

Public Council of Governors meeting

Wed 22 October 2025, 18:00 - 19:30

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

Agenda

18:00 - 18:00 1. Welcome and apologies

0 min

Charles Alexander

18:00 - 18:00 2. Declarations of interest

0 min

18:00 - 18:05 3. Minutes of previous meeting (23 July 2025) and review of actions

5 min

 20250723 Public CoG Meeting Minutes vFinal.pdf (3 pages)

18:05 - 18:25 4. Emergency department update

20 min

Katherine Henderson

 20251022 Emergency Department GSTT Public Council of Governors meeting.pdf (21 pages)


18:25 - 18:35 5. Council of Governors governance

10 min

Edward Bradshaw

5.1. Nominations Committee membership update

Edward Bradshaw

 Nominations Committee membership update.pdf (1 pages)

5.2. Working group chair update

Edward Bradshaw

 Working group chair arrangements.pdf (2 pages)

 Appendix 1 - GSTT Governor working group chair - role description vDraft (003).pdf (2 pages)

18:35 - 18:45 6. Reflections on the governor away day

10 min


Katherine Etherington

18:45 - 18:50 7. Governors' reports for information

5 min

7.1. Lead Governor's Report

Katherine Etherington

 20251022 Lead Governor report updated.pdf (2 pages)

7.2. Strategy, Transformation and Partnership Working Group

Leah Mansfield

 20250916 STPWG meeting minutes Final.pdf (4 pages)

18:50 - 19:25 8. Q&A with Trust Chair and non-executive directors
35 min

19:25 - 19:30 9. Any other business
5 min

COUNCIL OF GOVERNORS

Wednesday 23 July 2025, 6pm – 7.30pm
Robens Suite, Guy's Hospital and MS Teams

Governors present:	Aya Ayoub	Samantha Field	Samuel Oloye
	Steve Bean	Emily Hickson	Daghni Rajasingam
	Nigel Beckett	Leah Mansfield	Sheila Reddy
	Kathryn Blake	Yvonne McPherson	Kendra Schneller
	Annette Boaz	Margaret McEvoy	Helen Selvarajan
	Victoria Borwick	Charles Mead	Dominic Shaw
	Michael Bryan	Patrick Miller	Thomas Sheridan
	Emma Barslund Blackman	Alison Mould	Darren Summers
	Felicity Conway	Irina Munteanu	Cordwell Thomas
	Katherine Etherington	Mary O'Donovan	Peter Yeh
In attendance:	Charles Alexander (Chair)	Nilkunj Dodhia	Jeroen Kluit
	Ian Abbs (to item 5)	Simon Friend	Damien O'Brien
	Edward Bradshaw (minutes)	Felicity Harvey	Pauline Philip
	Miranda Brawn	Jamie Heywood	Elena Spiteri
	Jo Brown (to item 5)	Deirdre Kelly	Alison Wilcox
	Steven Davies		

1. Welcome and apologies

- 1.1. The Chair welcomed attendees in the room and online to the meeting of the Council of Governors (the Council). Apologies had been received from governors, Nimmi Anu Sam, David Bridson, Peter Harrison, Michael Mates, Stephanie Petit, Mercy Satoye, and Jadwiga Wedzicha, and from non-executive directors Graham Lord and Ian Playford.
- 1.2. The Chair noted that this was the last Council of Governors meeting for the Chief Executive, Professor Ian Abbs, and thanked him on behalf of governors for his long service to the Trust. In response the Chief Executive thanked the Council of Governors, past and present, for their support.

2. Declarations of interests

- 2.1. No declarations of interest were received.

3. Minutes of the meeting held on 30 April 2025

- 3.1. The minutes of the previous meeting were approved as an accurate record. One action had been recorded: to consider whether patients could cancel appointments within 48 hours on MyChart. This suggestion had been fed back to the Apollo programme team and was currently being considered. A decision was expected to be made in August and would be reported back to governors.

4. Annual Report and Accounts

- 4.1. In line with its statutory duty, the Council of Governors received and noted the Trust's 2024/25 Annual Report and Accounts, including the auditor's report on the accounts. The Chief Executive gave a short overview of the key aspects of the Annual Report, noting the Trust's performance during the year had been strong, particularly given the challenges posed by the criminal cyber-attack on its pathology partner Synnovis in June 2024. There had also been important strategic developments, most notably the publication of the Trust's new strategy to 2030. The Chief Financial Officer provided a summary of the Trust's full-year financial performance and explained that the Trust had once again met its statutory duty to break even with a technical accounting surplus of £12.7m. This was testament to the

hard work of staff across the organisation and was of particular pride given the significant financial challenges caused by the cyber-attack, industrial action, and inflationary pressures. The Trust's external auditors, Grant Thornton, had completed the audit within the national deadline and had issued an unqualified audit opinion.

- 4.2. Governors congratulated the Board for the Trust's financial performance and for the clarity of the narrative in the Annual Report. A question was raised about a reference in the auditor's report that there had been a delay in providing the certification of completion of the audit. The audit partner confirmed that the audit had been completed, that the delay to issuing a certificate was because the audit file had been selected for quality review by the National Audit Office, and that the final certificate would be issued in due course. There was a second question about whether the Trust had or would receive financial compensation from Synnovis as a result of the cyber-attack; governors noted that discussions regarding this matter were ongoing.
- 4.3. Governors would have another opportunity to ask questions about the Annual Report and Accounts at the Annual Public Meeting scheduled for 3 September.

5. Making working lives better programme

- 5.1. Governors received an update about the progress of the making working lives better programme which had been launched the previous year, in part due to feedback from governors about the unsatisfactory elements of working environment for staff in parts of the Trust's estate. Whilst significant progress had been made, for example the introduction of lockers and the increased availability of hot food for staff working unsocial hours, the Trust recognised that there remained more to do.

6. Governor reports

- 6.1. The Lead Governor welcomed new governors and thanked those who attended the recent governor induction session. All governors were encouraged to take advantage of the opportunities they were afforded to visit clinical services, observe Board committee meetings, and join governor working groups, all of which would provide valuable information to assist the exercise of governors' duties. Governors were also reminded about the forthcoming away day that would be held on 1 August. Finally, the Lead Governor echoed the Chair's earlier comments about the Chief Executive and, on behalf of all current governors, thanked him for his contribution to the Trust.
- 6.2. Governors noted the minutes from the most recent meetings of the three working groups: Membership Development Working Group; Strategy, Transformation and Partnerships Working Group; and Quality and Engagement Working Group. It was noted that a new Chair was required for the Membership Development Working Group and Corporate Affairs would seek expressions of interest for this.

7. Q&A with Trust Chair and non-executive directors

- 7.1. Governors asked a range of questions and made a number of representations during the discussion with the Chair and non-executive directors to fulfil their general duties to hold non-executive directors to account for the performance of the Board, and to represent the interests of members.
- 7.2. It had been reported earlier in the meeting that in 2024/25 the Trust had met its financial plan but had not delivered its £93.8m cost improvement target in full. It was clarified that the savings gap had therefore been rolled-over into the current financial year, and that this demonstrated the importance of identifying recurrent savings. Non-executive directors were asked about assurances they had sought about management's ability to deliver the savings target in 2025/26. In response, it was explained that the Finance, Commercial and Investment Committee kept close oversight of delivery and scrutinised the programme at each meeting. In addition, clinical group strategic advisory boards gave advice about steps that could be taken to address the challenge. All schemes were risk-assessed to ensure they did not impair clinical safety.
- 7.3. Governors queried the financial impact of previous industrial action and whether the Trust was compensated for the strikes. The Chief Financial Officer stated that, whilst the Trust had been

compensated in previous years, there had not yet been any confirmation that this would be repeated in 2025/26. As a rough guide, the strikes cost the Trust around £1m each weekday, half of which was a direct cost impact, and the other half lost income from cancelled activity.

