

Public Council of Governors meeting

Wed 29 January 2025, 18:00 - 19:30

Robens Suite, Guy's Hospital and online via MS Teams

Agenda

18:00 - 18:00 **1. Welcome, introductions and apologies**
0 min
Charles Alexander

18:00 - 18:00 **2. Declarations of interest**
0 min
Charles Alexander

18:00 - 18:05 **3. Minutes of previous meetings held on 23 October 2024 and 10 December 2024**
5 min
Charles Alexander

- [3.0] 20242310 Public CoG Meeting Minutes vFinal.pdf (3 pages)
- [3.1] 20241210 CoG Meeting Minutes vFinal.pdf (2 pages)

18:05 - 18:15 **4. External audit contract**
10 min
Steven Davies

- [4] External audit contract 2526 onwards vFinal.pdf (9 pages)

18:15 - 18:30 **5. 'Getting to know you' with new non-executive directors**
15 min
Alison Wilcox, Jamie Heywood

18:30 - 18:40 **6. Council of Governor elections 2025**
10 min
Edward Bradshaw

- [6] CoG elections 2025.pdf (2 pages)

18:40 - 18:50 **7. Governors' reports for information**
10 min

7.1. Lead Governor's Report
Katherine Etherington

- [7.1] Lead Governor's Report Jan25 vFinal.pdf (3 pages)

7.2. Membership Development Working Group
Claire Wills

- [7.2] 20241105 MDWG meeting minutes 6 December 2024 Chair CW final.pdf (4 pages)

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7.3. Strategy, Transformation and Partnership Working Group

Leah Mansfield

 [7.3] Strategy Transformation and Partnerships Working Group minutes November 2024 Final Minutes.pdf (6 pages)


7.4. Quality and Engagement Working Group


Leah Mansfield

 [7.4] 20241202 Quality Engagement Working Group meeting notes 3 Dec 2024 v4.pdf (9 pages)

7.5. Making working lives better' programme

Daghni Rajasingam

 [7.5] 20250129 Making working lives better update_Council of Governors_v0.2.pdf (1 pages)

 [7.5] 250129 Making working lives better - Council of Governors update v0.2.pdf (5 pages)

18:50 - 19:30 8. Q&A with Trust Chair and non-executive directors

40 min

Charles Alexander

19:30 - 19:30 9. Any other business

0 min

Charles Alexander

Spiteri, Elena
23/01/2025 19:00:35

COUNCIL OF GOVERNORS

Wednesday 23 October 2024, 6pm – 7.30pm
Robens Suite, Guy's Hospital and MS Teams

Governors present:	Katherine Etherington (Lead Governor)	John Clark	David Phoenix
	Koku Adomza	Felicity Conway	John Powell
	Aya Ayoub	Emily Hickson	Daghni Rajasingam
	Steve Bean	Peter Harrison	Sheila Reddy
	Nigel Beckett	Leah Mansfield	Kendra Schneller
	Victoria Borwick	Charles Mead	Helen Selvarajan
	Michael Bryan	Irina Munteanu	Darren Summers
	Emma Barslund Blackman	Mary O'Donovan	Claire Wills

In attendance:	Charles Alexander (Chair)	Simon Friend (to item 7)	Jackie Parrott
	Ian Abbs	Felicity Harvey	Pauline Philip
	Edward Bradshaw (minutes)	Deirdre Kelly (to item 7)	Elena Spiteri
	Miranda Brawn		

Members of the public and members of staff

1. Welcome and apologies

- 1.1. The Chair welcomed attendees, both in the room and online, to the meeting of the Council of Governors (the Council). Apologies had been received from non-executive directors Nilkunj Dodhia, Graham Lord, Sally Morgan and Ian Playford and from the following governors: David Al-Basha, Nimmi Anu Sam, Annette Boaz, Samantha Field, Robert Hill, Michael Mates, Alison Mould, Stephanie Petit, Mercy Satoye, Dominic Shaw and Jadwiga Wedzicha.

2. Declarations of interests

- 2.1. No declarations of interest were received.

3. Minutes of the meeting held on 31 July 2024

- 3.1. The minutes of the previous meeting were approved as an accurate record. There were no outstanding actions to follow up.

4. GSTT2030: strategy and values

- 4.1. The Trust's Chief Strategy Officer gave a presentation about the new Trust strategy and values that had been launched in September following extensive engagement with a range of internal and external stakeholders, including governors. The core purpose of the strategy was to deliver excellent healthcare and improve wellbeing as a local, national and international leader in clinical care, education, research and innovation. Ultimately the Trust would assess itself on the extent to which it had been able to provide better, faster and fairer healthcare, and lived its values of being caring, ambitious and inclusive.
- 4.2. Governors welcomed the new strategy and commended the degree of ambition that it showed. Governors were pleased to see the Trust's commitment to addressing inequities and inequalities came through strongly in each of the five strategic priorities. It was recognised that, given the significance of the current operational and financial challenges across the healthcare sector, it was important to have a clear vision to inspire staff, patients and the public. However, it would be important to make the strategy 'real' and achievable for all stakeholders. Governors queried how the Trust intended to

deliver the strategic priorities and sought information about the key deliverables and about where responsibility for delivery sat between the Trust's clinical groups and its corporate services.

- 4.3. The timing of the publication of the strategy was felt to be fortunate given the government's intention to develop a ten-year plan for the NHS; the Trust would be able to use its strategy as a key part of its response to the consultation that had opened the previous week. The Trust Chair asked governors to socialise the strategy amongst their membership constituencies, and to consider how they could help support the Trust to deliver the strategic priorities set out.

5. External audit contract

- 5.1. The Trust's external audit services had been provided by Grant Thornton since 2017/18, which was the last time the contract had been subject to a competitive tender. In January 2024, the Council had approved a recommendation to extend Grant Thornton's contract to July 2025. Further to NHS England's Audit and Assurance guidance, the Trust intended to undertake a full re-procurement exercise for the appointment of an external auditor.
- 5.2. The final decision regarding the appointment or reappointment of the external auditor sat with the Council. The Trust's finance team would work with governors to reach a recommendation regarding an external auditor and bring this to the Council for consideration at its meeting scheduled for 29 January 2025. One governor had already expressed an interest in being part of the procurement work, and any other governors who wished to join this were asked to notify Corporate Affairs.

6. Governor reports

- 6.1. The Lead Governor presented her first report since assuming the role in September 2024. This included an overview of the previous week's governor away day, which was felt to have been a helpful session to focus on how the governors worked together and assessed their impact in delivering their key duties. She also thanked her predecessor, John Powell, for his contributions to the Council as Lead Governor over the past two years, highlighted the value of the governors' three working groups, and promoted the governor 'buddy' system that had been established.
- 6.2. The Council also noted the highlights from the most recent meetings of the Strategy, Transformation and Partnership and Quality and Engagement working groups.

7. Q&A with Trust Chair and Non-executive Directors

- 7.1. The Trust Chair facilitated a question and answer session between governors and the non-executive directors, which included the following:
 - The new Trust strategy did not incorporate the Trust's plans to respond to any new pandemic that may arise; however, plans for such an event were being coordinated at a national level and the Trust's emergency preparedness, resilience and response (EPRR) team was tracking developments closely to ensure the Trust could respond quickly and effectively to any future pandemic;
 - Governors felt the Trust's strategic priority to 'improve the health of its populations' was strongly aligned to one of the government's three key 'shifts', from hospital to home. There was debate about how this priority could be accelerated by further integration with primary care, by empowering patients to take more agency for their own care, and about the cultural changes needed to enable such developments;
 - The importance of partnership working with South London and Maudsley NHS Foundation Trust was emphasised, particularly to ensure patients with mental health conditions accessing the Trust's services could be treated in the most appropriate setting. There was discussion about ways in which the two organisations interacted, including as part of King's Health Partners; and
 - Governors sought information around how Epic could support the Trust to push forward with another of the government's key 'shifts', from analogue to digital, whilst acknowledging that the Trust had not yet exploited the majority of Epic's transformational potential.

- 7.2. There was further discussion about a range of other topics including the recognition that Trust staff were continuing to feel the effects of the Synnovis cyber-attack, the need to take a multi-dimensional approach to reviewing why patients failed to attend their healthcare appointments with the Trust, and the work the Trust was doing around digital exclusion of its staff and patients, partly to further enable the use of Epic and MyChart.

8. Any other business

- 8.1. The Trust Chair noted that the governor site visit programme was still currently paused, and that he would look to take steps to help the resumption of the programme as soon as possible. There was no other business.

The next meeting of the Council of Governors would be held on 29 January 2025.

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23/01/2025 19:00:35

COUNCIL OF GOVERNORS

Tuesday 10 December 2024, 5pm – 6pm
MS Teams

Governors present:	Katherine Etherington Emma Barslund Blackman Steve Bean Victoria Borwick Michael Bryan John Clark	Felicity Conway Samanth Field Peter Harrison Charles Mead Roseline Nwaoba Mary O'Donovan	Stephanie Petit Daghni Rajasingam Sheila Reddy Dominic Shaw Darren Summers Claire Wills
In attendance:	Charles Alexander (Chair) Joshua Roles	Edward Bradshaw (minutes)	Elena Spiteri

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the meeting of the Council of Governors (the Council). The meeting had been arranged to consider two specific recommendations from the governors' Nominations Committee (the Committee), relating to non-executive director appointments and remuneration.
- 1.2. Apologies had been received from the following governors: Koku Adomza, David Al-Basha, Nimmi Anu Sam, Aya Ayoub, Nigel Beckett, Annette Boaz, Emily Hickson, Leah Mansfield, Alison Mould, Irina Munteanu, David Phoenix, John Powell, Michael Mates, Mercy Satoye, Kendra Schneller, Helen Selvarajan and Jadwiga Wedzicha.

