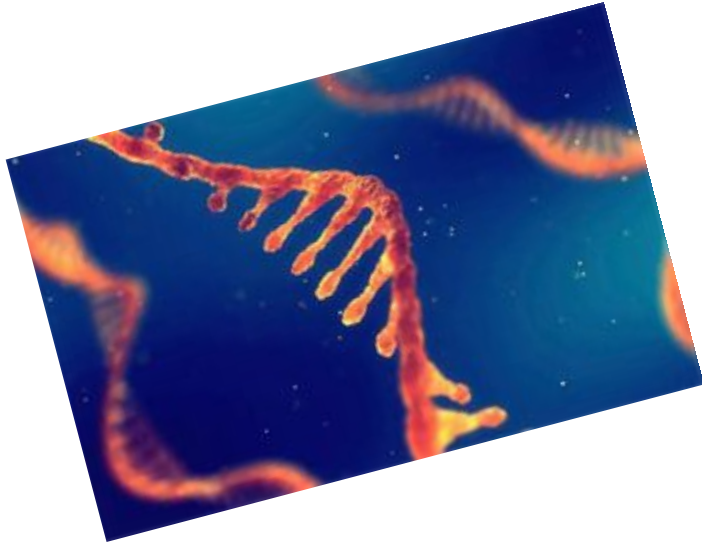
- PGD post transplant
- Donor specific antibodies (MFI >20 000)
- Pseudomonas colonisation
- Aspergillus colonisation



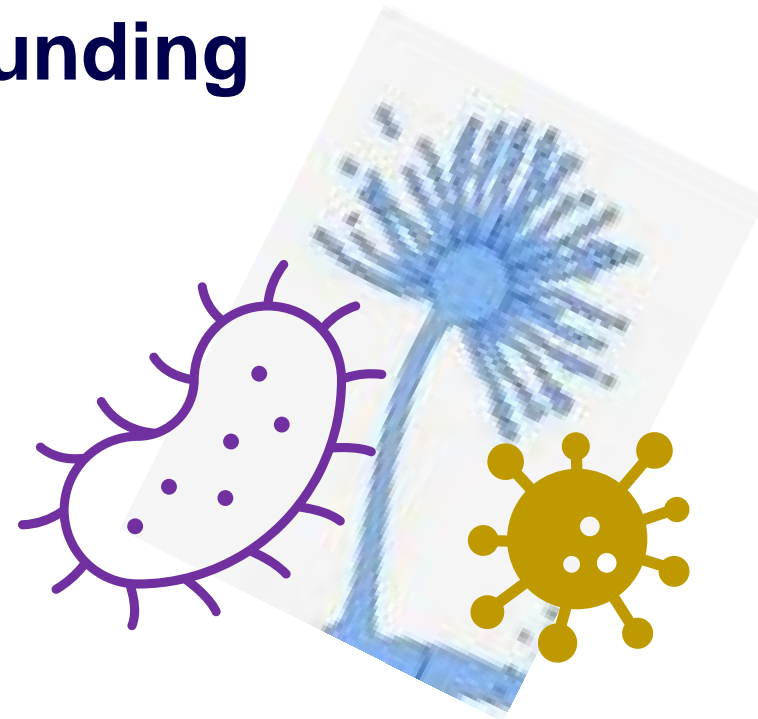
NIHR/MRC-Clinical Academic Research Partnership



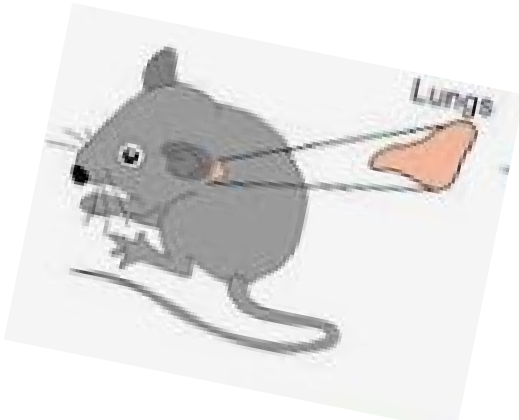
Further funding



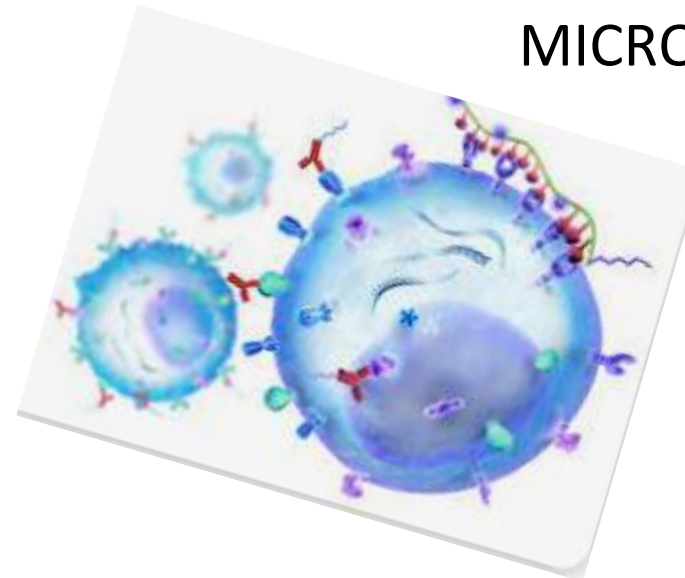
TRANSCRIPTOME & PROTEOME



MICROBIOME



MOUSE MODELS



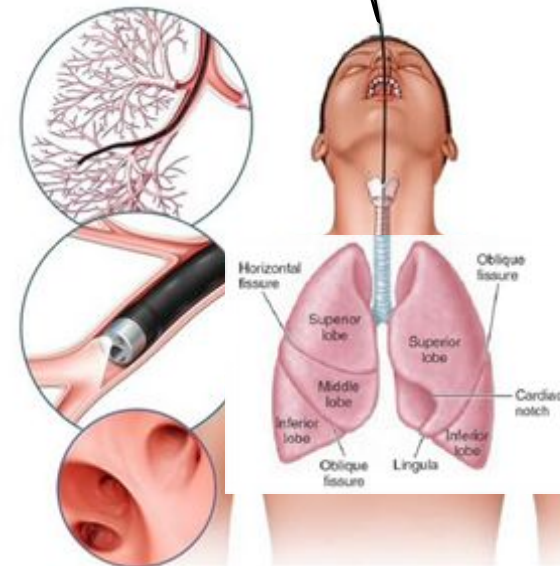
IMMUNOLOGY
OF ECP

Editorial > J Heart Lung Transplant. 2020 Nov;39(11):1171-1190.

doi: 10.1016/j.healun.2020.07.006. Epub 2020 Jul 15.