- 7.4. Governors indicated that, in their view, the entrances to both Guy's and St Thomas' hospitals needed improvement work, for example through better painting, signage and lighting. It was acknowledged that the Trust's capital expenditure budget was limited and that, beyond large strategic developments, it was allocated based on the level of clinical risk. Whilst the Essentia capital and estates team were looking at refreshing the entrances of both hospitals there were no defined plans or timescales for when this would happen. However, governors argued that the improvements mentioned would be inexpensive but have a large impact on patients and visitors. The Trust would consider this further.
- 7.5. One governor noted that at the preceding Board meeting the Chair had not permitted members of the public to ask questions and queried how the Trust ensured it engaged sufficiently with members of the public in other ways. The Chair explained that this was a Board meeting held in public and was not a public meeting. Furthermore, a Board meeting was not considered the appropriate forum to field and answer many of the questions that were anticipated, many of which were likely to be specific personal issues. Instead, the Trust held a public meeting held each September where questions from the public were actively encouraged, whilst further public engagement was exercised through governors themselves and through the Trust's patient and public engagement team.
- 7.6. Noting the Trust had been placed into segment two of the new NHS Oversight Framework, governors sought assurances from non-executive directors about the plans in place to move into segment one. The Chair explained that the Trust was focused on improving its segmentation, and that a key factor in the segmentation decision taken by NHS England was 62-day cancer performance, for which the Trust remained in regulatory tiering, and for which the Trust had specific challenges due to the number of patients being referred for specialist treatment from other hospitals. Further, the segmentation process did not yet include consideration of the Trust's strong financial performance which, when incorporated from quarter two, was anticipated lead to some changes in the segmentation.
- 7.7. Governors sought clarity about several aspects of the recently-published *Fit for the Future: ten-year health plan for England*, namely the suggestion that foundation trust councils of governors would no longer be required, and the implications of the ten-year plan on the Trust's strategy. In the Trust's view, any change to the role of governors would require a change to primary legislation and therefore, until further detail had been provided about this, the Trust would continue to support its Council of Governors to fulfil their statutory duties. Equally, the Trust saw significant alignment between the plan and its own strategy, and was already developing plans, for example around integrating primary and secondary care, that would help enable the Government's 'three shifts'. The Integrated and Specialist Medicine (ISM) Clinical Group Board had met earlier in the day to receive updates on this topic, and slides would be shared with governors to demonstrate the work being done.

ACTION: Corporate Affairs to share slides from the ISM Clinical Group Board with governors.

- 7.8. It was suggested that an update about the play services teams at Royal Brompton Hospital could be a future agenda item at a Council of Governors meeting. There was other discussion about how the Trust had dealt with obsolete hardware following the implementation of Epic, and about how non-executive directors monitored the utilisation of space across the Trust, following governor feedback that some parts of the community estate were significantly under-utilised and other parts lacked space. Non-executive directors recognised this inconsistency and would take it into account.

ACTION: Corporate Affairs to work with the Lead Governor to consider options for a demo of the work being done to map the Trust's estate to better-utilise space.

8. Any other business

- 8.1. There was no other business. The next meeting of the Council of Governors would be held on 22 October 2025.

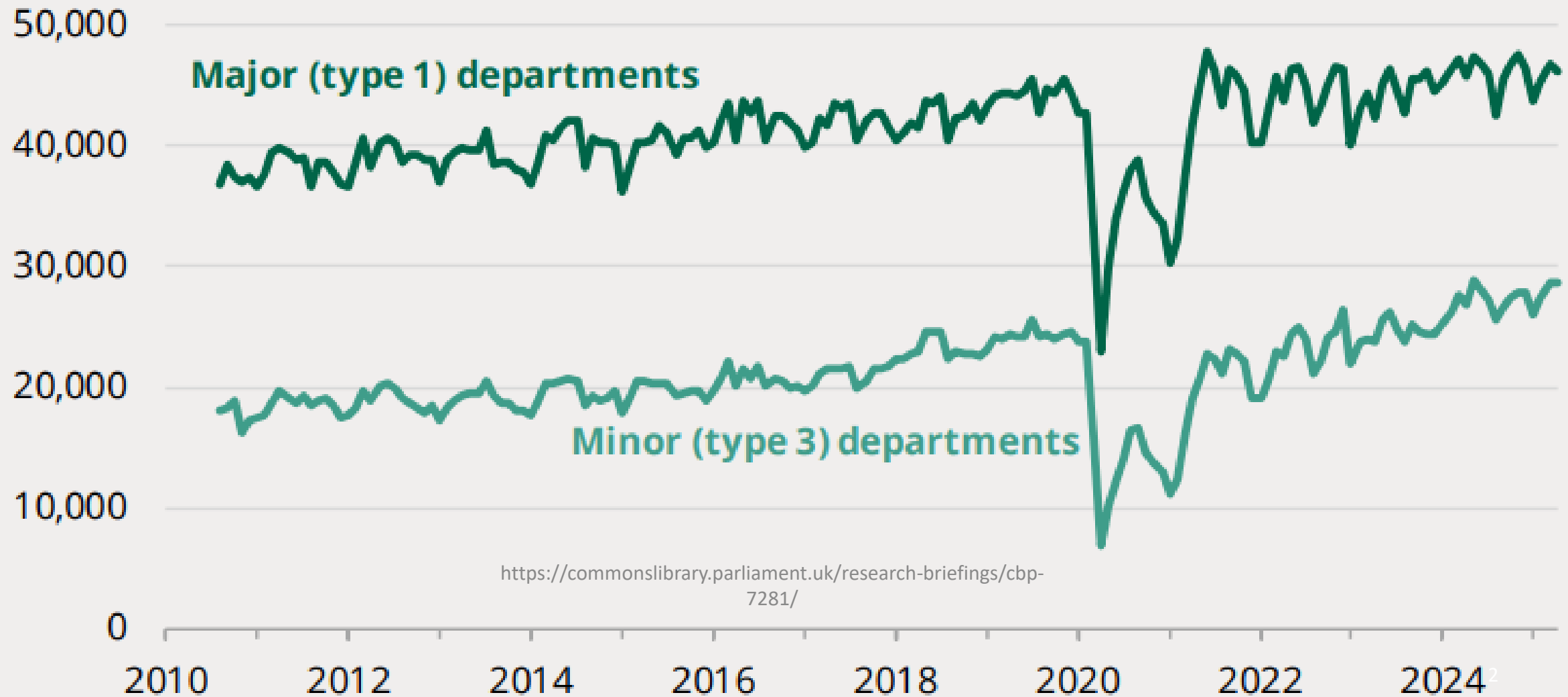


Urgent and Emergency Care Guys & St Thomas Foundation Trust

Dr Katherine Henderson FRCP FRCM
Clinical Director Urgent & Emergency Care

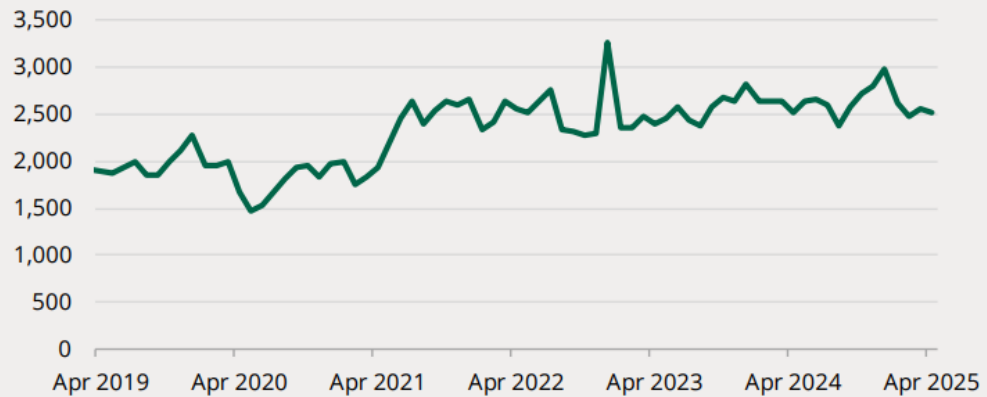
A&E attendances have increased over the past 15 years