2. Declarations of interests

- 2.1. Charles Alexander, whilst being a non-executive director, would not recuse himself from item 4 as the recommendations being made did not concern his remuneration as Trust Chair.

3. Non-executive director appointments

- 3.1. Earlier in 2024 the Nominations Committee had evaluated the balance of skills, knowledge, experience and diversity of the Trust's current non-executive directors, together with the organisation's priorities, strategic ambitions and the key challenges it was facing. The Committee had also noted that, following recent turnover, there were two non-executive director vacancies that the Trust could fill. Accordingly, the Committee had agreed that two new non-executive directors should be appointed; one with skills and experience in digital transformation and cyber security, and another with skills and experience in workforce transformation and planning.
- 3.2. Work to identify and recruit these individuals had taken place in recent weeks, with members of the Committee involved at all stages of the process. The positions had attracted significant interest, and a strong shortlist of candidates had been interviewed over the previous fortnight. Following the final interviews and stakeholder panels, the Committee had agreed to recommend to the Council of Governors the appointments of Jamie Heywood and Alison Wilcox.
- 3.3. The Chair, supported by members of the Committee, gave an overview of each individual and the strengths they would bring to the Board of Directors. Governors sought assurance about their motivations for applying for the roles, how they would adapt to the unique challenges of the health sector, and the sufficiency of the time they had available to make a success of the roles.

RESOLVED:

- 3.4. The Council of Governors approved the appointments of Jamie Heywood and Alison Wilcox on four-year terms.

4. Non-executive director remuneration

- 4.1. The Trust's Deputy Chair, Baroness Sally Morgan, was leaving the organisation at the end of December 2024 and the Board of Directors would be asked to appoint Dr Felicity Harvey and Simon Friend as joint deputy chairs from January 2025. Following analysis it had undertaken, the Nominations Committee had recommended that remuneration for the role of deputy chair at Guy's and St Thomas' should be established at £25,000. At the same time, the Committee had reviewed the remuneration for the other non-executive directors and had recommended that this was increased by £2,000.
- 4.2. Governors debated whether these increases were justifiable given the financial challenges the sector was experiencing and the industrial action that had taken place over recent years, much of it driven by staff dissatisfaction with pay. There was an absence of any recent national guidance for governors to follow, and it was noted that other foundation trusts were taking an inconsistent approach to maintaining or increasing non-executive director remuneration.
- 4.3. Governors concluded that there was a strong rationale behind the proposals, not least because the deputy chair remuneration was closely aligned to other large acute trusts nationally, and because other non-executive directors had not received an increase in remuneration since 2017/18. Governors were assured that that the increases in remuneration proposed by the Committee would not increase the overall cost of non-executive director remuneration when compared to the cost when all non-executive director positions were previously filled.
- 4.4. The Council also agreed that, as with Trust staff, non-executive directors should receive annual increases to their remuneration in line with the increases received by executive directors and NHS staff. However, these increases would not be applied automatically and would continue to be subject to discussion and agreement by the Council of Governors.

RESOLVED:

- 4.5. The Council of Governors approved recommendations to:
 - establish remuneration for the new joint deputy Trust chairs, pending their appointment, of £25,000 per annum, effective from 1 January 2025;
 - increase remuneration for all other non-executive directors by £2,000, effective from 1 April 2025; and
 - review non-executive director remuneration on an annual basis each April, with a starting premise that non-executive directors would receive annual uplifts in line with those received by executive directors and NHS staff on agenda for change.

5. Any other business

- 5.1. There was no other business.

The next meeting of the Council of Governors would be held on 29 January 2025.

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23/01/2025 19:00:35

COUNCIL OF GOVERNORS

WEDNESDAY 29 JANUARY 2025

Report title:	External Audit contract award 2025/26 onwards
Executive sponsor:	Steven Davies, Chief Financial Officer
Paper author:	Catherine Eyre, Chief Accountant
Purpose of paper:	To seek approval
Main strategic priority:	Delivering healthcare excellence
Primary BAF risk:	Risk 6: financial sustainability
Key points of paper:	<ul style="list-style-type: none"> • The Trust has undertaken a tender exercise due to the end of the current contract in July 2025 • There was only 1 bidder, our incumbent, Grant Thornton • The contract represents a cost increase
Paper previously presented at:	The key parts of this paper were discussed at the Audit and Risk Board Committee on 20 January 2025.
Recommendation(s):	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> 1. Approve the placement of the contract with Grant Thornton for 5 years

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23/01/2025 19:00:35

1. Introduction

- 1.1 The external audit of the Trust is a mandatory service. The current external audit contract ends in July 2025 and a new contract is required. It is recommended that the contract be awarded to Grant Thornton. The estimated cost of the contract over the 5 years is £2,906,946. The approval of the auditors is a decision for the Council of Governors.

2. Background

- 2.1. The Trust had not run a tender for this service since awarding the contract to Grant Thornton in 2017. At that time Grant Thornton were the only bidders. 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. In January 2024 the Trust extended the contract by a further year, to July 2025. The contract extension decisions made since 2022 reflected the market conditions.
- 2.2. The current contract period ends after the 2024/25 external audit is completed. The audits of the subsidiaries 2024/25 accounts will not have been completed by July 2025, but these will fall under that expiring contract.
- 2.3. The NHS England Audit and Assurance guidance recommends a three to five-year period of appointment and a market-testing exercise for the appointment of an auditor at least once every five years. Grant Thornton could, therefore, be re-appointed as the external auditor.
- 2.4. Services that external audit firms can supply to their clients are restricted. This restriction is reflected in the Trust's 'Use of external auditors for non-audit services' policy which states: "Legislation for external auditors prohibits certain non-audit services to be provided to the audited organisation. This is listed by the National Audit Office (AGN 01) 'General Guidance Supporting Local Audit' latest version 7 September 2022, paragraph 54 and as such certain requests should be rejected".
- 2.5. The public sector audit market has significantly reduced in recent years as a direct result of this restriction. There have been various reports highlighting the challenges that some NHS trusts have faced in trying to appoint new external auditors, with some organizations holding tender exercises which resulted in no bids being received. The Financial Reporting Council is currently conducting a market study into the operation of the NHS audit market. The emerging findings from the first stage of the review include market capacity restraints: "Five of the nine audit

firms mentioned conflicts of interest considerations regarding the provision of non-audit services to NHS audit clients as a barrier to bidding for NHS audits".¹

- 2.6. Colleagues at King's College Hospital NHS Foundation Trust have recently concluded an external audit tender exercise. They have shared a similar experience of receiving only one bid from their incumbent auditor, which they have accepted.

3. Procurement exercise undertaken

- 3.1. The timetable followed for the procurement exercise is shown in Table 1. The invitation to tender was led on by the Chief Accountant and prepared with support from the Procurement team, Felicity Conway (governor), Nilkunj Dodhia and Simon Friend. The Crown Commercial Services Framework for Audit & Assurance Services was used, which includes a dedicated lot for external audit. The invitation to tender was sent to all 13 suppliers on that framework which included Grant Thornton, KPMG, Deloitte, PWC and Ernst and Young.
- 3.2. A tender panel consisting of staff, non-Executive directors and a governor was formed to score the bids and attend the face-to-face clarification meetings planned for shortlisted bidders. The single bid was shared with the tender panel.

Table 1: External audit tender plan timetable

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 23/01/2025 10:35*

¹ [NHS Audit Market Study](#)

Target Date	Action
8 th November	Tender is issued for 6 weeks
27 th November	Audit & Risk Committee provided with an overview of the process being followed
20 December	Closing date for bidders
23 December	Tender submissions sent to tender panel
6 January	Meeting of tender panel to ensure all clear on scoring approach
9 January	Individual scoring to be completed; In person mediation meeting reviewing the individual scoring and agreeing a tender panel score
10 January	Scoring of bids completed & highest bidders invited to present to tender panel
16 th January	In-person tender clarification meeting
17 th January 2025	Recommendation written to the Audit & Risk Committee (ARC)
20 th January 2025	Additional ARC (for the purposes of agreeing the tender panel recommendation)
29 January 2025	A recommendation from the ARC taken to the full Council of Governors meeting
February 2025	New contract awarded
July 2025	New external audit commences

3.3. At the initial meeting on 6 January it was decided that the dates planned for the scoring of the bid and the holding of a clarification meeting were unnecessary because the Audit & Risk Committee had already indicated that they were satisfied by the work of Grant Thornton. The significant price increases in the bid were commented on, it was noted that despite these increases it appeared that the proposed fees still compared favourably to other large trusts. The panel requested that two aspects of the bid were followed up:

- The forecast 5% per annum increase that was reflected in the figures was considered too high. Grant Thornton were to be asked to link the future price increases to CPI; and
- The prices that the Trust has paid in recent years, and comparison with other large trusts to be compiled to assess the reasonableness of the proposed fees

3.4 On the 10 January a meeting was held between the Grant Thornton partner, the Chief Accountant and the Sourcing Manager to discuss the pricing further. As a result of this discussion Grant Thornton agreed to link the future year's price increases to indexation, with the response

below. The current forecast for CPI in the medium term is 2%.² Whilst the future CPI rate is uncertain, comparing the initial bid price with the forecast CPI rate results in a reduction of £152,701, excluding VAT.

