

# Public Council of Governors meeting

Wed 28 January 2026, 18:00 - 19:30

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


## Agenda


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- 18:00 - 18:00  
0 min



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



**2. Declarations of interest**
- 18:00 - 18:05  
5 min

**3. Minutes of previous meeting (22 October 2025) and review of actions**  
 20251022 Public CoG Meeting Minutes\_vFinal.pdf (3 pages)
- 18:05 - 18:20  
15 min

**4. Private patients**  
*David Shrimpton*  
 Private Patient Strategy last.pdf (10 pages)
- 18:20 - 18:25  
5 min

**5. Non-executive director appointment (Ian Playford)**  
*Charles Alexander*  
 Non-executive director reappointment.pdf (3 pages)
- 18:25 - 18:30  
5 min

**6. Nominations Committee terms of reference**  
*Edward Bradshaw*  
 Nominations Committee - updated terms of reference.pdf (1 pages)  
 Appendix 1 - Nominations Committee terms of reference December 2025.pdf (3 pages)
- 18:30 - 18:40  
10 min

**7. Governors' reports for information**  
**7.1. Lead Governor's Report**  
*Katherine Etherington*  
 20260128 Lead Governor report.pdf (2 pages)  
**7.2. Quality and Engagement Working Group (notes from meeting on 11 November 2025)**  
*Leah Mansfield*  
 20251119\_ QEWG \_11th November Meeting.pdf (3 pages)
- 18:40 - 19:25  
45 min

**8. Q&A with Trust Chair and non-executive directors**
- 19:25 - 19:30  
5 min

**9. Any other business**



## COUNCIL OF GOVERNORS

**Wednesday 22 October 2025, 6pm – 7.30pm**  
**Robens Suite, Guy's Hospital and MS Teams**

<b>Governors present:</b>	Nigel Beckett Kathryn Blake Victoria Borwick David Bridson Michael Bryan Emma Barslund Blackman Felicity Conway Katherine Etherington	Emily Hickson Leah Mansfield Yvonne McPherson Margaret McEvoy Charles Mead Gavin Morrison Alison Mould Mary O'Donovan	Samuel Oloye Daghni Rajasingam Sheila Reddy Dominic Shaw Thomas Sheridan Cordwell Thomas Peter Yeh
<b>In attendance:</b>	Charles Alexander (Chair) Avey Bhatia Edward Bradshaw (minutes) Steven Davies	Simon Friend (to 7.05pm) Felicity Harvey Katherine Henderson Deirdre Kelly (to 6.30pm)	Pauline Philip Amanda Pritchard Elena Spiteri Alison Wilcox

### 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, Aya Ayoub, Steven Bean, Annette Boaz, Samantha Field, Michael Mates, Patrick Miller, Irina Munteanu, Stephanie Petit, Mercy Satoye, Kendra Schneller, Helen Selvarajan, Darren Summers and Jadwiga Wedzicha, and from non-executive directors Miranda Brawn, Nilkunj Dodhia, Jamie Heywood, Graham Lord, and Ian Playford.

### 2. Declarations of interests

- 2.1. No declarations of interest were received.

### 3. Minutes of the meeting held on 23 July 2025

- 3.1. The minutes of the previous meeting were approved as an accurate record. Two actions had been recorded at that meeting, regarding the sharing of information on neighbourhood health with governors, and consideration of an interactive demonstration of the work being done to optimise utilisation of the Trust's estate. Both actions had been discharged. In addition, there was an outstanding action from the April Council of Governors meeting regarding governors' request for patients to have the ability to cancel their appointments on the MyChart portal within 48 hours of that appointment. This change had now been approved by the Epic programme team, although governors noted there were key exceptions to this based on clinical need, for example for those patients requiring critical or urgent treatment such as chemotherapy.

### 4. Emergency department update

- 4.1. Governors received a presentation from Dr Katherine Henderson, Clinical Director in Acute General Medicine, regarding the Trust's emergency department. This covered attendance numbers and types, the department's workforce, and its patients including their provenance and flows out of the department. Governors were informed about the key metrics used internally at the Trust and by external stakeholders to assess operational performance, including the four-hour target and national patient experience surveys. Several governors asked questions including about the actions being taken to continue to improve performance; how the department coped during winter months when demand for urgent and emergency care was typically at its peak; and the ongoing impact of patients with mental health conditions presenting in the department. Governors thanked Dr Henderson for an interesting and highly informative presentation.