Average daily attendances in England, monthly data



There were 33% more of the most serious ambulance calls in April 2025 than in April 2019

Average number of category 1 calls per day, monthly data



Ambulances

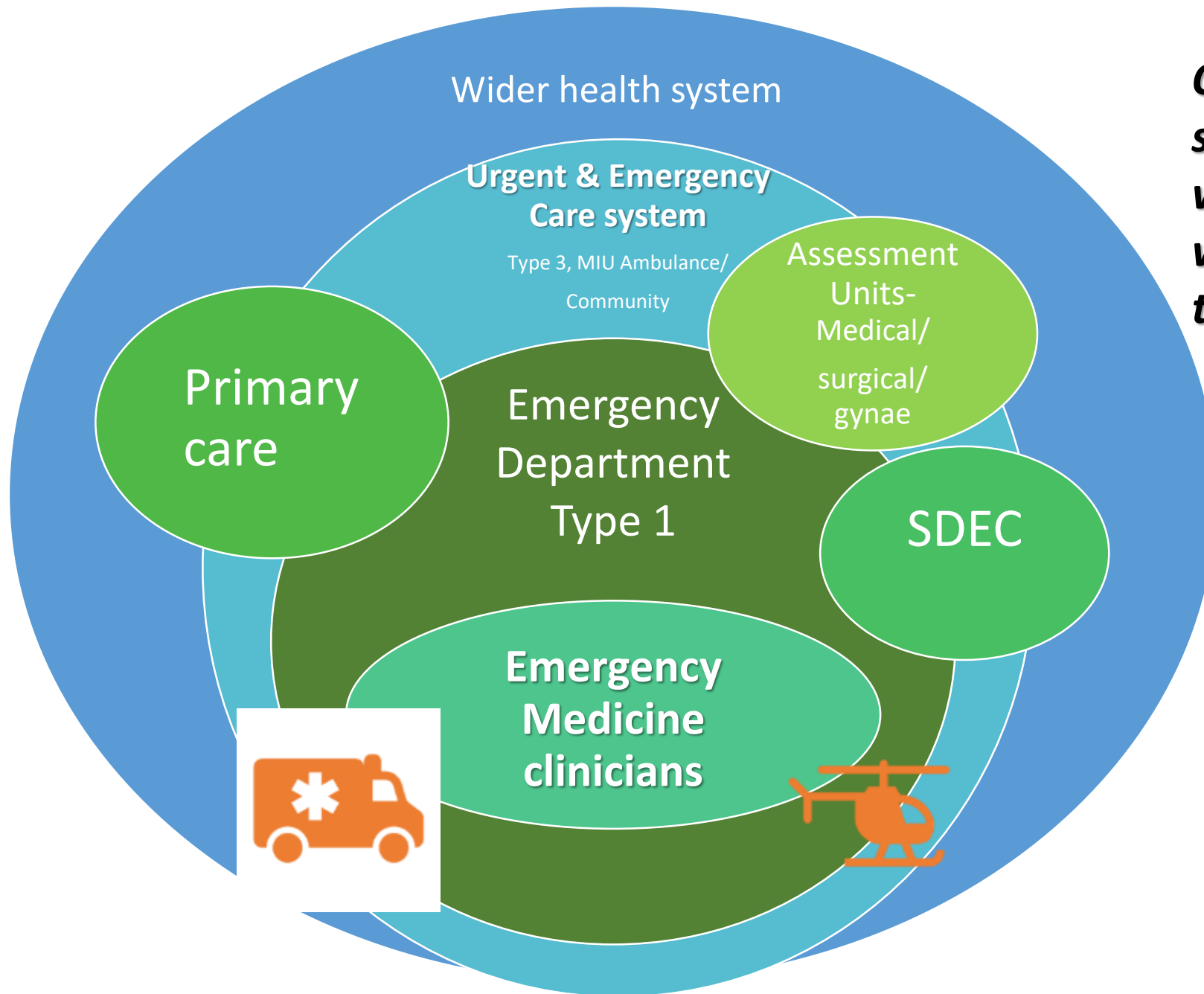


<https://commonslibrary.parliament.uk/research-briefings/cbp-7281/>

Headline services in the GSTT UEC world

- 999/ London Ambulance Service
- Emergency Department – adult and Childrens
- Same Day Emergency Care
 - Medicine
 - Surgery
 - Frailty
- Early Pregnancy Assessment Unit
- Eye Emergency
- NHS 111
- St Thomas GP hub Gassiot House
- St Thomas' Urgent Care Centre
- Guys Urgent Care Centre
- 'Hot' clinics/ advice phone lines





***One big UEC
system- and
we need to
work
together.....***



Main Emergency Department –
Type 1 Consultant led, 24/7
unscheduled care

- **Attendances at St Thomas' site**

>420 adults/day
80 children /day

- **SDEC Medicine 16-20/day**



Emergency Department workforce

- Lead Matron, Lead Consultant & Service Manager
- Emergency Medicine clinicians
 - Adults and Children Consultants and trainees FRCEM/ MRCEM
- Nursing team
- ACPs and ENPs
- PAs
- Resident doctors
 - Clinical Fellows
 - Foundation doctors
- Reception & Admin



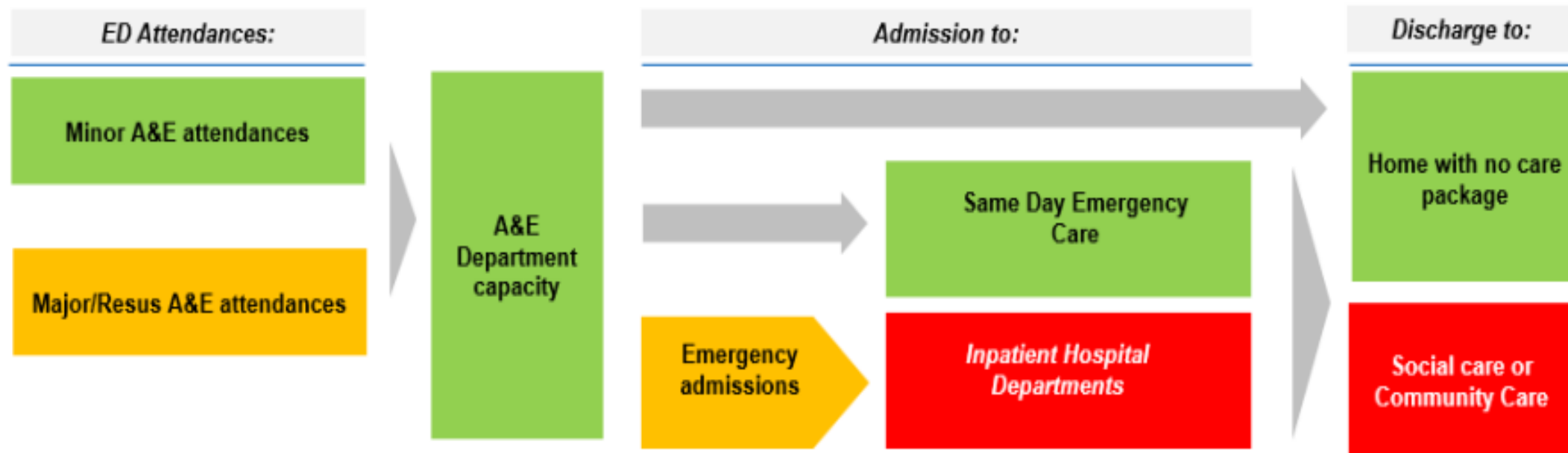
Who are our patients?