“Our pricing, will be reviewed annually in line with indexation, per the framework requirements, and a suitable NHS rate, usually CPI, which would be agreed with the relevant contact at the Trust in advance on the next contract year commencing. We had in our pricing schedule assumed 5% uplift per year, so the annual indexation, per framework, would replace that assumption.”

The partner explained the factors behind the initial increase of £113,270 (including VAT) in 2025/26 being the additional specialist advice requirements driving additional costs from their valuation support and value for money:

“This is primarily linked to the increase in audit standards, including the need to use an external valuers, which we have built in, we have also reflected on the costs of our PSA Quality and Financial reporting team over heads and specific senior financial reporting input, required on an annual basis through panels, technical review, hot review. This is a senior manager and director level. These considerations were specific to the Trust. Lastly we benchmarked our fees (and inputs) against the market data available within London, to compare fees of organisations of a similar size and complexity, to ensure appropriately benchmarked.”

4. Alternative options

- 4.1 The NHS external audit market is currently an extremely small market challenged by the restrictions of the National Audit Office, and under investigation by the Financial Reporting Council.
- 4.2 The alternative options are reasonably limited given that only one bid was submitted, and all 13 suppliers on the framework received the invitation to tender. These other options would require the Grant Thornton bid to be rejected and either:
 - The tender process to be re-run.
 - To contact NHSE to report that the Trust is not content with the single bid received, and wishes to be allocated an external auditor
- 4.3 It is unlikely that a re-run of the tender process will result in additional bidders, and it may conclude with no bids with the existing bidder possibly withdrawing. KPMG are the Trust's existing tax advisors and therefore have not expressed an interest in providing audit services, as they would need to cease their tax advice service. The other small advisors are new to the market, representing a higher risk, and are not on

² [United Kingdom - Inflation rate 2029 | Statista](#)

the framework used for the procurement process. Mazars have encountered difficulties in delivering audit opinions within the national deadlines. They have indicated to the Trust that they are currently trying to improve their service, and hence they did not submit a bid.³ The Financial Reporting Council outlined the NHS external audit market's suppliers: "In terms of market shares by audit engagements, Grant Thornton and KPMG hold the largest shares with 27% and 26% respectively in 2023/24 for NHS providers. The three recent new entrants – Azets, Bishop Fleming and Sumer NI – have a relatively low combined market share of 8% as of 2023/24. In 2020/21, PwC exited the market. Forvis Mazars experienced the largest increase in its market share of NHS provider audit engagements with a rise of 11%, from 6% in 2018/19 to 17% in 2023/24."

- 4.4 If the Trust were to request the allocation of an external auditor through NHS England, then it is likely that they will first require the procurement exercise to be re-run. Anecdotal evidence from Grant Thornton in the past has suggested that they have been asked to supply external audit services to Trusts in these instances. This process is likely to take some time to deliver an external audit service. The suppliers likely to provide the service will be from the pool identified in paragraph 4.3, with one of the most likely suppliers being Grant Thornton.

5. Review of the pricing

- 5.1. The recent external audit fees and proposed fees are shown in Appendix A. Looking at the cost paid to Grant Thornton for external audit services since 2022/23, the proposed fees represent a significant increase of 25% in 2025/26 compared to the planned 2025/26 fee. The Trust has experienced increases in fees over recent years, and this is noted in Financial Reporting Council recent findings:⁴

"In 2020/21, there was a notable increase in audit fees, with NHS Trusts seeing a rise of 26% and Foundation Trusts experiencing a 20% increase. By 2022/23, however, the rate of increase had slowed, with NHS Trusts up by 19% and Foundation Trusts by 17%. This indicates that the trends in audit fee increases have been similar for both NHS Trusts and Foundation Trusts."

³ [NHS Audit Market Study](#)

⁴ [NHS Audit Market Study](#)

- 5.2. Comparison with other trusts using the latest figures reported in Trust's 2023/24 annual accounts suggests that the Trust's current audit fee is currently comparatively low as Chart 1 and 2 below demonstrate. It should be noted that the external audit fee reported in the final accounts is excluding VAT, but including the audit fees of all subsidiaries. VAT can be recovered by subsidiaries if they are registered for VAT and under certain conditions. The Trust can recover VAT on Lexica, but cannot recover the VAT on the external audit fee for any of the other organizations, including the main Trust external audit service.

Chart 1: The Trust's external audit fee 2023/24 compared to all Trusts and Foundation Trusts

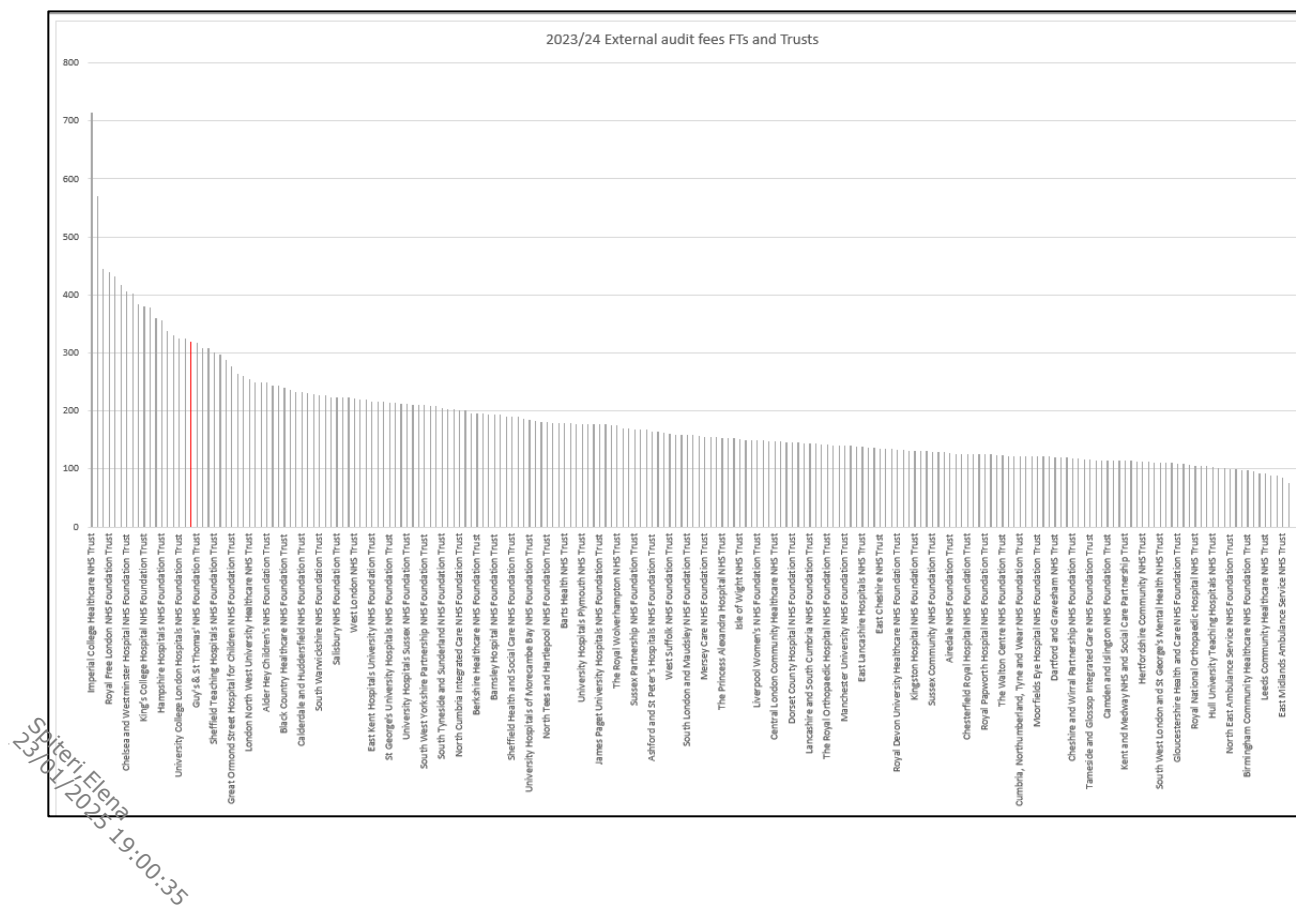
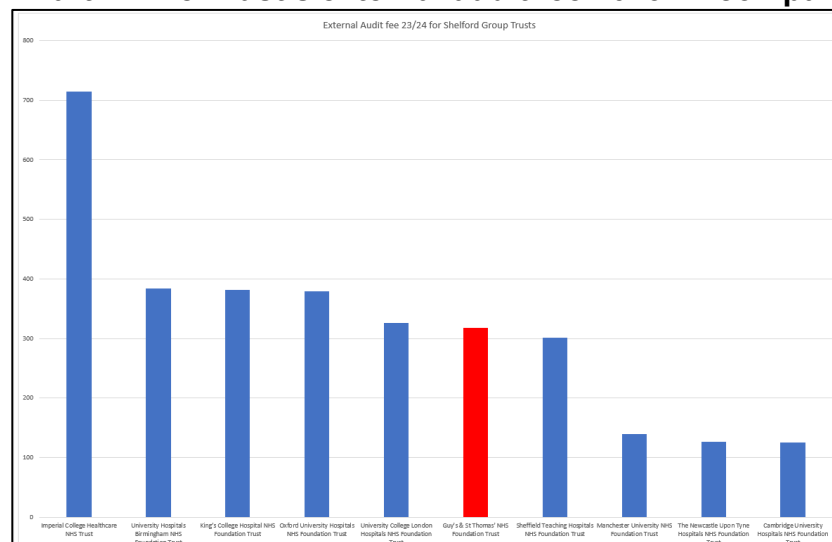