## **5. Council of Governors governance**

- 5.1. The Council of Governors noted that Yvonne McPherson had been elected into one of the two vacant seats on the Nominations Committee, which was 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. There remained a vacancy on the Committee for a partnership governor.

**ACTION: The Chair agreed to meet separately with Yvonne McPherson in his capacity as Chair of the Nominations Committee.**

**APPROVED: Governors ratified the appointment of Yvonne McPherson onto the Nominations Committee.**

- 5.2. 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. Work had been done to draft a generic role description for the working group chair, which included a person specification and details regarding their tenure and the appointment process. Elections to all three working groups would take place in November and December 2025, giving any new chair-designates the opportunity to shadow the current chairs in the spring meetings, then having a handover ahead of commencing their terms of appointment on the first meeting after 1 April 2026.

**APPROVED: Governors approved the working group chair role description and person specification, including the role tenure and appointment process.**

## **6. Reflections on the governor away day**

- 6.1. A large number of governors had spent the afternoon of Friday 17 October at the Royal Brompton Hospital for the annual governor away day. This had commenced with tours of two clinical areas which were followed by extensive discussions about governor engagement, ways of working and reflections on how governors could best fulfil their statutory duties to hold non-executive directors to account for the performance of the Trust, and also to represent the views of members and the public.
- 6.2. The Lead Governor gave an overview about the discussions and the outcomes from the day. Governors had agreed a small number of priority topics – aligned to the Trust's strategy to 2030 – to help increase impact and drive change in these areas. It had also been agreed that governors should evaluate their effectiveness by both levels of engagement at meetings but also by tangible outputs, such as the 'making working lives better' programme, which governors had played a key role in initiating.

## **7. Governor reports for information**

- 7.1. Governors noted the Lead Governor's report and the minutes from the previous meeting of the Strategy, Transformation and Partnerships Working Group meeting held on 16 September 2025.

## **8. Q&A with Trust Chair and non-executive directors**

- 8.1. Governors queried the Trust's ambitions to grow its private patient income and referenced the clause in the Trust's Constitution that required governors to approve any planned increases in income for 'non principal purpose activities' that met certain thresholds. The Trust's Deputy Chief Executive explained the necessity of diversifying income given the constrained financial environment in the NHS and the public sector more widely, and how that income would be used for the benefit of NHS patients. The Trust was deliberating over the scale of the increase it planned, but it was noted that this would be limited by the Trust's estate and resources. The size of the Trust current private patient income compared to its turnover, which was approximately £3.3 billion, meant that it was highly unlikely any planned increase would require governor approval.

- 8.2. Governors encouraged the Trust to be ambitious in its private patient growth plans and suggested that the Trust should be more purposeful in identifying the clinical specialties and markets in which it could increase its private patient activity. Assurance was provided that private patients was a key workstream in the Trust's productivity programme.

**ACTION: An update on private patients would be scheduled at the next Council of Governors meeting.**

- 8.3. Non-executive directors were asked about their oversight of the Trust's cost improvement programme (CIP) as an important enabler for the Trust to meet its annual financial plan. It was reported that annual cost savings targets were not new and had been a requirement for trusts for a number of years. It was important to ensure any CIP savings were recurrent to help reduce the Trust's expenditure on a sustainable basis. Non-executive directors acknowledged that there remained a gap between the overall CIP target and identified schemes, and explained that the Finance, Commercial and Investment Committee played an active role in scrutinising the position and the plans in place to meet the target. Whilst CIP delivery for the year to date was behind plan, the majority of the target was planned to deliver in the second half of the year. The Trust had a strong track record of delivering its financial plans and had recorded a £12.7m surplus in 2024/25. It was acknowledged that 2025/26 was an even tougher year and, with much of the Trust's income fixed, the focus was necessarily on cost reductions and more stringent cost controls.
- 8.4. A specific question was raised about some of the estates developments on the Guy's Hospital site and assurance was sought about how patient access to the hospital and local transport routes would not be impaired by these developments. It was explained that whilst there were plans to close access to Great Maze Pond as part of the construction phase to keep patients and the public safe from the construction site, this would only be temporary, would be done in consultation with patients and local residents, and the Trust would ensure that there were clearly-signposted alternative access routes to the hospital.
- 8.5. At the request of governors, the Trust's Chief Executive gave her reflections after just over six weeks into her new role. These included:
- the financial state of the NHS and the Trust's commitment to the Government's 10-year health plan to move more care into neighbourhood settings and patients' homes;
  - the increased scale of the organisation, which was considerably larger than the one she had left in 2019 – the Trust was now the largest in the country when measured by turnover – and the clinical opportunities and practical challenges this presented;
  - the importance of improving the Trust's operational performance and her determination to strive to meet the constitutional standards over time;
  - the complexity and scale of the capital programme which underpinned many of the Trust's strategic priorities; and
  - the talent, expertise and dedication of staff and the strength of the multi-disciplinary clinical leadership.