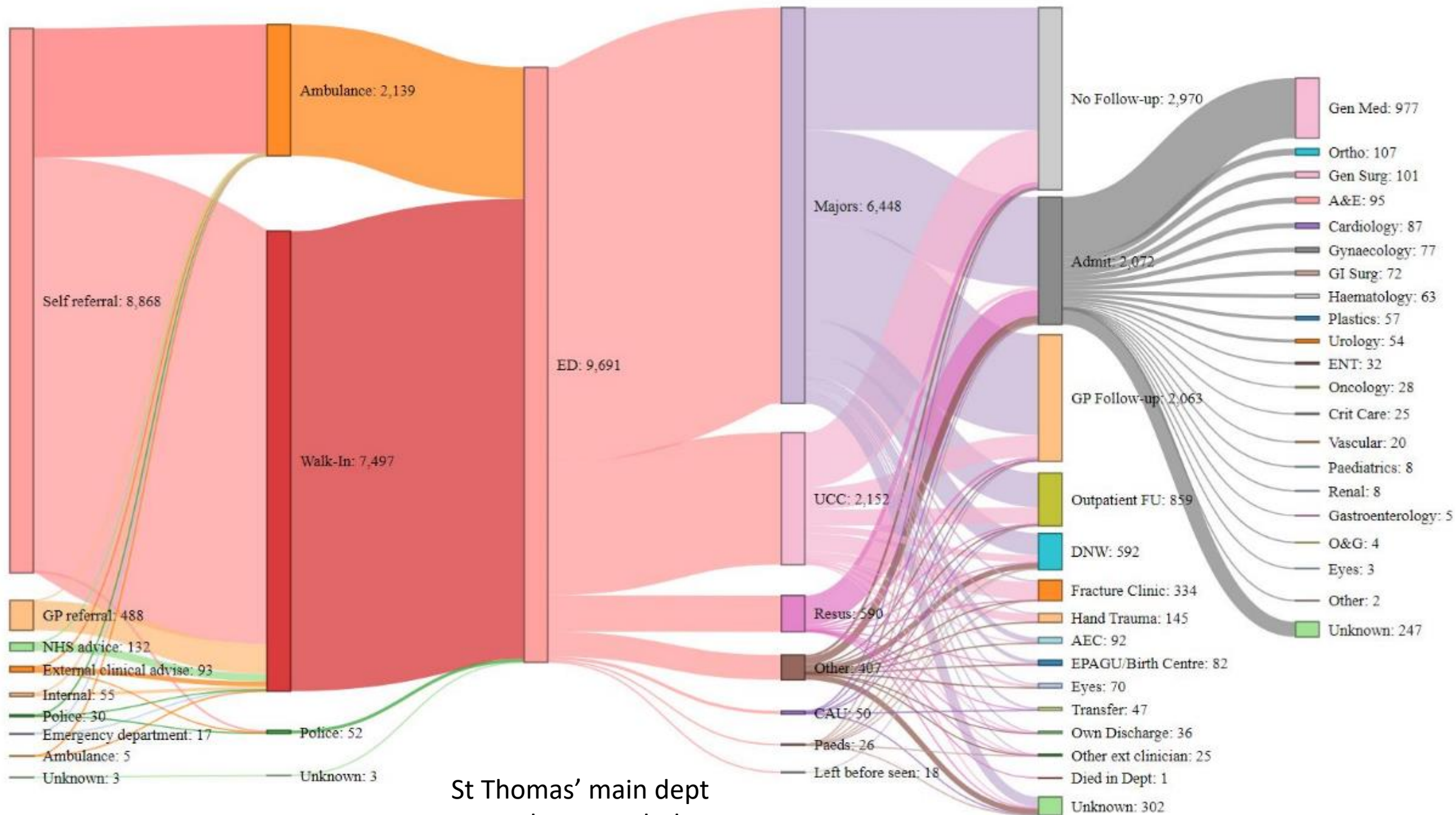
- Southwark and Lambeth residents plus
 - 40% non local – specialty patients and wider London/ commuters
- Young
- High prevalence of drugs and alcohol related presentations.
- Higher than average mental health related presentations





Simplified A&E flow





St Thomas' main dept
example 1 month data

Key metrics in UEC

- Ambulance offload times
- 4 hour standard
- 12 hour stays including mental health
- Mental health 72 hour stays

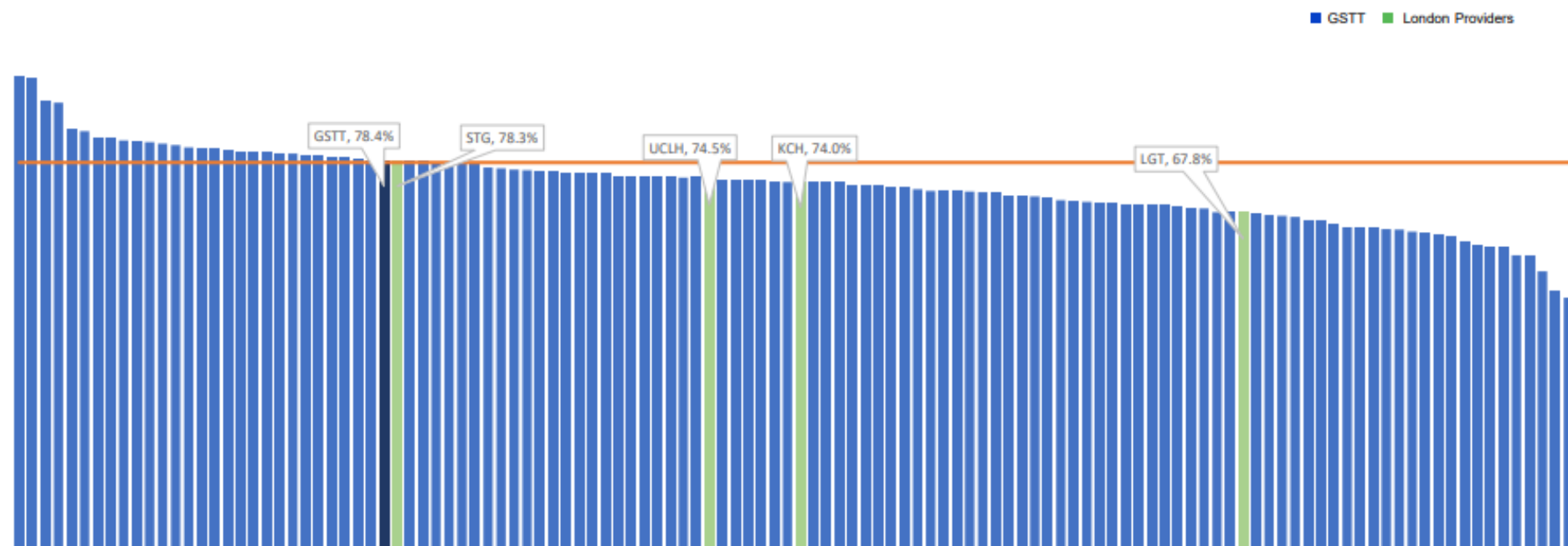


The 4 hour
access target



A&E Performance: August 2025

- Trust-level A&E performance across England for August 2025 ranged between 48.0% and 95.6%.
- For the month, we ranked 29th out of 121 general hospital trusts.
- Across England, 75.9% of patients were seen within 4 hours.