Chart 2: The Trust's external audit fee 2023/24 compared to the rest of the Shelford Group



5.3. The proposed fee for 2025/26 excluding VAT is £474,830. If this had been the charge in 2023/24 it would have been the third highest audit fee. Anecdotal evidence from other trusts suggests that recent external audit tender exercises have resulted in significant fee increases. UCLH have indicated a 105% fee increase from their recent tender exercise.

5.4. The proposed cost of the subsidiary audits represents a significant rise. Whilst the 2025/26 fee for the Trust is 19%, the rises for the subsidiaries would be: 63% (GST Enterprises), 101% (Pathology Services Limited) and 27% (Lexica). Comparison with information the Finance team received for the 2022/23 subsidiary audits identified the following:

5.4.1. Pay inflation of mostly between 10-22%, although 1% for senior auditor

5.4.2. Increased use of manager's time and trainee auditor time

5.4.3. Increased hours planned for the audit, the overall staff days appear to have increased between 15-23 days, with the majority increase being an additional 12-24 days of trainee auditor time

5.5 The analysis above concluded that the proposed price increases were not unreasonable.

6 Recommendations

6.1 The Council of Governors is asked to **approve** the placement of the contract with Grant Thornton for 5 years.

APPENDIX A – External Audit Fee actuals and proposed

	Guy's and St Thomas' Trust (GSTT)	Guy's and St Thomas' Enterprises	Pathology Services Ltd	Lexica Health and Life Sciences Consultancy Ltd	TOTAL	Guy's and St Thomas' Trust (GSTT)	Guy's and St Thomas' Enterprises	Pathology Services Ltd	Lexica Health and Life Sciences Consultancy Ltd	TOTAL
	£	£	£	£	£	% change	% change	% change	% change	% change
22/23	305,220	13,200	12,000	27,000	357,420	-16%	-41%	-33%	-39%	-20%
23/24 actual	301,020	22,200	18,000	44,000	385,220	-17%	0%	0%	0%	-14%
24/25 plan figure	361,224	22,200	18,000	44,000	445,424	0%	0%	0%	0%	0%
2025/26 bid	430,080	36,252	36,252	56,010	558,594	19%	63%	101%	27%	25%
2026/27 bid	438,682	36,977	36,977	57,130	569,766	21%	67%	105%	30%	28%
2027/28 bid	447,455	37,717	37,717	58,273	581,161	24%	70%	110%	32%	30%
2029/29 bid	456,404	38,471	38,471	59,438	592,784	26%	73%	114%	35%	33%
2029/30 bid	465,532	39,240	39,240	60,627	604,640	29%	77%	118%	38%	36%
exclusive of recoverable VAT in Lexica										
^ 24/25 Lexica fee has yet to be agreed										

COUNCIL OF GOVERNORS

WEDNESDAY 29 JANUARY 2025

Report title:	Elections to the Council of Governors - 2025
Board sponsor:	Charles Alexander, Trust Chair and Chair of the Council of Governors
Paper author:	Edward Bradshaw, Director of Corporate Governance and Trust Secretary
Purpose of paper:	For awareness/noting only
Main strategic priority:	All strategic priorities
Primary BAF risk:	Risk 13: inability to attain organisational excellence could impair ability to deliver strategy
Key points of paper:	<ul style="list-style-type: none"> • Elections to the Council of Governors are being held in spring 2025 and will again be run by Corporate Affairs and the Trust's partner Civica. • New governors elected to the Council will formally commence their three-year term on 1 July 2025. • This paper provides some key information about how the elections will run.
Paper previously presented at:	N/a
Recommendation(s):	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> 1. Note this paper.

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23/01/2025 19:00:35

1. Overview of elections

1.1. There are 11 governor seats across six constituencies that have come up for election this year. These are as follows. All posts will start on 1 July 2025 and elected governors will serve a term of three years.

- 3 seats in the Guy's and St Thomas' patient class
- 1 seat in the patient carer class
- 3 seats in the public constituency area 1 (around Guy's and St Thomas' Hospitals)
- 1 seat in the public constituency area 2 (around Royal Brompton and Harefield)
- 1 Seat in the public constituency area 3 (Rest of England and Wales)
- 2 seats in the Guy's and St Thomas' non-clinical staff class

1.2. The election timetable is as follows:

ELECTION STAGE	2025 DATES
Notice of Election / nominations opened	Thursday 27 February
Nominations deadline	Thursday 27 March
Summary of valid nominated candidates published	Friday 28 March
Final date for candidate withdrawal	Tuesday 1 April
Notice of Poll published	Thursday 17 April
Voting packs despatched / election open	Tuesday 22 April
Close of election	Monday 19 May
Declaration of results	Wednesday 21 May

2. Requests of governors

2.1. Governors are asked to inform Corporate Affairs of opportunities where the governor elections could be promoted/advertised, particularly in communities that may currently be under-represented on the Council of Governors, in order to encourage as much diversity as possible in those members who nominate themselves for election to ensure the Council of Governors reflects both the diversity of the Trust's workforce and of the patients and communities it serves.

COUNCIL OF GOVERNORS

WEDNESDAY 29 JANUARY 2025

Report title:	Lead Governor's Report
Paper author:	Katherine Etherington, Lead Governor
Purpose of paper:	For awareness/noting only
Main strategic priority:	All strategic priorities
Primary BAF risk:	Risk 13: inability to attain organisational excellence could impair ability to deliver strategy
Key points of paper:	<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:	N/a
Recommendation(s):	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> Note this paper.

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23/01/2025 19:00:35

- 1.1. To open, I want to wish all governor colleagues a successful and productive 2025. Reflecting back on 2024, the Council achieved many successes, including a successful recruitment of new governor colleagues, who are already making an impact; a very well-attended governor away day which produced many good suggestions to follow up in 2025; and the reinvigoration and improved attendance of many of our working groups.
- 1.2. 2024 was a successful year for the Trust as well including the successful embedding of Epic following its go-live in October 2023, various incredible advances in research and technology, and the successful bid to NHS England for the future location of the Principal Treatment Centre delivering cancer treatment for children in south London and south east England. Looking back at 2024, we had many successes both as a Council and as a Trust and I would like to thank you all for your contributions.
- 1.3. Looking ahead to 2025, there is much to do. Ensuring the new Trust strategy is embedded well across the Council is a key priority for myself this year and I would welcome any suggestions from colleagues. I would also like to see a continuation of the excellent engagement we have had in recent meetings. Through continued work with Corporate Affairs, I believe we can further streamline the way we conduct our core duties and ensure that we are effective in our ways of working.
- 1.4. Since we last met, it has been another busy few months across the Trust. Across these meetings, governors, Trust colleagues and non-executive directors (NEDs) have really demonstrated the value we bring when we pull together and have collaborative discussions and healthy debates around the type of impact we can expect to make. One highlight for me has been the excellent engagement we had again at the Triangulation meeting on Wednesday 15 January. I would like to thank Charles and Felicity again for their comments and feedback on particular topics that have been high on the governors' agenda, including long waits in pharmacy and continued issues with Epic. I think we can all agree that this conversation was positive and seems like there may be some avenues for exploration to solve some ongoing issues we have all noticed.
- 1.5. I would also like to extend my thanks to those who have been manning the various stalls across the Trust, raising awareness of membership and the upcoming elections. Not only do these give a face to the Council, they also give you a chance to speak to patients and staff across the trust. Colleagues who have engaged in these stands have discussed and witnessed issues with signage across Trust sites as well as discussing issues with Epic and transport to and from the hospital. If you wish to join us at our next stand, please contact Corporate Affairs.
- 1.6. A key job this year is the matter of elections with nominations opening on Thursday 27 February and will close at 5pm on 27 March. Please feel free to join any of our Governor Awareness sessions which are being run to provide an insight into the role of governor and encourage members to stand in the elections, the next being Thursday 27 February at 5:30pm. I am looking forward to seeing this year's candidates after the excellent calibre of applications we received last year.