International Society for Heart and Lung Transplantation consensus statement for the standardization of bronchoalveolar lavage in lung transplantation

- Between **60 and 300 mL** of sterile isotonic saline (most common is 50 and 60; mean total is
- instilled in the middle lobe (81%) or lingula (72.4%)
- Then aspirated immediately through a flexible bronchoscope
- With the tip wedged in a segmental or sub-segmental airway
- Single 50-60 mL aliquot only samples airways
- 2 aliquots is sufficient for both airways and alveoli
- Conc of BAL differs if use sequential 50-60 mL aliquots
- Aliquots should be pooled then split
- Room temp up to 2 hours
- 2-24 hours - should be kept in fridge/on ice



Blood for complex flow cytometry and biobanking → “multi-omics”

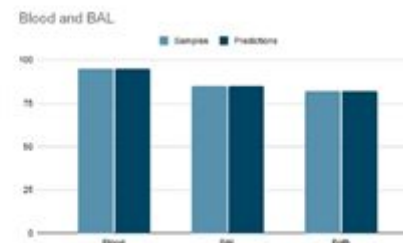
Work completed

- High through put spectral flow cytometry – blood and BAL
- Bulk transcriptomics – blood
- Proteomics – blood and BAL
- Metagenomics – BAL underway
- Advanced data science and machine learning techniques

Data overview

Summary

- total 95 blood and 85 BAL = 180 samples received
- 82 paired blood and BAL
- 13 blood without BAL
- 3 BAL without blood



Summary of single samples (i.e., retain only first of serial samples)

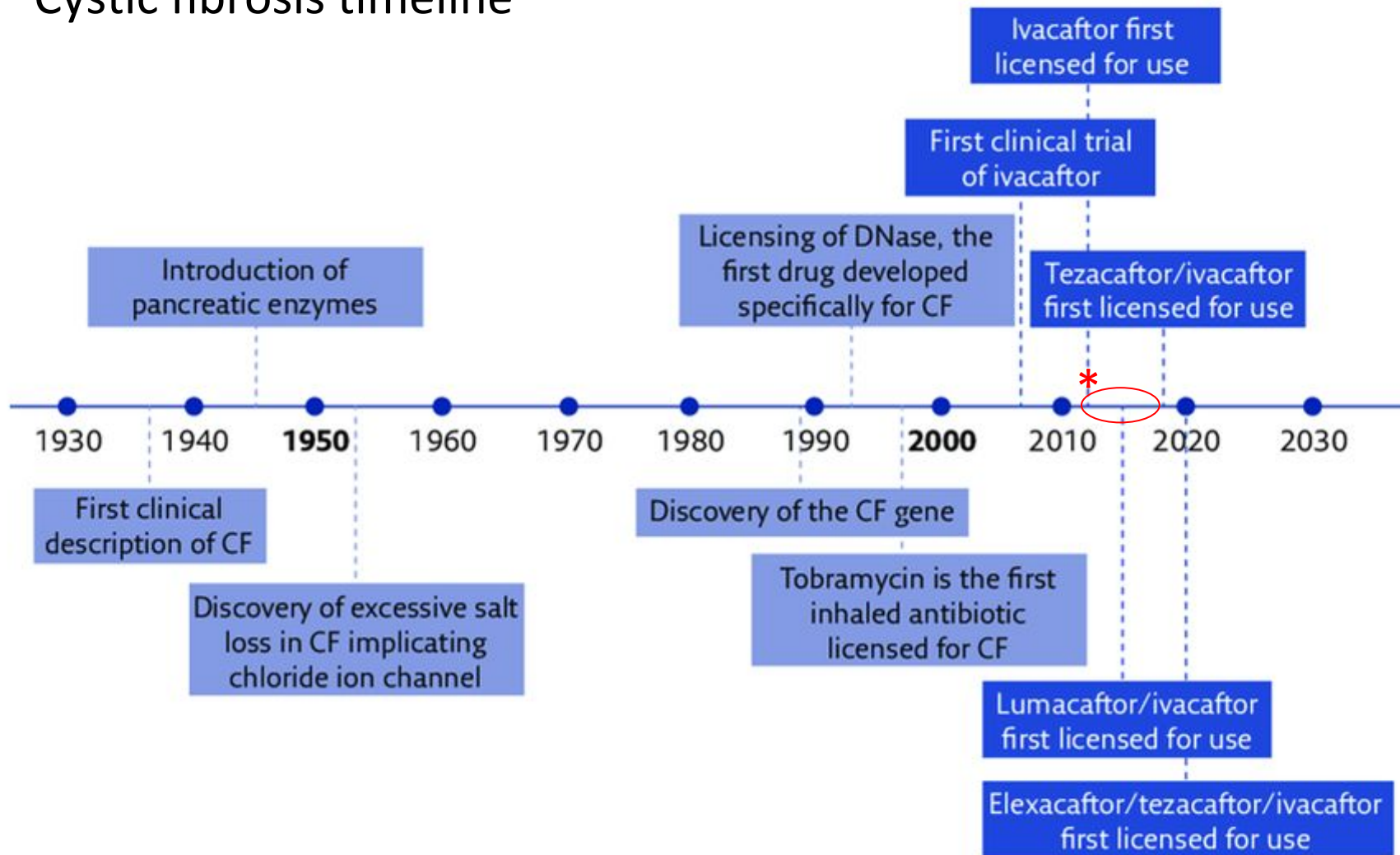
- 79 blood samples
- 68 bal samples

Next steps

- Novel insights into CLAD pathogenesis with implications for therapy as well as early diagnostics (data not shown)
- Implications for other SOT, infection, organ injury etc...
- MRC Clinical Academic Research Partnership Extension
- MRC Developmental Pathway Funding Scheme
- Commercial partners – Strategic alliance: NHS, academic and commercial – early talks



Cystic fibrosis timeline





NHS CONFIDENTIAL - Appointments

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 31 JANUARY 2024**

Title:	Report from Nominations Committee (following its meeting on 29 January 2024)
Responsible director:	Felicity Harvey, Senior Independent Director
Author:	Edward Bradshaw, Director of Corporate Governance and Trust Secretary
Purpose:	To make a recommendation to the Council of Governors regarding the terms and conditions of office for the Trust Chair.
Strategic priority reference:	All strategic priorities
Recommendations:	<p>The COUNCIL OF GOVERNORS is asked to:</p> <p>Approve the Nomination Committee's recommendation to offer revised terms and conditions of office to Charles Alexander, effective from 1 February 2024, which, following the announcement on 24 January 2024 that he had stepped down as Chair of King's College Hospital:</p> <ul style="list-style-type: none"> • disestablish his role as Chair in Common of Guy's and St. Thomas' and King's College Hospital and establish his position as chair of Guy's and St Thomas' only; • increase his time commitment for work done at Guy's and St Thomas' from two to three days per week; • increase his annual remuneration from Guy's and St Thomas' from £45,000 – £50,000 (pro rata remuneration for his prior Chair in Common role of £95,000 – £100,000) to a figure of £70,000 – £75,000; and • retain all other terms and conditions of his prior role.