## **9. Any other business**

- 9.1. The governors who observed the Board committees had received a request for feedback as part of the Trust's internal Board effectiveness review. A request was received for governors to have sight of the outputs of this review.

**ACTION: Trust Chair to consider the governors' request to receive the Board effectiveness review.**

- 9.2. There was no other business. The next meeting of the Council of Governors would be held on 28 January 2026.

# Council of Governors Meeting

GSTT income from Private Patients

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28 January 2026

# Our Private Patient Services at GSTT

- We provide world-leading access to national and international care across various clinical specialties.
- Our services are expertly delivered, in conjunction with GSTT's workforce, with NHS pathways in mind.
- All revenue is reinvested within GSTT to support its High-Quality Care.
- Our Private Patient services and commercial partnerships, allow to maintain and improve our Trust's resilience.





# Our hospitals and clinics



**Royal Brompton Hospital**



**Evelina London Children's Hospital**



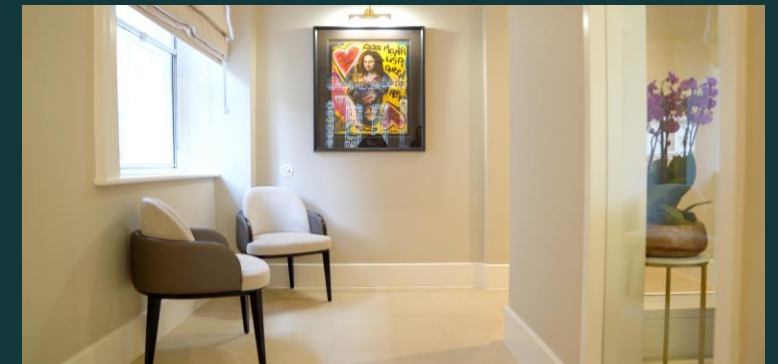
**St Thomas' Hospital**



**Harefield Hospital**



**Guy's Hospital**



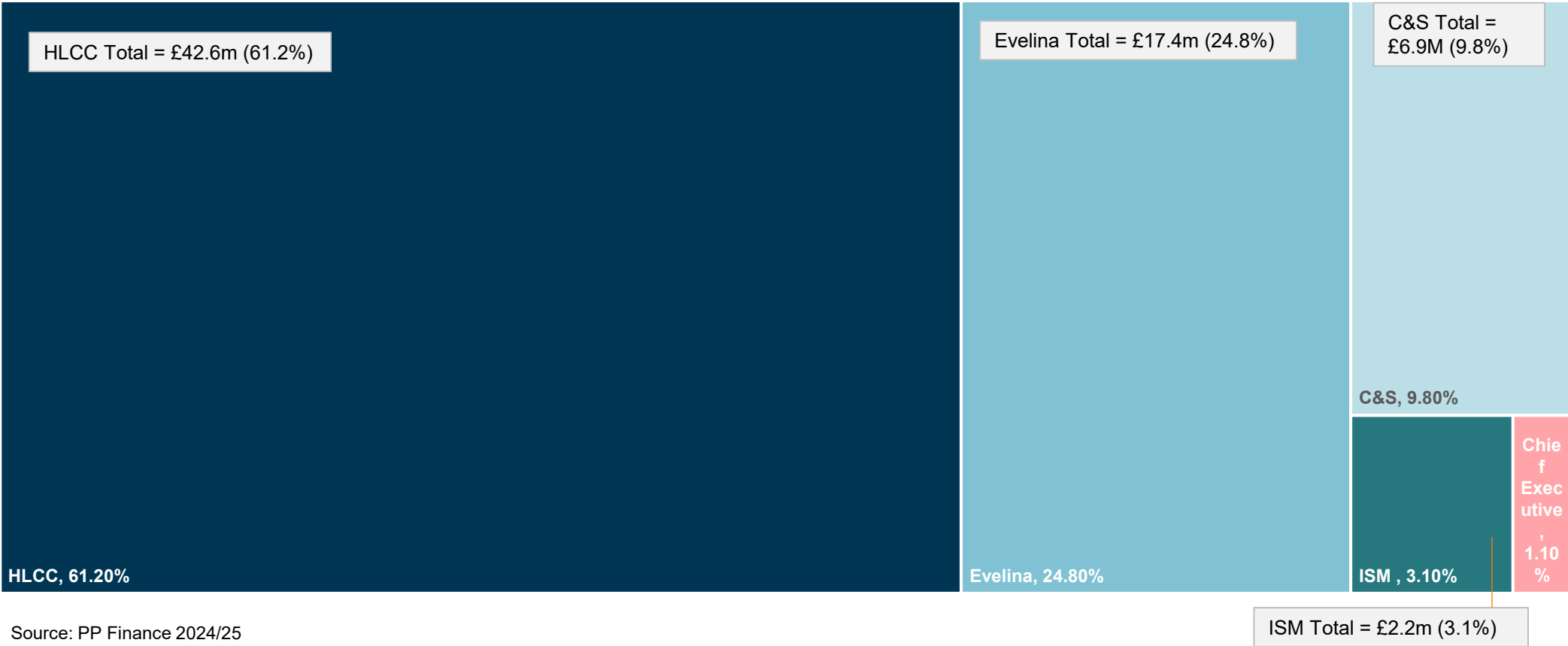
**Wimpole Street Consulting Rooms and Diagnostic Centre**