- 1.7. I would like to encourage all governors to participate in Trust site visits now these are up and running, with dates and venues available through the monthly communications newsletter. Whether you have a keen interest in one particular area or you are keen to understand how the NHS works on ground level, site visits allow you to get some hands-on experience in these areas. Not only exposing you to patients, staff and their experiences, but often visits are attended by NEDs as well, which allow you to conduct your governor role to scrutinise their work as well as understanding the Trust on a more granular level. Please ensure you complete a one-page report from your visits which will allow fellow colleagues to understand what that particular department champions or struggles with. This then helps us draw out the key themes to raise with NEDs at the quarterly triangulation meetings, ahead of the full Council of Governor meetings. Please contact Corporate Affairs and book yourself into one of the planned visits in the upcoming months.
- 1.8. Finally, I would like to encourage colleagues to consider being a governor representative on the following groups:
- Vulnerable Persons Assurance Committee
 - Nursing & Midwifery Research Council
 - Nutrition Committee
- 1.9. Being a representative gives you a unique insight to particular areas of the Trust and is a good opportunity to learn more about our staff, patients and Trust overall. If you would like to learn more or apply, please contact Corporate Affairs.
- 1.10. Thank you for everyone's continued commitment to the Council and to the Trust. I look forward to continuing to work with governors, new and old, in 2025.

Spiteri Elena
23/01/2025 19:00:35

COUNCIL OF GOVERNORS MEMBERSHIP DEVELOPMENT WORKING GROUP

**Tuesday 5 November 2024
5.30pm – 7.00pm, MS Teams**

Governors in attendance:	Claire Wills, Chair Alison Mould Charles Mead Felicity Conway	Leah Mansfield John Clark Nigel Beckett Peter Harrison Victoria Borwick
Trust staff in attendance:	Edward Bradshaw	Elena Spiteri

1. Welcome and opening comments

1.1 The Chair welcomed colleagues to the meeting of the Membership Development Working Group (the Group).

2. Minutes of previous meeting

2.1 The minutes of the meeting held on 21st May 2024 were agreed as a true record.

3. Review of action log

3.1 The Group noted the updates that had been made to the action log.

4. Reminder of purpose of working group

4.1 The Chair reminded governors about the purpose and objectives of the Group, which 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 oversee delivery of the membership action plan.
- 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.

5. Overview of current membership

5.1 The Group received an overview of the Trust's membership profile, along with the engagement and recruitment activities currently being undertaken. The Group noted updates regarding:

- The total number of members, which stood at 38,050 and was formed of 6,945 patient members, 8,012 public members and 23,093 staff members. 286 new patient and public members had been recruited since January 2024.
- Demographic information of current patient and public members, including their gender, age, and ethnicity profiles. This showed that:

- there are more female than male members;

- 44% of patient and public members are aged 60 or older; and
- 46% of patient and public members are from a White background and 21% are from other ethnic groups, with the rest unknown.
- The work done by the Membership Office to promote membership and highlight its benefits:
- The delivery of members' health seminars, 13 of which were held between January and October 2024. All seminars were well-attended with good feedback having been received by the Trust's membership offices.
- The Membership Office distributed the e-GiST, GP, and Evelina newsletters to over 3,000 GSTT patient and public members, and the GiST magazine to more than 13,000 members. This initiative aims to keep members informed about the latest news, developments, and new treatments within the Trust.

5.2 Governors shared their suggestions about how to raise awareness of Trust membership and generate interest in its benefits, which sparked the following discussion:

- Governors suggested promoting Trust membership through the MyChart app, and explore whether primary care locations could be used to promote membership and the role of the governor. There was consideration about how media channels such as TikTok, Instagram, and X could be used to effectively engage younger communities.
- Some governors felt that the benefits of being a member of the Trust should be more visible and clearer to encourage greater uptake of membership. Suggestions included adding a QR code or link to the Health Services Discounts scheme in the membership marketing materials and updating the membership benefits for clarity of purpose as a member. It was agreed that the Membership Office would take this into account when developing new membership marketing materials.
- Governors emphasised the importance of the Membership Office working closely with the Patient and Public Engagement (PPE) team to ensure that there was consistency of approach and that members were kept sighted on activities coordinated by the PPE team.

ACTION: The Chair of the Working Group would speak with the PPE team to ask for a representative to attend future Working Group meetings to ensure alignment.

- Governors asked to understand more about how the members and governors influence changes at the Trust.

ACTION: The Membership Office would provide the list of the opportunities that members and governors had had to influence how the Trust changed, for example participation in the merger with Royal Brompton and Harefield.

- Staff Governors considered how the benefits of membership in their role differed to those of public and patient members and how greater visibility of staff membership could be done across the organisation.

ACTION: The Membership Office would take further steps to clarify and publicise the role and benefits of staff membership internally across the Trust.

ACTION: The Trust Secretary would confirm the eligibility of staff members and whether this is based on statutory or regulatory requirements.

6 Governor to member engagement

6.1 The Group received an overview of the current opportunities for governors to engage with members to seek their views and therefore to represent these views to the Board. These opportunities included:

- Membership stalls in our hospitals and community sites.
- PPE initiatives (accessed through the Trust's PPE

- team).
- Annual Public meetings – engaging with members of the public in attendance.
- Public Board of Director and Council of Governor meetings – engaging with members of the public in attendance.
- Speaking to staff, patients and the public on site visits.
- Members' events, for example healthcare seminars: for governors to hear what members' interests and concerns are.
- A dedicated email address for governors to which members can send their views
- The Membership Office monitors the governors' email inbox. The Trust members and members of public' feedback, queries, and suggestions are channelled through this platform and share with Lead Governor.

ACTION: The Membership Office would collaborate with other trusts to explore their approaches to governor-member engagement, identify examples of best practices, and share these insights with the governors.

ACTION: Recognising the size and diverse nature of the Council of Governors, the Chair and Membership Office will consider ways to best organise effective Governor-members engagement.

7. 2025 Elections – Governors' involvement in diversifying the Council of Governors.

7.1 The Group received an overview of the engagement and communication plan for elections to the Council of Governors:

Communication and Engagement plan for the patient and public members:

- E-newsletters: e-GiST; Evelina London; GP and stakeholders
- Publication: Southwark News and GiST magazine
- Social Media accounts: Twitter, Facebook and LinkedIn.
- Trust website - Council of Governors Elections 2025 webpage
- Election website: Council of Governors Elections 2025 website
- Marketing materials: Cards and banners distribute across hospitals
- Communications: Emails and letters to Patient and Public members
- CoG: Patient and Public Governors

Communication and Engagement plan for the staff members:

- Team Briefing
- Desktop wallpapers
- Staff Bulletin
- GTi Elections 2024 – Get Involved page
- Clinical Groups and staff network groups
- Emails and letters to staff members
- Staff governors
- Cards and banners distribute across hospitals

7.2 Governors also noted the number of seats available, how these were split by constituency, and the steps of the election process. 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.

7.3 The members of the Working Group were invited to propose the steps for enhancing awareness of membership benefits and governor's role. It was suggested that staff governors should work closely with the membership office to promote membership.

7.4 The Membership Office would continue to seek new ideas from governors of where the Trust can target communications regarding membership and elections.

The next meeting would be held on Wednesday 5 February 2025.

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

STRATEGY, TRANSFORMATION & PARTNERSHIPS WORKING GROUP

TUESDAY 26 NOVEMBER 2024

Title:	Strategy, Transformation and Partnership Working Group (STPWG)
Responsible executive:	Leah Mansfield, Patient Governor
Paper author:	Jeanette Rhodes, Strategy Business Support Officer
Purpose of paper:	For information
Main strategic priority:	All
Key issues summary:	<p>A report on the Working Group's discussion on the following:</p> <ul style="list-style-type: none"> • Summary of Cancer & Surgery Clinical Group and current status of the Cancer & Surgery Clinical Strategy • An overview of Advanced Therapy Medical Products, gene therapies, cell therapies and the current progress at GSTT within this field
Paper previously presented at:	None
Recommendation(s):	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> 1. Note the key discussion points at the Strategy, Transformation and Partnership Working Group (STPWG)

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
STRATEGY, TRANSFORMATION & PARTNERSHIPS WORKING GROUP
TUESDAY 26 NOVEMBER 2024

Governors in attendance: Leah Mansfield (Chair), Emma Barslund Blackman, Claire Wills, Felicity Conway, Charles Mead, Nigel Beckett

Trust staff in attendance: Jed Nightingale, Elena Spiteri, Jennifer Morris, Jeanette Rhodes, Louisa Stockman Vine, Nisha Shaunak, Deborah Josephs

Apologies: Alison Mould, Kendra Schneller, David Phoenix, John Powell, Stephanie Petit, Lawrence Tallon and Felicity Harvey

1. Welcome, introduction and apologies

- 1.1. The Chair welcomed everyone to the Strategy, Transformation and Partnership Working Group, including new Governors. 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 minutes of the previous meeting of the Group were approved.
- 3.2. Action point on paragraph 5.8 has now been completed, the Trust strategy document has been circulated.

4. Our strategy to 2030

- 4.1. Jennifer Morris, Deputy Director of Strategy, presented an overview of 'Our Strategy to 2030'. The Strategy outlines a single approach to deliver better, faster and fairer healthcare for all arranged around five priorities.
- 4.2. Over the course of next year, each of the Clinical Group and Essentia complementary strategies will be brought to future STPWG meetings.