NHS CONFIDENTIAL - Appointments



**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 31 JANUARY 2024**

1. Introduction

- 1.1. On 1 December 2022, Charles Alexander was appointed as Chair in Common of Guy's and St Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust. King's holds the primary appointment terms and conditions with Charles, which reflect the remuneration and allowances, and other terms and conditions of office agreed by governors of both trusts during his appointment process.
- 1.2. Those terms and conditions require the Chair to commit four days per week to his Chair in Common role, for which the remuneration is £95,000 – £100,000 per annum. In practice, he spends two days per week at each trust, and his remuneration is split equally between the two trusts as a result.
- 1.3. On 24 January 2024 it was announced that Charles had decided to step down as Chair of King's from 1 February 2024. Whilst he will remain Chair of Guy's and St Thomas' (with the full support of the Trust Board, the South East London Integrated Care Board and the NHS England regional team) this development has provided an opportunity to review two important aspects of Charles' current office holder arrangements: the expectations for the time he works at Guy's and St Thomas' and his associated remuneration. This paper deals with both.
- 1.4. The NHS Act 2006 specifies that it is for the Council of Governors at a general meeting to decide the remuneration and allowances, and other terms and conditions of office, of the chair (and other non-executive directors). The terms and conditions of office include time to be spent in that role and is usually specified as a number of days per working week. At Guy's and St Thomas', as specified in the Trust Constitution, such considerations are undertaken initially by the governors' Nominations Committee, which then makes recommendations to the full Council of Governors.

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2. Considerations and proposals

Time commitment

- 2.1. Guy's and St Thomas' is the largest trust in England in terms of income¹: it has around 25,000 staff and runs five hospitals and numerous sites providing community services across Lambeth and Southwark. The increasing focus on system performance, population health and equality of access and outcomes means that working in partnership and collaboration are more important than ever in order for the Trust to meet its strategic and operational objectives.
- 2.2. The Trust's key partners reflect the breadth of its operations and strategic ambitions and include the South East London Acute Provider Collaborative; King's Health Partners; King's College London; the Guy's and St Thomas' Foundation; King's College Hospital NHS FT; the South East London Integrated Care Board; NHS England; the SC1 Life Sciences Innovation District, and Local Care Partnerships.
- 2.3. Accordingly, the Nominations Committee unanimously agreed that this development should be seen as an opportunity to strengthen the non-executive leadership arrangements of Guy's and St Thomas', by **increasing the number of days Charles is contracted to work at the Trust from two to three per week** for the remainder of his first term (which runs until 30 November 2026). The increased time would be devoted to leading the Trust through the external and strategic challenges it faces, to build and maintain the relationships with the Trust's key partners to enable future strategic and operational success, and to realise our ambitions for patients and staff. This will also include supporting the Trust to identify and take advantage of research opportunities and the translation and restructuring of King's Health Partners, develop its estate and maintain financial sustainability.
- 2.4. For further context:
- until 2019, when he took over as chair of King's in addition to his role at Guy's and St Thomas', Sir Hugh Taylor (Charles' predecessor) worked for a minimum of three days per week as chair of Guy's and St Thomas' – meaning the proposal for Charles is effectively a return to previous arrangements; and
 - whilst there is some variability, three days per week is a common time commitment for chairs of trusts across the NHS as it enables them to fulfil their duties leading the Board whilst, crucially, remaining non-executive, independent and objective.
- 2.5. The Council of Governors should note that, in addition to the Nominations Committee, both the Chair and Chief Executive are fully supportive of this proposal.

¹ When compared to all other NHS trusts and foundation trusts' income in 2022/23.

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Remuneration

- 2.6. Should governors accept the above proposal, it is appropriate to also consider the impact on the Chair's remuneration. As indicated in section one, this is currently £95,000 – £100,000 split equally between Guy's and St Thomas' and King's College Hospital.
- 2.7. The NHS England remuneration framework for chairs and non-executive directors² was published in November 2019 to establish greater transparency, consistency and alignment in remuneration across provider trusts and provide steer for councils of governors in deciding remuneration for chairs and non-executive directors of foundation trusts. Guy's and St Thomas' is in 'group 5' of the framework, although its annual income of £2.8bn (2022/23) is around four times that of the 'supra large' trusts described in the framework. The remuneration range recommended for trust chairs in this group is £55,500 – £63,300. The framework has not been revised to take into account pay or price inflation since it was developed in 2019 and dissuaded foundation trusts from applying discretionary annual uplifts to increase the remuneration for chairs until April 2022.
- 2.8. Whilst the NHS Code of Governance expects trusts to comply with the framework guidance, it is *not* mandatory. Furthermore, the Code acknowledges that:
- foundation trusts retain the prerogative to operate outside of the framework (although they must explain their rationale for any divergence in their annual reports); and
 - prevailing levels of remuneration must be sufficient to attract, retain and motivate effective, diverse and compassionate chairs and non-executive directors with the skills and experience required to lead trusts successfully.
- 2.9. The Nominations Committee studied a range of data including the remuneration of chairs at other trusts in the Shelford Group, current job adverts for trust chairs in the NHS, the pro-rating of Charles' current remuneration, and -inflation rates over recent years. The Committee also noted that Sir Hugh Taylor's remuneration as Chair of Guy's and St Thomas', before he became joint chair with King's, was not subject to regular review and had remained £60,000 – £65,000 between his appointment in 2011 and taking on chairmanship of King's in 2019.
- 2.10. On the basis of the above it is proposed that **remuneration of between £70,000 – £75,000** would be appropriate to recognise the size and complexity of the Trust, and the additional day per week that Charles will work at the Trust (if agreed by governors).