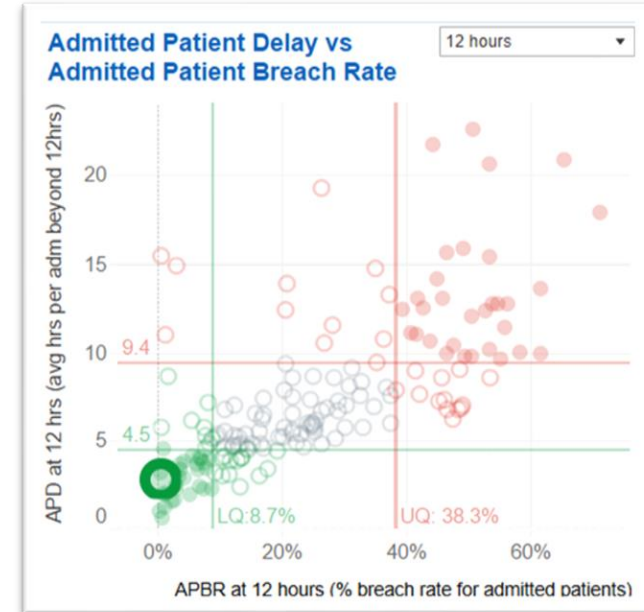
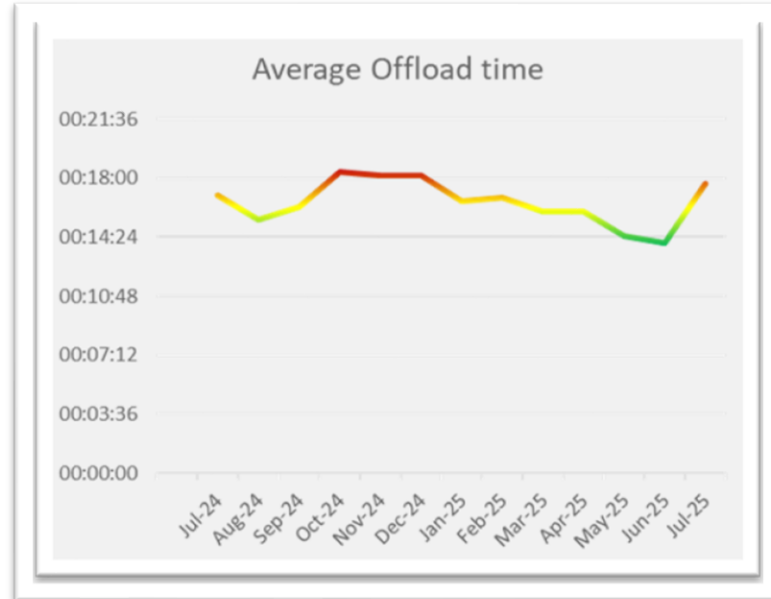


GIRFT – Get It Right First Time – NHSE data

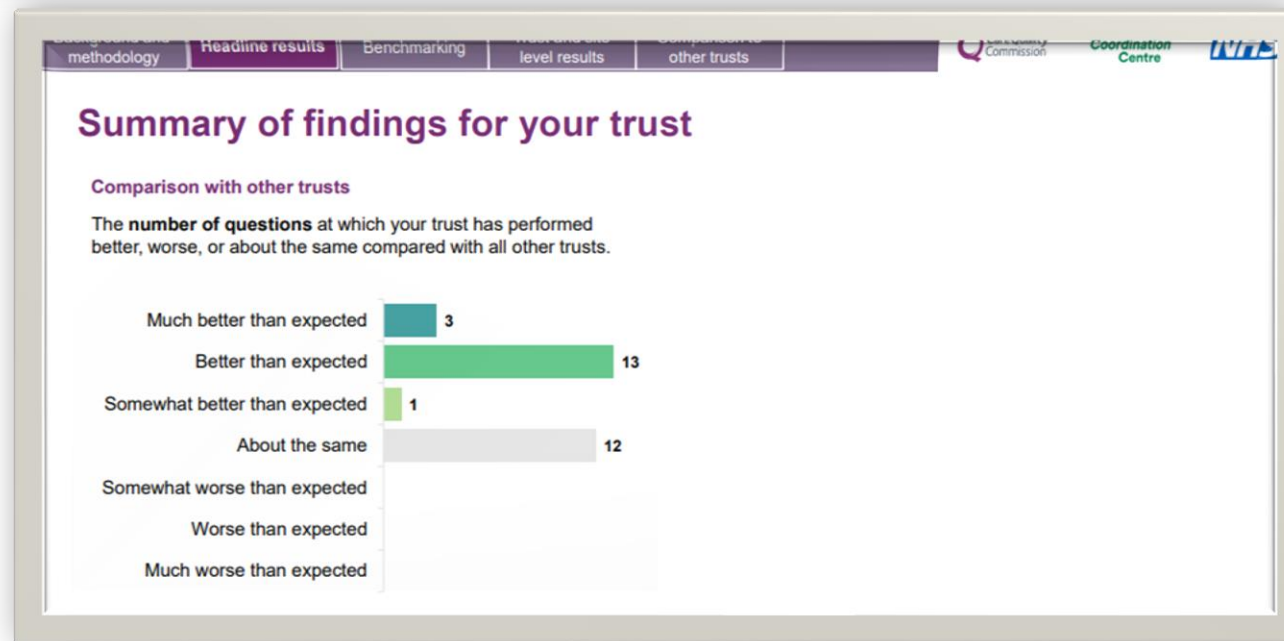
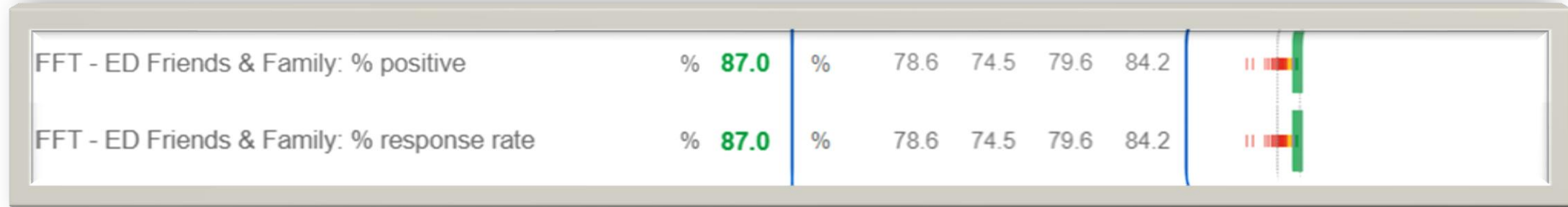
	Trauma status	GIRFT-EM ED quadrant	Completeness and validity of coding	Accuracy of discharge destination coding	Demand	Capacity	Flow	Outcomes	Proportion of all ED patients waiting more than 12 hours from arrival	All G&A bed occupancy	Four-hour target performance	Average time in ED before admission (hours)	Total time wasted by ambulance handover delays (hours/month)
NHS SE LONDON ICB	N/A	Q4	82.9%	69.5%	-1.8	6.8	-2.8	-3.2	8.9%	92.6%	57.6%	8.0	590
King's College Hospital (Denmark Hill)	MTC	Q4	86.2%	91.9%	-4	9	-2	-4	8.2%	97.2%	62.4%	8.2	193
Princess Royal University Hospital	TU	Q4	86.5%	83.5%	-5	10	-8	-8	13.0%	98.6%	54.1%	10.3	85
Queen Elizabeth Hospital (Lewisham & Greenwich)	TU	Q4	76.1%	40.6%	0	2	-6	-9	13.5%	99.2%	46.7%	7.0	115
St Thomas' Hospital	TU	Q1	81.5%	91.4%	1	9	5	7	2.0%	80.6%	65.6%	5.4	109
University Hospital Lewisham	TU	Q4	77.8%	46.7%	-1	4	-3	-2	5.2%	95.1%	55.1%	7.5	88