5. Cancer and Surgery Clinical Group strategy

- 5.1. Louisa Stockman Vine, Director of Strategy and Partnerships in Cancer and Surgery presented the Cancer & Surgery Clinical Group Strategy.
- 5.2. The Cancer & Surgery Clinical Group consists of seven directorates including a combination of cancer services, surgical services and other non-cancer medical services.

To give a gauge of scale in numbers, the clinical group has around:

- 4,000 staff;
- 500,000 outpatient attendances;
- 50,000 adult operations conducted;
- 300 adult kidney transplants and over 100,000 dialysis treatments;
- 45,000 elective inpatients and 16,000 emergency inpatient admissions, and
- 41,000 chemotherapy treatments and 53,000 radiotherapy attendances.

- 5.3. The Cancer & Surgery Clinical Strategy priorities support the Trust's five strategic priorities. These include a focus on:

- Specialist cancer and complex benign care;
- Quality, safety and productivity;
- Improving equitable access to services;
- Improving Holistic Care;
- Support and retention of people in the workforce;
- Involving patients, families and communities in research and innovation;
- Digital innovation and new technology, optimising the use of Epic, and
- Estates, focusing on the call to improve theatre estate.

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5.4. The plans in Cancer & Surgery include

- Articulating big ambitions as a clinical group to identify directorate priorities;
- Developing key performance indicators (KPIs) for the strategy to monitor long term impact;
- Agreeing directorate priorities which will be managed via the performance review meetings (PRMs);
- Identifying common themes across directorate priorities to join-up key work across the Clinical Group;
- Aligning cancer and surgical strategies to the new Clinical Group strategic priorities, and
- Working through the reporting and governance structure to manage delivery of the strategic priorities.

6. Advanced Therapies Medicinal Products (ATMPs) and Cell Therapies

6.1. There were two presentations on this topic delivered by Nisha Shaunak, Associate Chief Pharmacist for Cancer and Pharmacy Lead for Advanced Therapy Medicinal Products and Deborah Josephs, Consultant Medical Oncologist and Trust Clinical Lead for Cell Therapies.

6.2. Nisha Shaunak defined advanced therapies as a new class of precision treatment with various different clinical uses. These products can potentially have positive life-changing implications for patients that receive them. It is a rapidly evolving area. There are four classifications of gene therapies at the present time:

- Gene therapies (in vivo) – which require the gene to be introduced to target cells in the body.
- Gene therapies (ex vivo) – which introduces the gene into cells outside the body, these cells can be patients own or from a donor.
- Somatic cell therapies – these do not undergo genetic modifications but may undergo a change in the characteristics of the cells.
- Tissue engineered therapies – replace a damaged or non-functioning tissue.

6.3. Adoptive cell therapy, also known as cellular immunotherapy, is a form of treatment which uses the infused cells of the immune system to either eliminate cancer or induce immune tolerance in the setting of autoimmune diseases.

6.4. CAR-T (Chimeric Antigen Receptor T-Cell) is one of the most commonly types of genes of advanced therapies The first ever CAR-T therapy was licensed in 2018. It has resulted in a major paradigm shift in the way adult and paediatric leukaemia and lymphomas are treated. In some cases, this could be a 'one-off' treatment. Highlighted was the case of the first ever child to receive a CAR-T cell therapy at age six. This was in the context of a clinical trial, she had acute lymphoblastic leukaemia and, to this day, remains in remission. CAR-T therapies have shown to be the most success in haematological or blood cancers. However, they are not successful

with solid tumours which have a very complex tumour 'micro environment'.

- 6.5. Tumour Infiltrating Lymphocytes (TIL) therapy is more successful with solid tumours. TILs are found within tumours but the tumour micro-environment deactivates the T-cells. TILs are therefore removed and expanded outside of the body (ex-vivo). TILs are then manufactured specific to an individual's cancer cells and used in a combination with other treatments to enhance outcomes for patients. They are isolated outside of the body and then re-infused back into the body to fight the tumours. A video was shown of how the T-cells can envelop the tumour. TIL therapy has had the greatest success within melanoma.
- 6.6. A number of examples of how cell therapies are being used at GSTT were provided, including:
- Zolgensma gene therapy for spinal muscular atrophy (SMA), a genetic condition in children, is the most common example of gene therapies presently in use in clinical practice at GSTT. SMA affects the motor neurons. A video was shown of two sisters who received Zolgensma at different stages in their lives (3 months and 5 years) and how effective it was when received earlier in life. 53 patients have been successfully treated at the Evelina so far.
 - AIPL1 gene therapy is used for treating a rare genetic disease in children causing rapidly progressive visual loss, Leber Congenital Amaurosis (LCA). GSTT is the only centre globally to provide this therapy at the moment.
 - Hemgenix for moderately or severe haemophilia B, an inherited bleeding disorder, is the most recently National Institute for Health and Care Excellence (NICE) approved therapy. GSTT is one of eight new Haemophilia hubs in England.
- 6.7. The following points were discussed by attendees in the Q&A:
- Advanced therapies are exciting, cutting edge new therapies that have the potential to be positively life changing for patients.
 - There are several AT(i)MPs in the pipeline, for multiple indications, across most clinical areas within the cancer and surgery clinical group and also more widely within Evelina and ISM (Integrated and Specialist Medicine).
 - The Trust aims to become a leading centre for the delivery of rapidly emerging Advanced Therapies with a clear, clinical rationale to adopting these into practice, as a key strategic priority.
 - Guy's Cancer Charity have invested in resource to support ATMP preparedness at GSTT.
 - Delivery is complex, requiring appropriate infrastructure and multi-disciplinary collaboration with internal & external stakeholders.
 - Work is underway to define ATMP governance and programme arrangements, including interdependencies with other Major Programmes (e.g. Aseptics, PTC) for successful future adoption and delivery.

7. Updates for committees attended by Governors

- 7.1. The Chair will provide a report on the 'Transformation and Major Programmes Board Committee' and 'Finance, Commercial and Investment Board Committee'.
- 7.2. The People Cultural Education Committee meets next week. An update is expected on the 'Making working lives better' programme.
- 7.3. The Quality and Performance Board, the Board that focuses on the main operational issues which the organisation is facing, took place in October. The report should be included in the next monthly newsletter to all governors.

8. Any other business

- 8.1. Next meeting of the Working Group Membership Development working group is in January under Claire Wills' chairmanship. The proposal is to have sub groups of the working group. Members are encouraged to attend.
- 8.2. The Chair informed the group that Charles Mead and Steve Bean were leading with the sub-group of the Membership Development Working Group focussing on engaging with the Trust membership.
- 8.3. For the record the Chair acknowledged and thanked Elizabeth Hubbard, who has now left the Strategy team, for all her hard work in this Working Group. The Chair acknowledged and thanked Jed Nightingale for his hard work. The Chair welcomed Jen Morris to the Working Group.

The next Strategy, Transformation and Partnership Working Group meeting will be held on Tuesday 11th February at 5:30pm-7pm.

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
QUALITY AND ENGAGEMENT WORKING GROUP
TUESDAY 03 DECEMBER 2024

Title:	Council of Governors Quality and Engagement Working Group Meeting Notes, 3 December 2024
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"> • Patient Safety Incident Framework and the role of Patient safety Partners • Quality Assurance Trust quality priorities: update • "Was Not Brought" (DNA) rates for children's services: Trust policy and activities to improve rates • Quarterly reports on Patient Experience and Patient and Public Engagement <p>For Information only:</p> <ul style="list-style-type: none"> • Reports / updates from committees recently attended by Governors (brief verbal updates, as necessary)
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 on 3 December.

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

TUESDAY 03 DECEMBER 2024

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 3 December 2024.

This meeting was attended by: Sarah Allen (Head of Patient Experience), Nigel Beckett (Staff Governor), Oliver Cook (Trust Senior Quality & Compliance Lead), Kelly Fisher (Quality Improvement Patient Safety Manager), Eleanor Fitzgerald (Deputy Director of Operations, Evelina London), Anna Grinbergs-Saull (Senior Patient and Public Engagement Manager), Melinda Gunkel (Patient Safety Specialist), Leah Mansfield (QEWG Chair), Charles Mead (Patient Governor), Zara Morgan (Deputy General Manager, Children's Medicine & Neonatal Directorate), Alison Mould (Public Governor), Daghni Rajasingam (Staff Governor) Elena Spiteri (Membership and Governance Co-ordinator), Mark Tsagli (Patient Experience Specialist), Claire Wills (Staff Governor).

- 1.2.** Apologies were received from: Emma Barslund-Blackman, Steve Bean, Felicity Conway, Andrea Carney, Stephanie Petit, David Phoenix, John Powell.

- 1.3.** Leah Mansfield, Chair of the Quality and Engagement Working Group, 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 10 September 2024.