# The Trust generated £70M in 24/25 - in private patient income

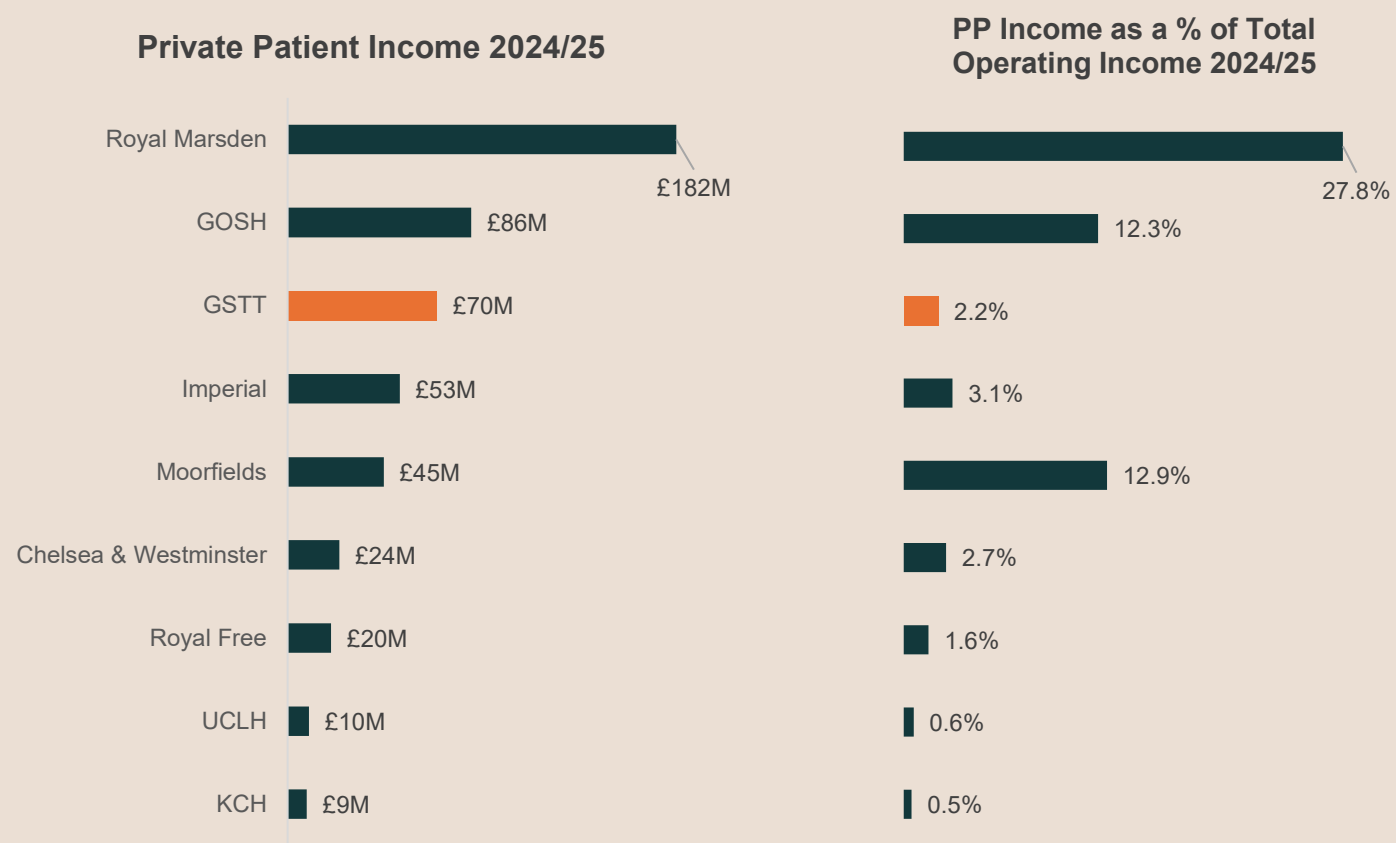
Clinical Group Private Revenue, £m's, Actuals 2024/25