10 year plan UEC key metrics GSTT

- Our ambulance offload times are good- both within 15 mins and < 45 mins
- 12 hour stays – Physical health minimal, sadly patients awaiting a mental health admission have an average of 40 hour stay



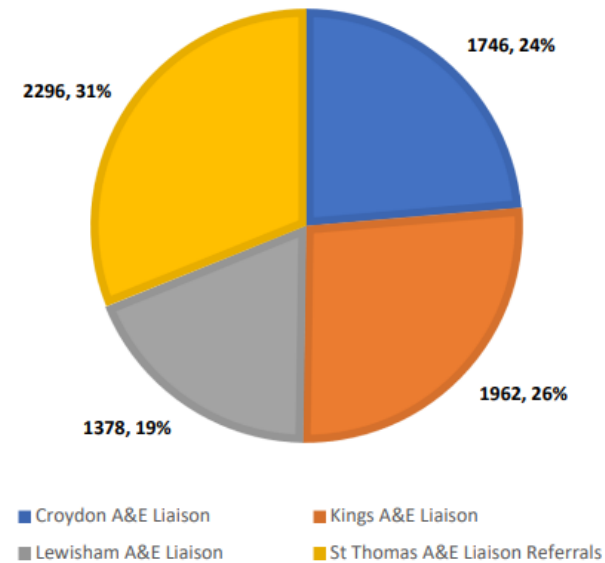
Patient experience-GIRFT 25 and CQC 24



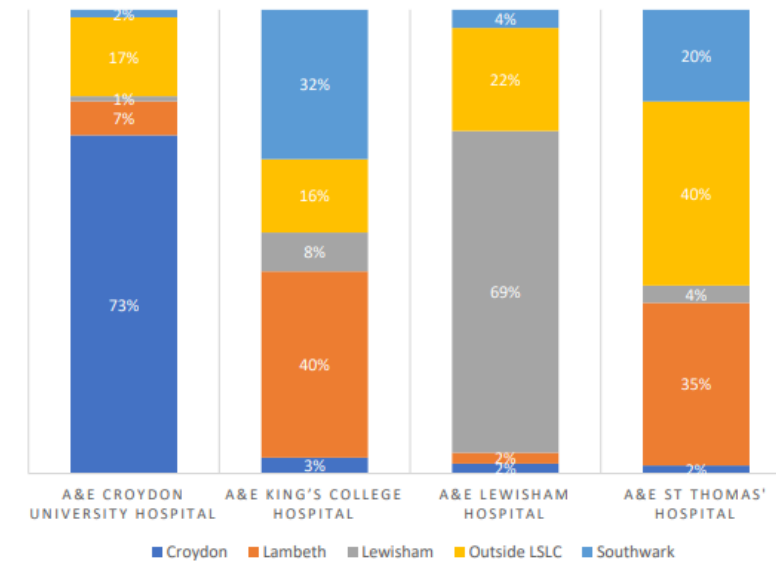
Mental
Health SEL
crisis-
demand v
capacity

A&E Liaison Referrals Received

FY2025/26 YTD REFERRALS RECEIVED



FY2025/26 REFERRALS BY PATIENT BOROUGH
YTD – MHLT TEAMS



Emergency
Medicine:
core areas of
concern

Demand

Exit block

Workforce

Emergency care now and in the future

- Managing the older patient
- Social and economic challenges
- Financial and political pressures on public services
- Increasing need/ aspiration of universal healthcare as inequality rising.





We are the safety net for the acutely ill and injured but have also become the safety net for challenges in the wider health system



COUNCIL OF GOVERNORS

WEDNESDAY 22 OCTOBER 2025

Report title:	Nominations Committee – membership update
Paper author:	Edward Bradshaw, Director of Corporate Governance and Trust Secretary
Purpose of paper:	To seek approval
Main strategic priority:	All strategic priorities
Primary BAF risk:	Risk 11: Organisational excellence
Key points of paper:	<ul style="list-style-type: none"> • The Nominations Committee is responsible for making proposals to the Council of Governors for all matters relating to the appointment, reappointment, retention and removal; remuneration and other terms and conditions of service; and appraisal system of the Chair and non-executive directors. • The Committee consists of six governors, with a minimum of one and maximum of two from each governor constituency. Current members are: Alison Mould (public), Sheila Reddy (public), Leah Mansfield (patient) and Daghni Rajasingam (staff). Two members, David Al-Basha (patient) and Brian Boag (partnership) have recently stepped down from the Council of Governors, thereby creating two vacancies on the Committee. • Following a process run in accordance with the Committee's terms of reference, Yvonne McPherson has been elected into the patient governor vacancy on the Committee. In line with this process, the full Council of Governors is asked to approve this appointment. • Following a number of approaches via email and in the governors' newsletter no expressions of interest have been received from partnership governors in respect of the final seat on the Committee, which remains vacant as a result. The quorum for Committee meetings is three governors.
Paper previously presented at:	N/a
Recommendation(s):	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> 1. Ratify the appointment of Yvonne McPherson as the patient representative on the Nominations Committee; 2. Note that there remains a vacancy for a partnership governor on the Committee.

COUNCIL OF GOVERNORS

WEDNESDAY 22 OCTOBER 2025

Report title:	Working group chair arrangements
Paper author:	Edward Bradshaw, Director of Corporate Governance and Trust Secretary
Purpose of paper:	To seek approval
Main strategic priority:	All strategic priorities
Primary BAF risk:	Risk 11: Organisational excellence
Key points of paper:	<ul style="list-style-type: none"> The Council of Governors has three 'working groups' which enable governors to contribute meaningfully to specific areas of Trust oversight and development and support the Council of Governors to fulfil its statutory duties and broader responsibilities. There are three working groups: <ul style="list-style-type: none"> Quality and Engagement (which includes patient experience, and patient safety activities) Strategy, Transformation and Partnerships Membership Development (which considers how to expand the Trust's membership and promote enhanced governor-to-member communication). Each working group has a governor chair and has administrative support from a team at the Trust. The current chair has chaired the Quality and Engagement Working Group since September 2022 and the Strategy, Transformation and Partnerships Working Group since July 2023. The Membership Development working group chair has been vacant since July 2025. Over recent years, and in line with good governance practice, work has been done to document more of the framework and process around the governor role; for example, the role and tenure of the Lead Governor and the purpose and process around observer seats on Board committees. It is now proposed that the role, tenure and appointment process of the working group chair is similarly codified: this has been set out in Appendix 1. Elections to all three working groups will take place in November and December 2025, giving any new chair-designates the opportunity to shadow the chairs in the spring meetings, then having a handover with the existing

	chairs ahead of commencing their terms of appointment on the first meeting after 1 April 2026. Further details will be communicated in the November edition of the governor newsletter.
Paper previously presented at:	N/a
Recommendation(s):	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> 1. Approve the working group chair role description, tenure and appointment process (Appendix 1); and 2. Note the timetable for the elections and new terms of appointment to the role of the working group chairs.