² [Chair and NED Remuneration Structure 1nov.pdf \(england.nhs.uk\)](#)

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2.11. The Nominations Committee also agreed that it would undertake annual reviews of the remuneration of the Trust chair and non-executive directors, and bring recommendations about this back to the Council of Governors.

Default position

2.12. If the above proposals are not accepted by governors, the Chair would default to his current office holder arrangements, working two days a week with remuneration of £45,000 – £50,000 per annum. This is the *de facto* remuneration and time commitment for his work at Guy's and St Thomas' as agreed by the Trust's governors upon his appointment in December 2022.

3. Recommendation

3.1. The Nominations Committee recommends that the Council of Governors agrees that revised terms and conditions of office are offered to Charles Alexander which are effective from 1 February 2024 and:

- disestablish his role as Chair in Common of Guy's and St. Thomas' and King's College Hospital and establish his position as chair of Guy's and St Thomas' only;
- increase his time commitment for work done at Guy's and St Thomas' from two to three days per week;
- increase his annual remuneration from Guy's and St Thomas' from £45,000 – £50,000 (pro rata remuneration for his prior Chair in Common role of £95,000 – £100,000) to a figure of between £70,000 – £75,000; and
- retain all other terms and conditions of his prior role.

NHS CONFIDENTIAL - Board

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 31 JANUARY 2024

Title:	External audit contract
Responsible Director:	Steve Davies, Chief Financial Officer
Contact:	Catherine Eyre, Chief Accountant
Purpose:	To agree the approach on the external audit contract
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	The Audit & Risk Committee recommend that the contract is extended
Recommendations:	The COUNCIL OF GOVERNORS is asked to: <ol style="list-style-type: none"> 1. Approve the extension of the external audit contract by one year, to July 2025.

NHS CONFIDENTIAL - Board

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 31 JANUARY 2024
EXTERNAL AUDIT CONTRACT

1. Introduction

- 1.1. This paper proposes extending the external audit contract by one further year, for 2024/25, with the ambition to coordinate a retender exercise with King's College Hospital NHS Foundation Trust (KCH) for 2025/26.
- 1.2. The responsibility for the appointment, re-appointment and removal of the Trust's external auditors sits with the Council of Governors, which must be supported in discharging this duty by the Audit and Risk Committee. At the December 2023 Audit and Risk Committee, it was agreed to recommend agreed to recommend to the Council of Governors that the external audit contract with Grant Thornton was extended by one year, to July 2025.

2. Background

- 2.1. The Trust's external audit contract is held by Grant Thornton. These services have been provided by Grant Thornton since 2017/18. The contract was last subject to a competitive tender in 2017/18. In 2022 a direct award under the CCS National Framework for Audit Services was made to Grant Thornton. This extended the contract by two years, until July 2024, with the option to extend for a further two years.
- 2.2. It was noted in 2022 that whilst there were thirteen external audit suppliers listed on the national framework, since the framework was first established a number of firms including KPMG, Deloitte and PwC have withdrawn from bidding for new external audit contracts to avoid a conflict of interest with management consultancy activity. A benchmark review carried out in 2022 by the Procurement team showed that the three main incumbent audit firms for Trusts of similar size and complexity were Mazars LLP, Grant Thornton LLP and Deloitte LLP. A cost comparison of the published audit fees incurred by each Trust showed wide range of fees paid to undertake the statutory audit from £303k in the case of KCH to £54k in the case of Sheffield. The review concluded that based on

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the estimated resource balance between the different grades Mazars would be a marginally lower cost option with Grant Thornton representing a small cost premium of £16k (10%).

- 2.3. A direct award under the CCS framework was recommended retaining continuity with the incumbent external auditor, Grant Thornton. This recommendation reflected the anticipated scale of finance system changes during 2022: in particular the implementation of Finance Cloud combined with the integration of the GSTT finance team with that of Royal Brompton and Harefield. However, following slippage on the Finance 2020 project, the Financial Operations team has only been operating as a fully merged team on a single finance system since July 2023.

3. Proposals

- 3.1. It is proposed that the external audit contract with Grant Thornton is extended by one year, as is provided for under our existing contractual arrangements. The extension will allow the finance team to progress optimization of the Finance Cloud system and the newly merged working arrangements. This would allow the 2024/25 audit to be the first full year whilst being on a single finance system following unified processes.
- 3.2. External audit contractual arrangements held by neighbouring trusts have been reviewed. Discussions are ongoing with KCH to achieve a joint retendering exercise for external audit for 2025/26 onwards, which may deliver both financial and process efficiencies.

4. Recommendations

- 4.1. To approve the extension of the external audit contract by one year to July 2025.

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 31 JANUARY 2024

Title:	Council of Governors – elections 2024
Responsible executive:	Tendai Wileman, Chief of Staff and Director of Organisational Change
Paper author:	Edward Bradshaw, Director of Corporate Governance and Trust Secretary
Purpose of paper:	To update governors on the upcoming elections
Main strategic priority:	All strategic priorities
Key issues summary:	<ul style="list-style-type: none"> • Elections to the Council of Governors are being held in spring 2024 and will again be run by Civica in accordance with the Trust's Constitution, with involvement and close oversight from Corporate Affairs. New governors elected to the Council will formally commence their role on 1 July 2024. • The attached slides have been presented to governors and members of the public at recent sessions to publicise the elections and provide information about how they will run. • The governors' Membership Development Working Group has been involved in recommending where the elections could be promoted in order to encourage as much diversity as possible in those members who nominate themselves for election, thereby ensuring the Council of Governors reflects the diversity of the patients and communities the Trust serves.
Paper previously presented at:	<ul style="list-style-type: none"> • Governor awareness session (21 November 2023), Membership Development Working Group (8 January 2024)
Recommendation(s):	The COUNCIL OF GOVERNORS is asked to: <ul style="list-style-type: none"> 1. Note this paper.



Guy's and St Thomas' NHS Foundation Trust Governor elections 2024

Overview of governor role

- NHS foundation trusts are public benefit corporations.
 - Their boards of directors have a framework of local accountability through the foundation trust's members
 - Members are represented by a Council of Governors
 - Governors are the eyes and ears of the public, patients, staff and key external partners.
 - They help the Trust understand and respond to what patients and the public expect from the Trust.
 - The overall responsibility and accountability for running an NHS foundation trust lies with the board of directors, **not** with governors.
-
- The Council is the collective body through which the non-executive directors explain and justify the actions of the board to the public.
 - Therefore people of all backgrounds and experiences are encouraged to stand for election as a governor to help ensure that the Council of Governors is representative of the trust's diverse workforce and the diverse communities that it serves.
 - Voluntary role, unpaid.