2.2. Matters arising – actions update and questions raised by Governors after the last meeting:

- Questions raised about PSIRF are covered in the meeting agenda
- Three Governors attended the patient and public engagement strategy development group meeting

3. Agenda item 3: Patient Safety Incident Response Framework and the role of Patient Safety Partners

3.1. The Trust Quality Improvement Patient Safety Manager presented an overview of the Patient Safety Incident Response Framework (PSIRF). Copies of the paper were shared after the meeting. The presentation noted the following:

- The PSIRF is a national framework that replaced the Serious Incident Framework. It does not mandate investigation as the primary method for learning from safety incidents, focusing instead on just culture, systems and improvement
- The PSIRF supports four key aims:
 - Compassionate engagement and involvement of those affected by patient safety incidents
 - Application of a range of system-based approaches to learning from patient safety incidents
 - Considered and proportionate responses to patient safety incidents
 - Supportive oversight focused on strengthening response system functioning and improvement
- Activities that apportion blame, determine culpability, determine preventability or identify cause of death are explicitly excluded.
- The Trust is developing a local framework for addressing and evaluating incidents at all levels.
- Trust Quality Committees and the patient safety team monitor incidents and responses. The number and type of incident, and the number of responses are tracked and reported per Clinical Group. Learning is also shared and discussed at Learning for Improvement Group meetings.

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3.2. The Patient Safety Specialist provided an introduction to the role of Patient Safety Partners (PSPs).

- PSP are being recruited across NHS England as part of a framework for involving patients in patient safety.
- PSP can be patients, relatives, carers or members of the public with interest in healthcare organisation governance and patient safety management.
 - The Trust's three PSPs support Clinical Groups, contribute to safety and quality committees, are involved in patient safety improvement projects, and participate in the Learning for Improvement Group.
- Next steps for the PSP programme Include:
 - Further recruitment with an aim to appoint one PSP per Clinical Group and one PSP for central governance
 - Expand the involvement of PSP across the Trust.

3.3. Governors welcomed the presentation and sought clarification on the following in discussion:

- The meaning of never events.
 - These are incidents that should never happen with strong systemic barriers in place. NHS England is currently reviewing the national list of never events to look at systemic barriers, proportionate responses and whether the current list is reasonable and up-to-date.
- The purpose of the learning for improvement group, who attends and how often they take place:
 - The group meets monthly to share learning from the full range of incident responses. The meetings are attended by Non-Executive Directors, PSPs, Quality and Assurance staff and governance teams.
- The benefit of this learning for front line staff, and how learning is shared to support system wide approaches to learning, avoiding outcomes being shared only within teams involved.
 - Clinical Groups are represented on the Learning For Improvement Group and attendees are asked to disseminate learning. Learning is also shared through internal communications avenues however the team acknowledges that meetings can be difficult for clinical teams to attend and is reviewing dissemination methods to improve their reach.

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- Governors suggested out of hours or pop up learning sessions could be considered to encourage more diverse attendance
- How the PSIRF and its focus on learning rather than blame interacts with whistleblowing policies or incidents where reporting and investigation may be required.
 - The framework includes a process to report significant concerns during a learning response to make sure they are addressed through the appropriate policy and process

Action: staff to share further information about the review and a list of never events

4. Agenda Item 3: Quality Assurance. Trust quality priorities: update

4.1. The Trust Senior Quality & Compliance Lead presented an update on the Trust quality priorities. The report was shared after the meeting. During the presentation, a progress update was provided on the following:

- The quality priority around patient safety focuses on surgical safety and ensuring effective use of the surgical safety checklists.
- There are two quality priorities under clinical effectiveness:
 - Implementing Martha's Rule, which has three national requirements: for staff to have 24 hour access to rapid review for critical care, for patients, families, carers and advocates to have the same 24 hour access, and that patients and families are consulted about any concerns at least daily.
 - Developing and embedding processes to report diagnostic tests via Epic.
- The quality priority focusing on patient experience is being delivered via the Trust-wide Contacting Us programme, working to improve patient experience of contacting their clinical team or service.

4.2. Governors welcomed the presentation. In discussion, the following points were raised:

- Clarification around progress on the Martha's Rule requirement to consult patients and families about their concerns. This is becoming routine and the focus now is to develop consistency in documentation.

- Embedding sharing of diagnostic data in MyChart and EPIC must be delivered in a manageable way so that clinical staff receive the right messages at the right time. Data on the number and outcome of messages received in EPIC “in boxes” is being monitored to ensure that the tool is used effectively; supporting staff and ensuring timely access to results.
- Improvements to the use of surgical safety checklists may be supported by the rollout of PSIRF, with its focus on recording incidents and learning from them. Governors have an interest in discussing what their role could be in encouraging the Trust to learn from impact.

Action: Trust staff and Group Chair to facilitate discussions about the Governor role in quality priorities.

5. Agenda Item 4: “Was Not Brought” (DNA) rates for children’s services: Trust policy and activities to improve rates

5.1. The Deputy Director of Operations for Evelina London and Deputy General Manager for Children’s medicine and Neonatology presented a report on projects to improve “Was Not Brought” rates in children’s services. Slides were shared after the meeting. During the presentation, speakers highlighted the following:

- Was Not Brought (WNB) is managed differently to DNA in adults. In particular, following two missed appointments, paediatric teams conduct a clinical and safeguarding review before discharge.
- Continuing to offer alternative appointments is not a safe solution. The Trust’s approach is informed by the fact that patients do not decide to not attend – another person does not bring them.
- WNB rates vary depending on a number of factors including:
 - Socioeconomic factors – those with a low Index of Multiple Deprivation are more likely to be WNB
 - Time from booking to appointment – a longer gap means WNB outcome is more likely
 - Past behaviour – previous WNB makes further WNB more likely
 - Appointment type – face to face appointments have a lower rate of WNB than virtual appointments
- The introduction of EPIC caused an increase in WNB as staff and families learnt how to use the system. However, the rate is now back to the pre-EPIC Trust figure and is on a par with the national average.

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- In 2024, an approach was piloted in Paediatric ENT services to deliver calls and reminders 7 days and 48 hours before an appointment to patients at risk of WNB (identified using AI indicator tool).
- The pilot highlighted challenges in integrating the AI tool with EPIC. As a result additional calls have been made standard for all patients in this service.
- Administrative factors affecting WNB rates were also identified, leading to improvements across all paediatric outpatients appointment booking processes.
- Patients not recalling having received an appointment letter continues to be a main reason for WNB.
- Further work includes:
 - Optimising the use of MyChart and EPIC within children's services to analyse WNB rates in more detail, identify causes of WNB in individual services and find possible solutions.
 - Using tools within EPIC to identify patients at risk of WNB, to allow more targeted reminders
 - Delivering training to staff to support standardised approaches

5.2. Governors welcomed the presentation and during the discussion, raised the following:

- The link between deprivation and WNB suggests a that My Chart may not solve the issue as families will also be experiencing digital exclusion.
 - MyChart requires access to at least one mobile phone, which may be more achievable for most families than other forms of digital technology. Digital exclusion will be monitored in this programme.

6. Agenda Item 6: Patient and public engagement updates (papers attached)

6.1. Item 6a: The Quarterly Patient Experience Q2 (2024-25) report was circulated with papers in advance of the meeting. The Head of Patient Experience noted the following:

- Three national survey results were reported in the last quarter. Adult inpatient survey results were broadly positive. Maternity and cancer survey results highlighted a number of areas for improvement.
- Inpatient survey results show the impact of a recent volunteering programme to support mealtimes in elderly care wards. Following the scheme, there was a statistically significant 15% increase in positive responses to questions asking whether patients receive enough support at mealtimes.

Spiteri Elena
 23/01/2025 19:00:33

6.2. The following points were raised in discussion:

- Staff Governors have observed the benefits of the mealtime volunteers and it is encouraging to see this reflected in the survey results.
- The impact of volunteering in one survey area suggests that further roles might be explored in services and areas where survey performance has been less positive.
- There are increasing demands on the volunteering offer, however roles must be designed with care and cannot replace paid roles.

6.3. Item 6b: The patient and public engagement Q2 (2024-25) report was circulated in advance of the meeting. Due to time considerations, there were no verbal updates. Governors were invited to comment or submit any questions to the Membership Office. The following was noted in discussion:

- Governors were involved in developing the patient and public engagement strategy, and were invited to comment on a final draft. Governors were encouraged to review and respond to the draft.

7. Agenda Item 7: Reports/updates from committees recently attended by Governors

7.1. Nursing and Midwifery Research Council

- The Governor attending this group submitted a report on the group's discussion about research priorities, national guidance for Chief Nurses and the South London Research Delivery Network.
- An event to showcase research projects at the Trust is planned in December

8. Agenda Item 8: Any other business

- External Auditor appointment: Felicity Conway provided information with respect to the tender process for the appointment of the external auditors. The tender responses are expected by late December 2024. There follows a detailed review and scoring process, and once it has been validated, the recommendation from the Audit and Risk Committee will be presented to the full Council of Governors at the meeting in January 2025.

9. Actions

3.3	Trust staff to share further information about the review and a list of never events
4.2	Trust staff and Group Chair to facilitate a discussion about the Governor role in quality priorities.