Guy's and St Thomas' NHS Foundation Trust

Chair of governor working group: role description and person specification, October 2025

Role description

Purpose

To lead and facilitate the effective operation of a governor working group at Guy's and St Thomas', ensuring it meets its objectives and contributes to the wider work of the Council of Governors and the Trust.

Key Responsibilities

- **Leadership & Facilitation**
 - Chair meetings of the working group, ensuring they are productive, inclusive, and focused.
 - Encourage full participation from all members and ensure diverse views are heard and respected.
 - In partnership and with advice from the secretariat, lead on setting agendas for working group meetings, seeking input from other governors and relevant Trust staff as required, ensuring agenda items are aligned with the Trust's strategic priorities.
- **Governance & Accountability**
 - Ensure the group operates within its terms of reference and reports regularly to the Council of Governors.
 - Work with Trust staff to maintain a clear record of discussions, decisions, and actions.
 - In partnership and with advice from the Trust Secretary, ensure alignment with established governance processes.
- **Communication & Engagement**
 - Act as a spokesperson for the group when reporting to the Council of Governors or Trust Board of Directors.
 - Facilitate communication between the group and other stakeholders, including Trust staff and members of the public.
- **Monitoring & Evaluation**
 - Oversee the progress of the group's work and ensure timely completion of tasks.
 - Support the evaluation of the group's effectiveness and suggest improvements where necessary.

Person specification

To be able to fulfil this role effectively, the governor will need to have:

- Strong chairing and facilitation skills
- Good understanding of the NHS and the role of governors
- Ability to work collaboratively and diplomatically
- Strong communication and interpersonal skills
- Commitment to the values of the NHS and public service
- The confidence of governor colleagues
- An inclusive approach, respecting the views of others and a willingness to set aside their own view when required
- Sufficient time to dedicate to the role, in addition to other governor responsibilities.
- Willingness to model the Trust values and have regard for the Governor Code of Conduct

Tenure

The chair of the working group is elected for a term of two years (starting on the date of their first meeting), after which they are eligible to serve one final term of two years, subject to a full re-election process outlined below.

The chair of the working group may resign from the position at any time by giving written notice to the Trust Secretary, and shall cease to hold the office immediately if they cease to be a governor.

Arrangements

As with all governor roles, this role is voluntary and unremunerated.

Election process

The following process will apply where there is a vacancy, or impending vacancy, for the role:

- Corporate Affairs will write to all governors asking for expressions of interest in the role.
- All nominees should send Corporate Affairs a short statement of up to 150 words about their suitability for the role. The submission deadline will be no fewer than two calendar weeks after the initial email.
- If there is only one nomination, the nominee for that position will be considered to have been elected without contest.
- If there is more than one nomination for either role, an election will take place as follows:
 - All governors will be sent the suitability statements received, and asked to submit their vote to Corporate Affairs via email. Governors will be given no fewer than two calendar weeks to vote.
 - Each governor will have one vote.
 - Nominees will not be allowed to vote for themselves.
 - The nominee with the most votes would be considered to have been elected. Corporate Affairs will draw lots in the event of a tie.

COUNCIL OF GOVERNORS

WEDNESDAY 22 OCTOBER 2025

Report title:	Lead Governor's Report
Paper author:	Katherine Etherington
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:	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):	The COUNCIL OF GOVERNORS is asked to: 1. Note the Lead Governor's Report

- 1.1. Since the Council of Governors last met I hope you have all had a restful summer and are looking forward to the end of the year. We unfortunately saw the departure of longstanding governor Peter Harrison, but I am very pleased to welcome Gavin Morrison to the Council of Governors and know you will all welcome him. We also welcome Kathryn Blake as the governor representative for the Cancer and Surgery Clinical Group Board. A number of governors have also undertaken various visits including to the Evelina, Elmcourt Health Centre and the Brompton. As always, I really encourage you all to attend at least one site visit this year. You can arrange a date and time that suits your personal circumstances. They give a unique insight to the inner workings of the trust and put you in touch with the staff on the ground. More importantly, they allow you to understand what it may be like for a patient using this service and suggest ways it could be improved, or simply celebrate the fantastic work they are doing.
- 1.2. Corporate Affairs advertised the GovernWell modules that are available, for free, to all governors. Often no more than an hour or two, these modules are great tools to allow you to do your duties even better. I personally have found the finance and business skills module very insightful, given the phenomenal work the NHS does to stretch every penny to ensure patients get the best experience. For those who were unable to attend the Core Skills Training, I would suggest looking at a few of these modules.
- 1.3. Emma Barslund attended the July End of Life Care Committee, sharing her feedback with fellow colleagues in the monthly communication newsletter. It was insightful to hear about the patient story and the positive patient and family survey results. I look forward to hearing about the virtual wards in the palliative care departments, which continues the Trust's fantastic work with virtual wards, as well as aligning with the NHS 10 year plan.
- 1.4. In September, Alison Mould, Deputy Lead Governor, presented the governors report for the year at the Annual Public Meeting (APM). I would like to thank Alison again for doing this on my behalf, while I sunned myself in Thailand. I have had some great feedback from colleagues of the meeting and I hope those who attended found it an interesting evening. I think the APM is a unique opportunity to not only wrap up the year's successes and learnings, but also to share this with the public. I know colleagues were able to speak to members of the public who attended which I am sure was helpful for new and established governors alike.
- 1.5. October's Triangulation Meeting was well attended and I thank you all for your questions and updates. It was great to speak to Ian, Jamie and Miranda and learn a bit more about them, and also gain their insights on other workstreams they oversee. I think this was our most successful meeting and we could have continued with questions. I will be taking a few aspects away for some updates for colleagues as and when I receive them.

**COUNCIL OF GOVERNORS
STRATEGY, TRANSFORMATION & PARTNERSHIPS WORKING GROUP**

**16th September 2025
5.30pm – 7.00pm, MS Teams**

Governors in attendance:	Leah Mansfield, Chair	Kathryn Blake
	Victoria Borwick	Yvonne McPherson
	Gavin Morrison	Kendra Schneller
	Alison Mould	Samuel Oloye
	Tommie Sheridan	Charles Mead
	Katherine Etherington	Daghni Rajasingam

Trust staff in attendance:	Jed Nightingale	Roisin Fitzsimons
	Angeliki Humphries	Ola Olanade
	Jen Morris	Memuna Sowe
	Claire Wills	

Apologies:	Elena Spiteri	Annette Boaz
	Felicity Conway	Stephanie Petit
	Patrick Miller	

1. Welcome

- 1.1. The Chair welcomed everybody to the Strategy, Transformation and Partnership Working Group, including new governors. Apologies were noted.

2. Minutes of previous meeting

- 2.1 The minutes of the meeting held on 13th May 2025 were approved as a true record.

3. Declaration of interest

- 3.1 There were no declarations of interest.

4. Previous meeting report and matters arising

- 4.1. There were two action points raised by Leah, the meeting Chair, to follow up on. Firstly, action 6.8 which was in relation to the Armed Forces Partnership and governor engagement and, secondly, action 7.1 which was to do with potential concerns about fewer administrative staff. Leah updated that she was waiting for a response from Corporate Affairs in regards to both of these and that the actions would be closed accordingly, with outcomes provided to this group in due course.

5. GSTT Nursing and Midwifery Strategy

- 5.1. Memuna Sowe (Deputy Chief Midwife), Roisin Fitzsimons (Deputy Director of Nursing for Culture and Strategy), supported by Angeliki Humphries (Corporate Strategy Manager) and Ola Olanade (Business Manager, Chief Nurse's Office), shared progress on the development of the Nursing and Midwifery Strategy.