Governor statutory duties

Two general duties:

1. Hold the Trust's non-executive directors individually & collectively to account for the performance of the board
2. Represent the interests of the members of the trust and the interests of the public.

Other duties :

- Appoint and, if appropriate, remove the chair and NEDs;
- Decide the remuneration and other allowances of the chair and NEDs;
- Approve the appointment of the CEO;
- Appoint and, if appropriate, remove the trust's auditor;
- Receive the annual accounts, auditor report and annual report;
- Approve 'significant transactions' (eg an application by the FT to enter into a merger, acquisition, separation or dissolution).
- Be consulted by the Trust regarding the Trust's preparation of its annual plan and organisational strategy



Governors at GSTT

Eligibility to be a Governor

- **Public governors** must live in the area (constituency) that they represent.
- **Patient governors** must be a patient of the Trust and have either:
 - attended the Trust as a patient within five years of that person applying to become a member; or
 - requires regular or intermittent access to the Trust's services over the course of a serial or long-term condition.
- **Patient carer governors** must be a provider of care for a patient of the Trust who is under 18 years old or who is by reason of physical or mental incapacity unable to discharge the functions of a member.
- **Staff governors** must have a job role in the staff class (constituency) that they represent.

43 governors in total:

- 12 patient governors
- 10 public governors
- 8 staff governors
- 13 partnership governors



2024 elections

Current and upcoming vacancies: 21 governor seats across 8 constituencies:

- 4 seats in the Guy's and St Thomas' **patient** class
- 3 seats in the Royal Brompton and Harefield **patient** class
- 2 seat in the **patient carer** class
- 6 seats in the **public** constituency area 1 (around Guy's and St Thomas' Hospitals)
- 3 seats in the Guy's and St Thomas' **clinical staff** class
- 1 seat in the Guy's and St Thomas' **community staff** class
- 1 seat in the Royal Brompton and Harefield **clinical staff** class
- 1 seat in the Royal Brompton and Harefield **non-clinical staff** class

All posts will start in Summer 2024.

Elected by the Trust's members for a **term of three years**.

Then eligible for a second term of three years.



The Election Timetable

Election Stage	2024 Dates
Notice of Election / nominations opened	Wednesday 28 February
Nominations deadline	Wednesday 27 March
Summary of valid nominated candidates published	Thursday 28 March
Final date for candidate withdrawal	Wednesday 3 April
Notice of Poll published	Friday 19 April
Voting packs despatched / election open	Monday 22 April
Close of election	Wednesday 15 May
Declaration of results	Friday 17 May

The Nomination Process

Wednesday 28 February - Wednesday 27 March 2024

In order to stand for election, candidate must:

- Be a member of the Trust before the close of nominations - **Wednesday 27 March 2024**
- Be a member of the constituency in which you wish to stand
- Complete and submit a nomination form

Nominations will be available: Online and Postal.

The Election

Monday 22 April - 5pm on Wednesday 15 May 2024

All members within your constituency receive the election material and are entitled to vote:

- E.g. Patient: GST patient members vote for Patient: GST patient governors
- Election material includes a voting paper, election statement booklet and a declaration of identity
- In order to receive a ballot paper people need to be registered with the Trust by the close of nominations - **Wednesday 27 March 2024.**

Votes will be available: Online and Postal.

Engagement and Communications

Engagement and communications with members is important to encourage members to stand for election. A key objective of the elections is to ensure that the voices on our Council of Governors are representative of the diverse communities we serve. This is achieved by encouraging people of all backgrounds to stand for election and to vote in the election.

We start promoting the elections in July 2023:

- [Elections web page](#) and [Elections website](#) are live.
- Elections page and Staff Governor' story are added to GSTT intranet.
- Elections articles are published in Southwark News, GiST magazine, Staff Bulletin and GiST, Connect (RBH), Connect (GP) monthly email newsletters. Also, elections messages are posted on the [Trust social media channels](#).
- Updated membership and election marketing materials are displayed across our hospital.
- Two 'Governor awareness' sessions are held before nominations open. First session was held in November 2024; 186 members registered for the session and attended by 50 members, many of whom subsequently stood for election. Presentations including links to elections webpage and website were sent to all interested members after the event. Second 'Governor awareness' session will be held in February 2024.



Engagement and Communications

We will continue to promote elections to use communications channels below to further drive engagement and awareness:

Internal communications to staff

- All-staff briefings
- Chief Executive personal message e-newsletter
- Desktop wallpapers
- Staff Bulletin
- Clinical Group team briefings & staff network groups
- GSTT intranet
- Stall - Staff Governors

External communications to patients and the public

- e-GiST; Connect; Evelina London; GP and KGL newsletters
- The GiST magazine
- Local press
- Social media including Twitter, Facebook and LinkedIn
- GSTT website
- Stall - Patient and Public Governors



Governors' recommendations at Membership Development Working Group

To promote Elections across the King's College London campus at Guy's Hospital, and across diverse community groups.

Emphasis would be put on the access to training, learning and development, and the benefit of having the role on a CV, whilst delivering a key public role.

NHS CONFIDENTIAL

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 31 JANUARY 2024

Title:	Lead Governor's Report
Paper author:	John Powell, Lead Governor
Purpose of paper:	For information
Main strategic priority:	All strategic priorities
Key issues summary:	<ul style="list-style-type: none"> • 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.
Paper previously presented at:	<ul style="list-style-type: none"> • N/a
Recommendation(s):	<p>The COMMITTEE is asked to:</p> <ol style="list-style-type: none"> 1. Note the report.