On track for £80M income in 25/26...



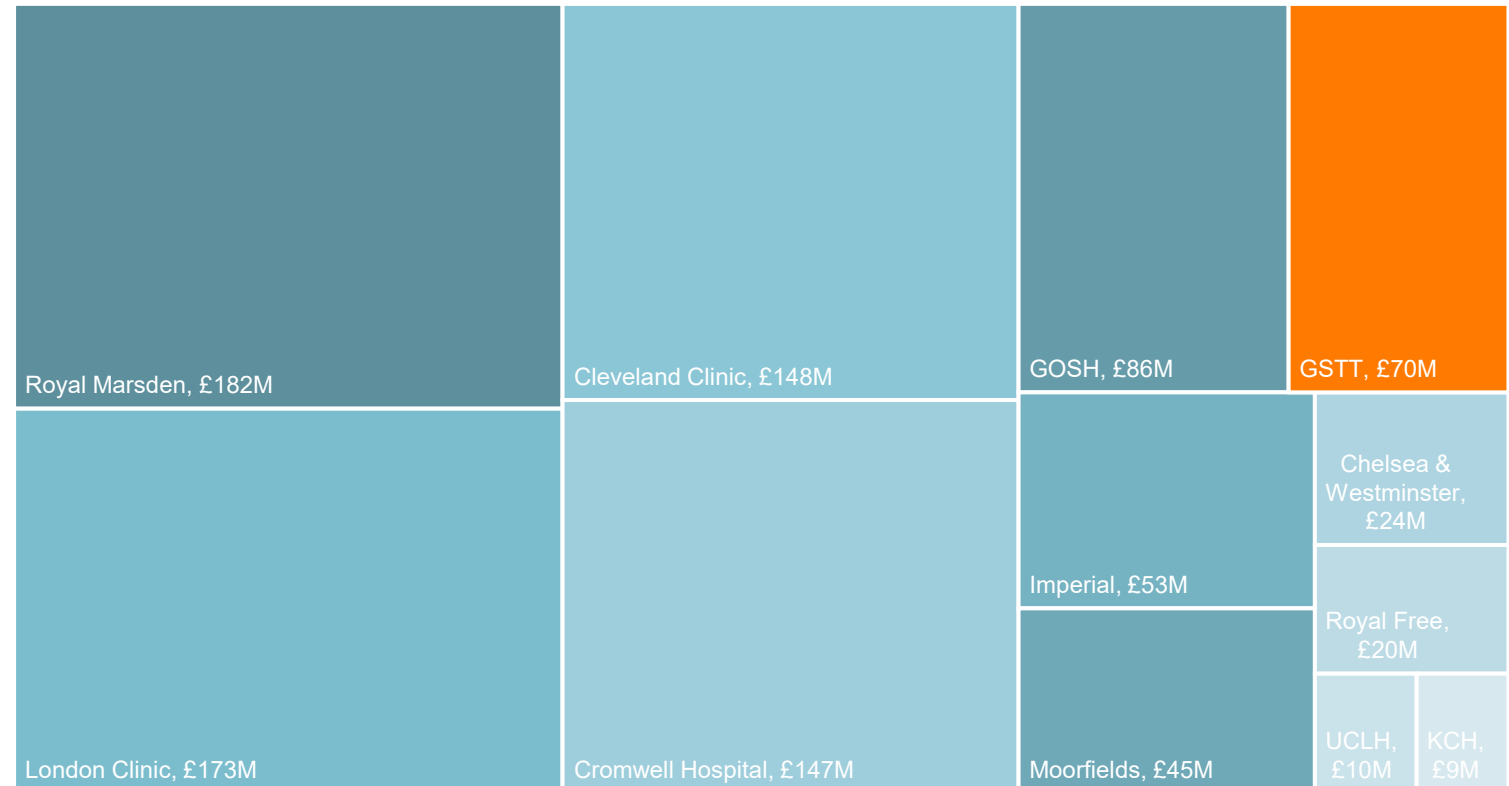
# A Top 3 London PPU with margin to grow within its category...