5.2. Overview:

- The new five-year strategy builds on the 2022–2025 post-pandemic plan, following the merger with Brompton and Harefield and leadership under Avey Bhatia. It focuses on workforce, professional development, and recovery, and applies to all nursing and midwifery roles, including students. It reflects the Trust's diversity- over 50% of staff are from global majority backgrounds- and the breadth of its geographical reach, from transplant specialists at

Harefield to health visitors in Lambeth and Southwark.

5.3. Engagement Process:

- Extensive consultation with over 3,000 staff was conducted via forums, team meetings, and targeted sessions, prioritising inclusivity and asking “who have we not heard from?”. The strategy skeleton was shaped by staff feedback, recognising that staff wellbeing directly impacts patient care.

5.4. Evidence Base:

- The team reviewed national patient surveys, Friends and Family Test results, and data from patient engagement work. National guidance and workforce data were also considered.

5.5. Governance Structure:

- An operational group of nurses and midwives acted as the “engine room,” meeting regularly to guide engagement. This group reported to a steering committee chaired by Avey Bhatia, comprising directors of nursing from all clinical groups.

5.6. Emerging Themes:

- From October 2024, over 1,000 staff participated in approximately 100 sessions, identifying four strategic themes:
 - Professional Identity – defining what it means to be a nurse or midwife
 - People and Culture – inclusion, wellbeing, retention, and development
 - Innovation and Improvement – digital tools, AI, and patient involvement
 - Research – academic careers, research centre growth, and NIHR fellowship access

5.7. Next steps:

- Incorporate insights from a recent Royal Brompton workshop to prioritise actions.
- Continue engagement and draft the strategy for launch by year-end.
- Develop a clinically-led implementation framework for delivery through clinical groups
- Follow-Up: Presenters offered to return to this Group once the strategy is finalised.

5.8. Discussion Highlights:

- Barriers: Lack of protected time and workforce buy-in were key challenges. Visibility and engagement are being used to address these.
- Culture Theme: A suggestion to elevate ‘culture’ as a standalone theme was acknowledged; the team will consider making this more explicit.
- Alignment: The strategy will span five years, aligning with the Trust’s 2030 strategy and national plans.
- Implementation Framework: Staff expressed a need for a framework to integrate the strategy into daily practice.
- Lessons Learned: Ongoing challenges include equitable access to Continuing Professional Development and linking roles to strategic priorities.
- Inclusion and Anti-Racism: These will be embedded throughout the strategy, with data used to track progress.
- Digital Inclusion: The strategy will support staff in using digital tools to enhance, not replace, compassionate care.

6. Charities at Guy’s and St Thomas’

6.1. Claire Wills, Head of Charities Engagement, introduced herself, noting her previous role as a non-clinical staff governor and her current position in the Trust strategy team. She presented an overview of the Trust’s charity landscape, an update on current activities and provided an opportunity to answer questions – especially for new governors.

6.2. In terms of the charity landscape, the main charities supporting the Trust are part of Guy’s & St Thomas’ Foundation:

- Guy’s & St Thomas’ Charity which supports the whole Trust
- Evelina London Children’s Charity which focuses on children’s services

- Guy's Cancer Charity which focuses on cancer services
- 6.3. Royal Brompton and Harefield Hospitals Charity supports heart and lung care and research, including legacy support for Brompton and Harefield sites
- 6.4. The Trust is also supported by other charities including:
- ECHO (Evelina Children's Heart Organisation) which supports parents of children with heart conditions
 - Brompton Foundation which supports children at the Royal Brompton Hospital
 - The Friends of Guy's and St Thomas' which funds a number of small-scale activities at GSTT
- 6.5. The main charities provide substantial support with the other charities contributing less than £1 million per year.
- 6.6. Guy's & St Thomas' Foundation has a wider remit, including public health initiatives (such as Impact on Urban Health) funded by its endowment.
- 6.7. In 2023, a four-year strategy was launched across Guy's & St Thomas' Charity, Guy's Cancer Charity and Evelina London Children's Charity with themed areas (such as clinical excellence and patient experience). A refresh is currently underway to align with the Trust's new strategy to 2030, focusing on longer-term impact goals and support for key strategic priorities such as the Children's Hospital programme, with a major fundraising appeal planned.
- 6.8. Some examples of charity-funded activities are:
- The dental outreach pilot where local dentists access advice from GSTT dentists, supporting patients in their neighbourhoods.
 - The cancer support podcast which was developed from patient engagement, providing useful information for cancer patients
 - A wig service for cancer patients with different hair types, ensuring equitable access to wigs during treatments
 - Staff support including the 'Showing We Care About You' wellbeing programme, staff psychologists, spiritual care, financial advice and the Equality Diversity and Inclusion improvement programme.
- 6.9. The Samaritan Fund is a patient hardship fund for acute needs, such as clothes, travel or food for patients or their carers who may have to unexpectedly stay in London or the hospitals and this is managed through an endowment.
- 6.10. Fundraising sources for the charities come in the form of patient or family donations, gifts in wills, fundraising events (such as the St Thomas' Abseil), corporate partners and philanthropists. Staff and governors are encouraged to champion the charities, spread awareness and signpost potential donors. Visibility and a positive charity culture are ongoing priorities, with efforts to increase awareness across the Trust's large estate.
- 6.11. The following points were discussed by attendees in the Q&A:
- In terms of funding application assessments, Claire explained that applications are reviewed by committees made up of Trust staff from various clinical groups and areas, with input from a patient panel. Criteria for assessment include demonstrating that no other funding sources are available, sustainability, patient engagement, environmental considerations, and alignment with the Trust strategy.
 - It was clarified that Evelina London Children's Charity and Guy's Cancer Charity exist due to historic donor interest and Trust priorities, with Guy's & St Thomas' Charity supporting the whole Trust. Special purpose funds also exist for specific wards/conditions, and staff in those areas can apply for funding. The process aims to be fair and based on need and application quality. There is no set allocation per Clinical Group.
 - There is not a dedicated Women's Health charity. Claire responded that some women's services are supported by Evelina London Children's Charity, with Guy's & St Thomas' Charity is

accessible for women's health projects. However, the concern was noted as well as the need to ensure all Trust priorities are supported.

- Special purpose funds exist for many conditions and, if not, Guy's & St Thomas' Charity's general fund is available for funds that meet the criteria.
- The Samaritan Fund is primarily for inpatients and their families or carers due to limited resources but there is remit that this could be reviewed as the Trust's community role grows.
- Claire encouraged spreading awareness, supporting a positive charity culture and signposting potential donors. The importance of staff and governors championing the charities was highlighted.

7. Updates for committees attended by governors

- 7.1. Charles Mead highlighted the importance of governor involvement in Integrated and Specialist Medicine Clinical Group services as well as local patient participation in groups to support the Trust's community health strategy. Charles highlighted that governors can join local GP patient groups in order to gather feedback on the impact the strategic shift to community service provision is having in Lambeth and Southwark.
- 7.2. Daghni Rajasingam suggested that governors support and publicise values-based integrated care work and participate in patient experience sessions for new staff inductions. Yvonne McPherson offered to participate in her capacity as a patient governor.
- 7.3. Leah took an action to coordinate with Daghni on facilitating this governor involvement and how best to bring the opportunity to the wider attention of governors.

8. Any other business

- 8.1. Leah thanked the presenters and the facilitators of the working group, making mention of the support received by Jed Nightingale and Jennifer Morris in the work done behind the scenes to organise these meetings. Leah also noted Jennifer Morris' departure from the Trust, expressing gratitude for her contributions over the past year.

The next meeting would be held on Tuesday 17th February 2026