NHS CONFIDENTIAL

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 31 JANUARY 2024

1. Performing the role of 'critical friend' to the Trust can be a tricky path to navigate at the best of times, balancing the need to hold the non-executive directors to account against a real world of both fiscal and practical constraints. That role is probably at its most challenging at the moment with the impact of industrial action, not to mention a continuing Covid hangover. Credit therefore has to be given where credit is due when we read the data published by Newsweek and global data firm, Statista. They place St Thomas's top, and Guy's fourth, in a 100-plus league table of the country's best hospitals, with both also ranking highly when compared internationally. That the Royal Brompton Hospital was ranked ninth worldwide against over 300 specialised cardiology hospitals is equally impressive.
2. Meanwhile, nearer home, the restructuring of how the Council of Governors functions is complete, and our new structure of meetings and fulfilment of our statutory duty of holding the Trust's non-executive directors to account has already kicked in during 2024. We now have merged the previous informal meetings (briefly relabelled 'governor briefing sessions') into quarterly two-hourly 'Triangulation' meetings. In these gatherings governors will review the now established 'actions tracker' document which highlights the issues we wish to pursue, and remain live until resolved. The second part of these meetings will include 2-3 of our non-executive directors with whom we will discuss and provide challenge about various matters of concern. Aside of the working groups, this new streamlined meeting structure, which will feed into the quarterly public Board and Council of Governor meetings, will hopefully enable more governors to attend. All meetings are set up for either online or (preferably) in-person attendance. The first of these 'Triangulation' meetings will have taken place prior to the meetings on 31st January, but after the deadline for this report.
3. My last report in October mentioned our intention to review individual governors' commitment to their role in terms of attendance at the quarterly Council of Governor meetings. Of course, the aforesaid meeting structure review will have been some help, but we have now had some constructive conversations with some governors struggling to balance diaries given their wider commitments.
4. Despite the many challenges the Trust is facing the rollout of the new patient-oriented IT systems Epic and MyChart has continued regardless. Broadly speaking, the implementation and stabilisation of Epic seems to be going well. MyChart, however, seems also to have been (and continues to be) a successful exercise, but the Council of Governors is concerned that non-IT literate patients – particularly the elderly – may struggle to cope. As with all major changes to working practices, the bedding-in process will be one we monitor closely.

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5. A recent Quality and Engagement Working Group (QEWG) meeting was again presented with a wide-ranging document reflecting patient and public feedback, which of course is a key component of how the Trust's performance can be assessed. However, as much as this information can play an integral part of how we as a Council of Governors identify areas to further scrutinise, there is concern at the volume of data being produced being beyond anyone's capability to properly assess. We would hope to constructively review this over coming weeks.
6. Governor colleagues attending QEWG were unanimous in wanting to discuss the findings concerning waiting times, and communication for patients with our hospitals, at much greater length. This was added to the agenda for last week's Triangulation meeting and may well produce actions on our updated Tracker document going forward. This and a number of other issues tabled for discussion suggest that 2024 could develop as a very busy one for the Council, not to mention the next round of elections being held this spring.
7. Looking forward to recruitment of future Governors we have another 'Governor awareness session' in February to complement the one already held 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 so they can hear first-hand what the role may entail.

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
QUALITY AND ENGAGEMENT WORKING GROUP
TUESDAY 26 SEPTEMBER 2023

Title:	Council of Governors Quality and Engagement Working Group Meeting Notes, 26 Sept 2023
Governor Lead:	Leah Mansfield, Working Group Lead
Contact:	Andrea Carney & Sarah Allen, Working Group Secretariat
Purpose:	For information
Strategic priority reference:	TO TREAT AS MANY PATIENTS AS WE CAN, SAFELY
Key Issues Summary:	<p>A report on the Working Group's discussion of the following:</p> <ul style="list-style-type: none"> • Electronic healthcare record (Epic) and My Chart – the patient record portal • Patient Safety and opportunities for involving patients • Quarterly reports for Patient Experience and Patient and Public Engagement • Our terms of reference - discussion <p>For Information only:</p> <ul style="list-style-type: none"> • Reports / updates from committees recently attended by Governors (brief verbal updates, as necessary) <ul style="list-style-type: none"> a) Transformation & Major Programmes Committee, 9 August 2023. b) Heart, Lung and Critical Care Clinical Group Board, 25 July 2023
Recommendations:	<p>The GROUP is asked to:</p> <ol style="list-style-type: none"> 1. Note the key discussion points at the Quality and Engagement Working Group meeting

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
QUALITY AND ENGAGEMENT WORKING GROUP**

TUESDAY 26 SEPTEMBER 2023

QUALITY AND ENGAGEMENT WORKING GROUP MEETING NOTES

PRESENTED FOR INFORMATION

1. Introduction

- 1.1.** This paper provides notes from the Council of Governors Quality and Engagement Working Group (QEWG) meeting held online on Tuesday 26 September 2023.

This meeting was attended by: Sarah Allen (Head of Patient Experience), Victoria Borwick (Public Governor), Andrea Carney (Head of Patient and Public Engagement), Nicola Clark (Patient Governor), Leah Mansfield (QEWG Chair), Margaret McEvoy (Patient Governor), Alison Mould (Public Governor), Placida Ojinnaka (Patient Governor), Mark Tsagli (Patient Experience Specialist), Andrew Wilkinson (Programme Director for Ambulatory Transformation), Claire Wills (Staff Governor), Naomi Good (Patient and Public Engagement Specialist) Amy Hooton (Patient Safety Specialist) Katherine Hamer (Public Governor), John Clark (Public Governor), Peter Harrison (Public Governor), Sonia Winifred (Patient Governor).

Apologies were received from: Elfy Chevretton, Marcia Da Costa, Joanna McGillivray, Marianna Masters, Roseline Nwaoba, Rishi Pabary, John Powell Mary Stirling, Sian Flynn.

- 1.2.** Leah Mansfield, Chair of the QEWG welcomed attendees and opened the meeting.

2. Agenda Item 2: Notes from the last meeting and matters arising

- 2.1. The notes were approved as an accurate record of the last meeting held on 22 June 2023.
- 2.2. The following updates were provided by the Head of Patient Experience relating to actions from the June 2023 meeting as noted:
 - **Action 3.9.** Ongoing research on endometriosis:
 - ESPRiT2 - a multi-centre RCR to assess the effectiveness of laparoscopic removal of isolated superficial peritoneal endo in the management of chronic pelvic pain.
 - Endometriosis Fertility Index (EFI) - a study to develop and ultrasound derived EFI and assess its correlation to the currently used surgical EFI.
 - A Clinical Trial of an Investigational Medicinal Product (CTIMP) due to open towards the end of 2023 looking at a potential non-hormonal treatment for moderate to severe endometriosis (ACERS), and another CTIMP/device study for pain management of endometriosis.
 - **Action 5.4a.** Complications in early pregnancy: Follow up work on this issue of is ongoing.
 - **Action 5.4b.** The pilot of call centre handling training has been well received. Exploring a further roll out following go live of the new Electronic Patient Record System (EPIC).
- 2.3 The Chair of the QEWG expressed gratitude to all the staff involved, acknowledging the hard work required to maintain BAU activity at the same time as implementing the new Electronic Patient record system.