6.3	Governors to submit any questions about the patient and public engagement report
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Spiteri Elena
23/01/2025 19:00:35

COUNCIL OF GOVERNORS

WEDNESDAY 29 JANUARY 2025

Report title:	Making working lives better – programme update
Executive sponsor:	Lawrence Tallon, Deputy Chief Executive Daghni Rajasingam, Deputy Chief Medical Officer and Consultant Obstetrician
Paper author:	Amy Langford, Business Partner, Central Portfolio Office
Purpose of paper:	For awareness/noting only
Main strategic priority:	Valuing all of our people
Primary BAF risk:	Risk 5: inability to maintain staff health and wellbeing
Key points of paper:	<ul style="list-style-type: none"> During engagement sessions with senior leaders around the launch of the GSTT 2030 strategy there was consistent feedback that while there is support for an ambitious strategy, there are opportunities for the Trust to make improvements on work environments, and ensure we are also getting the basics right. A working group, led by Lawrence Tallon, reviewed existing insights and developed a proposal for high impact priority improvements, based on the main themes coming out of last year's staff survey, as well as the feedback from senior leaders. On 27th August 2024 TEC members endorsed 4 workstreams for the 'making working lives better' programme. This paper provides a summary of the objectives and key points of progress for the programme.
Paper previously presented at:	N/A
Recommendation(s):	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> To note the objectives and progress for the 'Making working lives better' programme.

Making working lives better: programme update

Council of Governors

January 2025

Speaker: Elena
23/01/2025 19:00:35

The environment is a key domain for creating a Health and Wellbeing culture



Better for our people, better for our patients:

- The environment includes physical work spaces and facilities that enable our people to recover and succeed. Given we spend one third of our lives at work, the working environment can have a significant impact on our health and wellbeing.
- Evidence shows that people tend to perform better, enhance productivity and be happier at their work, if they are working in a safe and healthy environment. This in turn supports sickness rates, staff retention, and patient satisfaction.

The NHS Health and Wellbeing diagnostic tool suggests what good work environments can look like including:

- **Basic Necessities:** Free clean drinking water, facilities to support the safe storage of food brought from home.
- **A healthy working environment:** Our NHS people have spaces for them to enjoy away from the service area, and a safe place to go during times of high pressure.

Spiteri Elena
23/01/2025 19:00:35

GSTT already has work in place to support and enhance health and wellbeing, and work environments

GSTT's showing we care about you (SWCAY) programme focuses on the following key areas:



Active body:

Support and facilities for:

- Cycling, walking, Running, Gym, swimming, Breath dance and yoga



Healthy eating:

• In house catering

- Staff healthy eating service
- Dietetic team appointments, weight management groups
- Edible garden programme



Work life balance:

• Staff wellbeing zones for breaks

- Going home checklists and working from home tips
- HALT break campaign
- Policies (e.g. flexible working and career break)



Healthy body:

- Occupational health
- Flu and vaccination programme
- Physiotherapy
- Workstation and display screen assessment



Healthy minds:

- EAP, Self referral to staff wellbeing psychology, and access to wellbeing apps
- Webinars e.g. stress management
- Staff wellbeing champions

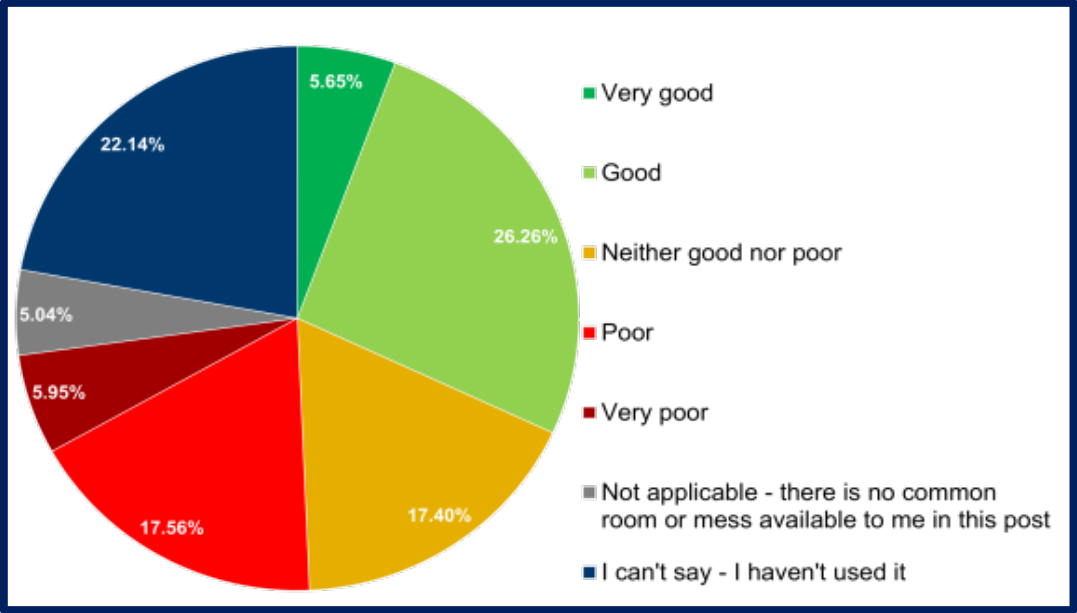
There is also localised work in place, such as action plans to respond to staff survey findings, and programmes focusing on specific staff groups.

Despite planned works, our staff are escalating significant live challenges in their work environment.

Trust wide and local survey data and engagement identified further opportunities for work environment improvement

GMC National Training Survey Insights:

Q1. Rate the quality of the common room or mess available to you in your current post:

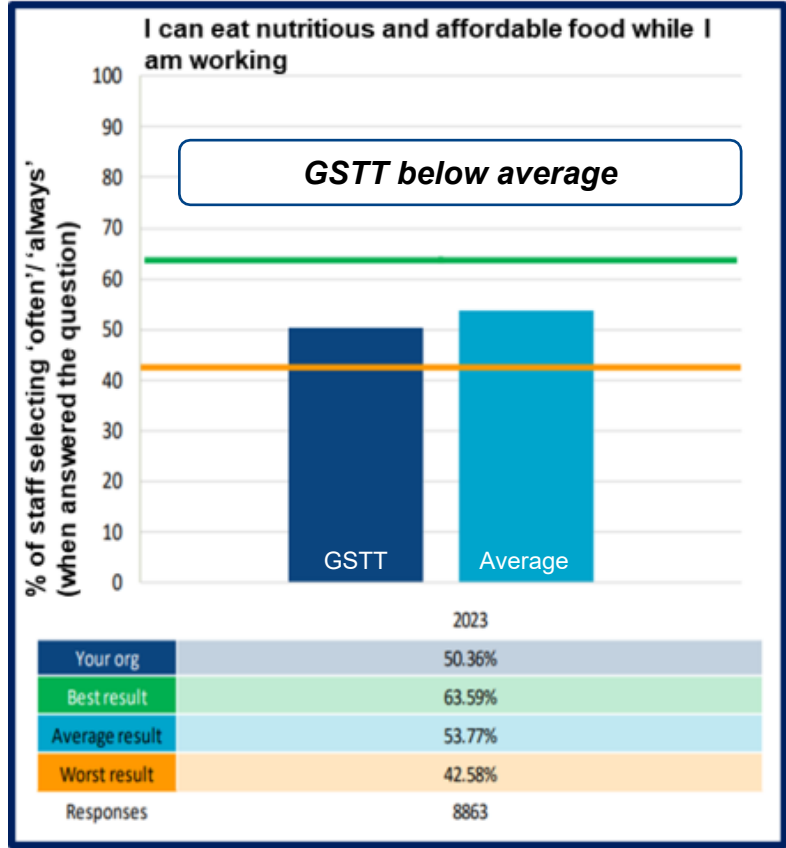


Q2. 'I have easy access to a catering facility providing suitable food out of hours' – **17.95% disagreed, 11.41% strongly disagreed, and 10.4% reported there is no facility out of hours.**

Q3. 'You were given enough notice about my rota in advance of starting my current post' – **11.6% disagreed, and 5.34% strongly disagreed.**

A local Resident Doctor locker survey identified there is a lack of access to lockers.

Trust wide staff survey insight:



10.2% of Trust wide staff survey free text responses related to 'environment' factors / 'rota'.

High impact improvement priorities have been endorsed by the Trust Executive Committee and plans are in progress to make phased improvements



Access to nutritious, high-quality food:

Ensuring healthy meal options are available throughout the day, including for those working out of hours.



Safe storage for personal belongings:

Providing secure storage facilities to keep personal items safe while at work.



Improving changing and toilet facilities:

Upgrading these spaces to ensure they are comfortable and fit for purpose, creating a more dignified working environment.



Timely access to rotas

Ensuring shift schedules are communicated efficiently, giving more predictability and control over work-life balance.



Reporting

Alongside these priority areas we're also looking into improving how estates and facilities issues can be reported, and how we can ensure our workforce are kept up-to-date on progress.

Work to date so far:

Colleagues across a number of teams are working together to make these improvements as quickly as possible. For example, Essentia is in the process of contacting teams across the organisation to understand more about what is required on each site, and where some 'quick win' solutions could be put in place very soon.

We are currently seeking to:

- Create additional locker capacity for colleagues in the emergency department at St Thomas'
- Separate the mixed changing space in Dorcas Ward at Guy's, by adding an extra changing room
- Create a break space in the dental department on 20th floor of Tower Wing at Guy's
- Scope a smart vending machine pilot
- Review how colleagues can engage with Essentia services, optimising its systems and processes to improve the user experience and ways of working