# ... while aiming towards UK's true market ceiling.

- **Aligning with GSTT true scale:** We are transforming our commercial approach to move GSTT towards a market position of £200m+, ensuring our financial footprint finally matches our world-class clinical reputation.

Healthcare Private Patients London Market - Revenue 24/25 (£M)



\* For comparison HCA (£1.15B) and Spire Healthcare (£1.511B) in 24/25.

\*\* While the size of the UK market is estimated to be £13.8B in 2024/25



# Why does Private Patients income Matter?

Multiple pressures are limiting NHS funding across England, consequently impacting GSTT's future care delivery and capacity.

- **Income diversification allows us to close this gap and create future financial resilience to support the wider GSTT.**
- **This allows:**



**Retaining World-Class Workforce**



**Investing in new equipment**



**Supporting Staffing Levels**



**Improving our Estates**



# Our ambitions for strategic growth



## Expanding Capacity & Infrastructure

Optimising our existing estates to double the contribution from specialist clinical groups, while developing strategic commercial partnerships to secure the external facilities required for sustainable growth and expansion.



## Empowering our Clinical Teams

Implementing modern, competitive workforce models to attract and retain world-class talent , ensuring our staff are appropriately supported to deliver healthcare excellence.



## Patient-Centric Digital Transformation

Transforming our Digital proposition to improve the operational efficiency and hospitality of our private services, creating a seamless experience that sets a new benchmark for specialised care.



## Elevating our brand

Growing our National and International brand to attract world-class talent and global referrals, ensuring GSTT's prestige generates the sustainable revenue required to reinvest in and protect our NHS services.



Dedicated to specialist care. |

# Summary

- Private Patient income is an important part of GSTT's financial model
- It helps the Trust maintain quality, invest in improvements and support long-term sustainability.
- While there is opportunity for growth, plans will be consistent with our mission as an NHS organisation.