3. Agenda item 3: Electronic healthcare record (Epic) and My Chart – the patient record portal

- 3.1. The Programme Director for Ambulatory Transformation, provided an update on the implementation of EPIC. In discussion with governors the following points were noted:
 - A demonstration of My Chart and EPIC was provided to governors in the summer of 2023.
 - My Chart, the patient facing portal, will launch in October 2023.
 - Patients were involved in the development of the Trust's EPIC in particular the wording used and accessibility.

- My Chart cannot link to the NHS App, however NHSE and EPIC are discussing the requirements needed to achieve this in future.
- Resources to support the launch include: the EPIC website, a suite of clear communications and the My Chart helpdesk.
- EPIC includes a proxy access option where patients can grant access to a carer or family member and select how much information they can access.
- The plan to roll out MyChart has three main stages: 1) Raising awareness of My Chart, how to use it and how to sign up 2) Working with service staff to encourage full use of the portal and all its functions 3) In the future, increasing the functionality.

3.2. Actions:

- Link to sign up to My Chart to be circulated: <https://www.guysandstthomas.nhs.uk/mychart/sign-up>

4. Agenda Item 4: Patient Safety and opportunities for involving patients

4.1. Trust Patient Safety Specialist gave a presentation on involving patients in patient safety incident response:

- NHS England replaced the Serious Incident Framework (2015) with the Patient Safety Incident Response Framework (2022) (PSIRF).
- The Framework sets out the NHS approach to developing and maintaining effective systems and processes for responding to patient safety incidents. The focus is on learning from incidents and improving patient safety.
- The PSIRF has four key aims: compassionate engagement and involvement of those affected; a system-based approach to learning; considered and proportionate responses; supportive oversight focused on strengthening response systems and improvement.

In discussion, Governors noted:

- The importance of involving different communities, particularly those known to experience problems relating to trust in hospital services. This important work could minimise confusion, misunderstandings, and stereotypes in care.

- There are opportunities for Governors to complete relevant training via Health Services Safety Investigations Body: [Our courses \(hsib.org.uk\)](https://www.hsib.org.uk)

4.2. Action: To share link to Patient Safety Training available (as link above).

5. Agenda Item 5: Patient Experience and Patient and Public Engagement updates (Q1 2023-24)

5.1. Item 5a: The Head of Patient Experience presented the patient experience, shared in advance of the meeting, noting:

- The Trust performed well in the National Urgent and Emergency Care Survey and National Adult Inpatient Survey, with some positive scores reaching 90%.
 - Strengths: communication regarding test results, support and assistance from staff, privacy when discussing a patient's condition, providing a point of contact for carers and family members.
 - Areas of improvement: keeping patients informed of delays and meeting communication support needs.
- The nutrition steering committee is reviewing issues highlighted in Q1 around nutrition and hydration. Representatives from all four hospital sites will revisit work to reduce noise in the care environment.
- The introduction of My Chart is expected to help address patient concerns raised via PALS relating to appointment delays and rescheduling.
- The Trust recently tendered for a Patient Survey System which went live across all hospital sites on 1st of April 2023.
- A pilot of call handler training was carried out at the request of the Administrative and Pathway Safety Programme to support colleagues in addressing patient concerns regarding telephone contact prior to the roll out of the Avaya system more widely across the Trust.

In discussion, Governors noted:

- A small scoping group will convene to discuss the roll out of the call centre handling pilot. It is hoped that charity funding may support this in future.
- The impact of Breathe Arts and Research and the Arts programme on patient experience.

- My Chart could reduce PALS concerns in relation to telephone contact by making appointment information more accessible, however this will not replace all telephone contact.

5.2. Item 5b: The Head of Patient and Public Engagement presented the patient and public engagement report, shared in advance of the meeting, highlighting:

- Ongoing patient engagement in the delivery of the Surgical Strategy which has been developing further insights into patients experiences of waiting for treatment and how we support and communicate with patients while they're waiting.
- A Cancer and Surgery Experience Based Design project led to the development and production of a series of ten patient peer support podcasts for cancer patients to provide support and information from their patient peers as they go through care. Julia Bradbury, a TV broadcaster with recent experience of breast cancer, is due to present the podcast. This was supported by Guys Cancer Charity.
- The Evelina London Day Treatment Centre opened in July this year. Children and young people helped to design the art work for the building and were invited to an opening event in July. The event included space agency representatives involved in the Mars rover programme to help celebrate and recognise the work of children and young people.

There were no questions or comments from governors.

6. Agenda Item 6: Quality & Safety updates: update on quality priorities for 2023/24

Item removed from agenda – replaced by item 4.

7. Agenda Item 7: Our terms of reference – discussion

7.1. The Chair highlighted the following points:

- The Terms of Reference for QEWG are currently being refreshed to make them more reflective of the current practice and direction.
- The group is expected to continue to take an active interest in patient experience priorities, related patient improvement activities, and patient and public engagement and programs across the trust.
- The Terms of Reference will be shared with the Council of Governors on the 18th of October 2023.

8. Reports / updates from committees recently attended by Governors

8.1. (a) Transformation & Major Programmes Committee, 9 Aug 2023

No update was given.

8.2. (b) Heart, Lung and Critical Care Clinical Group Board, 25 July 2023

Written report shared which includes the key areas of focus:

- Ongoing industrial action
- Rates of staff sickness
- Some theatre closures

9. Agenda Item: Any other business

- 9.1. Governors will receive information about involvement in Patient Led Assessments of the Care Environment
 - 9.2. NHS England launched a 12-week public consultation on the future of the regional children's services. Information will be shared regarding involvement in the Children and Young Peoples Cancer Strategy.
 - 9.3. A survey has been circulated through Aegis to shape GSTT 2030 Strategy and Beyond.
10. The Chair noted that the next meeting would be at 5.30pm on 22nd November 2023, thanked everyone for attending and closed the meeting.

ACTIONS

3.2	Electronic Patient Records System (EPIC): Link to sign up to My Chart to be circulated to Governors - https://www.guysandstthomas.nhs.uk/mychart/sign-up
4.2	Patient Safety Incident Response Framework: Share opportunities for Governors to complete relevant training via Health Services Safety Investigations Body: Our courses (hsib.org.uk)
9	Governor Opportunities: Information and links to be shared via the Corporate Governance Team.

**COUNCIL OF GOVERNORS
MEMBERSHIP DEVELOPMENT
WORKING GROUP**

**Monday 8 January 2024
5.30 – 7.00pm, held virtually via MS Teams**

Governors in attendance: Katherine Hamer (Chair) Peter Harrison
Alison Mould Placida Ojinnaka
John Clark Sonia Winifred
Marcia Da Costa Victoria Borwick
Margaret McEvoy

Trust staff in attendance: Edward Bradshaw Elena Spiteri
Nancy Dickinson

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the first meeting of the new Membership Development Working Group (the Group) which had been rescheduled from the original date in December.
- 1.2. Formal apologies had been received from governors Mary Stirling, Joanna McGillivray and Claire Wills, and Andrea Carney from the Trust's Patient and Public Engagement (PPE) team.

2. Purpose and objectives of the working group

- 2.1. Governors were reminded that a previous version of the Group had been stood down around 12-18 months ago pending further clarity on its purpose; at the governors away day in May 2023 it had been agreed that a refreshed group should be formed. The terms of reference of this new Group had been approved by the Council of Governors on 18 October 2023. Governors noted the purpose and objectives of the Group were as follows:

Purpose:

- To support the Trust to ensure it has a membership base that is appropriately large and diverse to reflect the patients and communities it serves.
- To support governors to fulfil their statutory responsibilities to represent the interests of the Trust's members and the public at large.

Key objectives:

- To agree a membership action plan to fulfil the Group's purpose.
- To support governors and members to interact to a greater extent than they currently do.
- To provide guidance on how and where to promote governor elections, to ensure the Council of Governors is sufficiently representative of our populations and staff.

- 2.2. This led to discussion about the ways in which interaction between governors and members could be promoted, and the possible use of stalls in the Trust's hospitals as a mechanism for this. It would be important that the stalls reflected the diversity of the Council of Governors and there was consideration about how other governors could be persuaded to join such events.
- 2.3. Some governors felt that the benefits of being a member of the Trust needed to be improved to incentivise more members to join. Suggestions were received about ways this could be done, for example more access to training on MyChart, more access to volunteering opportunities, and health seminars focused on useful and practical topics that members could use, such as 'couch

to 5k' or smoking cessation. Further thought would be given to this by the Trust's membership teams. The importance of surveying attendees at webinars to gauge their practical use was highlighted.

3. Membership overview

3.1. The Group received an overview of the Trust's membership profile and the engagement and recruitment activities that the Trust was undertaking. It was important, in light of the next agenda item regarding a membership action plan, for governors to understand the current status of the Trust's membership through the lens of the data the Trust currently holds. In particular, the Group noted the following updates:

- The total number of members stood at 38,666; this was formed of 7,221 patient members, 8,367 public members and 23,078 staff members. Almost 1,000 new patient and public members had been recruited in the past 3 years.
- Demographic information of current patient and public members, including their gender, age, location and ethnicity profiles, showed that:
 - there are more female than male members;
 - the majority of public and patient members (55%) live in Lambeth and Southwark;
 - 34% of patient and public members are between 18 - 65 years old, with most members aged 60 or older; and
 - 45% of patient and public members are from a White (English, Welsh, Scottish, Northern Irish, British and Irish) background and 20% are from other ethnic groups, with the rest unknown.
- 12 members' health seminars were held in 2022, and 14 seminars in 2023. All seminars were well-attended with good feedback having been received by the Trust's membership offices.

3.2. Governors welcomed seeing the data, although noted that many of the Trust's members had not provided any data on their gender, age or ethnicity. Whilst providing this data was now mandatory for new members, it was agreed that correspondence would be sent to existing members without full membership profiles to ask them to update these. A compelling rationale would be developed to support this request, based on the need to ensure the Trust had a diverse membership.

ACTION: ES

3.3. Governors suggested that the Trust's membership offices targeted increasing the number of young members, including students, staff and young patients through the Evelina Children's Hospital. It was also important to target more ethnically-diverse communities to address the under-representation of those communities in the Trust's membership. The membership office would develop a leaflet that governors could pass on to people to emphasise the benefits of membership and contain a QR code to link to the membership application.

ACTION: ES

3.4. Stalls in the Trust's hospitals would also be held in the run-up to the next round of elections, planned for spring 2024.

3.5. The Trust would research the opportunity to promote Trust membership through the MyChart app and report back.

ACTION: ND

4. Membership plan

4.1. In light of the information about the Trust's membership presented in the previous agenda item, the Group was introduced to the proposed membership action plan. This was built around three objectives (to build a sufficiently large and representative membership; to review and optimise

the benefits of membership; and to improve governor-to-member engagement). For each objective, governors noted the work currently being done and the proposed new work to further achieve these objectives.

- 4.2. Governors agreed with the proposals. The need for improved diversity of membership was again emphasised. and governors asked that the Trust's current membership information was compared with the demographic information of 1) the Trust's patients and 2) the public living in Lambeth and Southwark. This would help the Trust to identify where the discrepancies were and help target specifically ethnic groups to become members.

ACTION: ES

- 4.3. Based on the results of the above analysis, Sonia Winifred would advise the Trust about which community groups should be targeted with communications.

ACTION: SW

- 4.4. It was also agreed that some analysis was needed about where the Trust's public members lived, as they were not all based in London boroughs adjacent to the Trust's hospitals.

ACTION: ES

- 4.5. Governors noted that one of the membership benefits was receiving NHS discounts; further information about this would be added to the next governor newsletter.

ACTION: ES

- 4.6. Governors approved the action plan and noted that it would be reviewed/refreshed later in 2024 following publication of the new PPE strategy and the new Trust organisational strategy.

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5. Elections

- 5.1. The Group received an overview of the emerging arrangements for the 2024 governor elections including:

- Overview of governor role
- Eligibility to be a governor
- Current and upcoming vacancies
- The election timetable
- The nomination process
- The election/eligibility to vote
- Engagement and communications plan

- 5.2. Governors also noted the number of seats available, how these were split by constituency, and that results would be announced on Friday 17 May 2024. As in previous years an independent election services provider would facilitate the elections to ensure they were run in accordance with statutory and regulatory requirements, as well as the Trust's own constitution.

- 5.3. Based on the Group's earlier discussions it was asked that the elections were promoted across the King's College London campus at Guy's Hospital, and across diverse community groups. Emphasis would be put on the access to training, learning and development, and the benefit of having the role on a CV, whilst delivering a key public role.

- 5.4. The possibility of collecting diversity questions in the nomination form was discussed and the working group noted the possible GDPR issues which could be involved. However, diversity details would have been captured from self-nomination statements which include photos of candidates.

6. Any other business

Governors were reminded about the invitation they had received to join the Patient and Public Engagement Strategy 2030 Development Group, and were encouraged to take this on if they had capacity. The purpose of that Group, and key details relating to its operation, were provided.

The next meeting would be held on Tuesday 21 May 2024.

DRAFT