Guy's and St Thomas'  
Specialist Care

## COUNCIL OF GOVERNORS

WEDNESDAY 28 JANUARY 2026

<b>Report title:</b>	<b>Non-Executive Director re-appointment</b>
<b>Sponsor:</b>	<b>Charles Alexander, Chair</b>
<b>Paper author:</b>	<b>Edward Bradshaw, Director of Corporate Governance/Trust Secretary</b>
<b>Purpose of paper:</b>	To seek approval
<b>Main strategic priority:</b>	All strategic priorities
<b>Primary BAF risk:</b>	Risk 11: Organisational excellence
<b>Key points of paper:</b>	<ul style="list-style-type: none"> <li>Ian Playford was appointed as a non-executive director of the Royal Brompton and Harefield NHS Foundation Trust (RBHFT) in 2020. When Guy's and St Thomas' merged with RBHFT on 1 February 2021, Ian was appointed initially as a non-executive advisor of the Royal Brompton and Harefield Clinical Group, and then as a non-executive director of Guy's and St Thomas' from 1 May 2022. Ian's first term as non-executive director ends on 30 April 2026.</li> <li>Ian has played an important role in supporting the integration of the two trusts and in helping the Trust to continue to deliver high quality care to its patients as the NHS continues to recover both operationally and financially from the pandemic. Furthermore, his skillset in property development and management, and business transformation, will be vital to the Trust as it navigates both the challenges and opportunities set out in the NHS 10-year plan – particularly around estates and transformation.</li> <li>The Nominations Committee has unanimously recommended that Ian is reappointed as a non-executive director for a further four years.</li> </ul>
<b>Paper previously presented at:</b>	Nominations Committee, December 2025
<b>Recommendation(s):</b>	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> <li><b>Approve</b> the re-appointment of Ian Playford as a non-executive director on the Trust Board for a further four years, ending 30 April 2030.</li> </ol>

## 1. Introduction

- 1.1. Ian Playford was appointed as a non-executive director of the Royal Brompton and Harefield NHS Foundation Trust Board of Directors in 2020. Following the merger with Guy's and St Thomas' on 1 February 2021, Ian was appointed as a non-executive advisor of the Royal Brompton and Harefield Clinical Group, and shortly after as a non-executive director of Guy's and St Thomas' from 1 May 2022.
- 1.2. Ian's first term as a non-executive director ends on 30 April 2026 and, per the Trust's Constitution, he is eligible for one further term of four years. Ian is very willing to remain a member of the Trust Board of Directors, if invited to do so by the Council of Governors.
- 1.3. The main reasons for recommending the re-appointment of Ian Playford are set out below. The Council of Governors is asked to note that the Nominations Committee unanimously agreed to recommend Ian's reappointment when it considered the matter in December 2025.

## 2. Rationale for reappointment

- 2.1. Ian has been a senior executive with over 30 years' experience across the public and private sector. His previous roles include interim chief executive of the Government Property Agency, where he was asked by the Cabinet Office to set up and manage central Government's £3bn office, warehouse and science estate. He was also a group property director of Kingfisher PLC where he set the strategy for their capital investment programme and retail distribution portfolio of 1,000 stores across ten countries. Ian has also been a member of the board of HM Courts and Tribunals Service and the Queen Victoria Hospital NHS Foundation Trust in East Grinstead.
- 2.2. Ian therefore brings an extensive and unique range of skills and experience to the Board, around property development and investment and business transformation. The Trust has already benefited from this expertise across its major programme portfolio – as shown in section 2.3 below – and this skillset will also be critical for upcoming strategic priorities including the reduction of the size of the Trust's estates to streamline its running costs and moving more services into neighbourhood and community locations, as envisaged by the Government's 10-year plan.
- 2.3. Ian has also been an active participant on the Trust's Board of Directors. He chairs three Board-level groups:
  - the Transformation and Major Programmes Board Committee, which oversees delivery of a broad range of capital and organisational change programmes including:
    - the South-East London Pathology Programme and the Apollo Programme – both of which have met significant milestones under Ian's chairmanship, including the go-live of Epic, the Trust's electronic health record system, in October 2023;

- longer-term capital programmes such as the Principal Treatment Centre, the Children's Hospital Programme; and the Guy's Surgical Centre; and
  - other significant change programmes such as the Productivity Programme that was established earlier in 2025.
  - the Senior Leadership Talent, Appointments and Remuneration Committee which, most recently, led the work to identify and appoint Amanda Pritchard as the Trust's new Chief Executive in 2025 and has also undertaken significant work to strengthen the Trust's executive succession planning arrangements; and
  - The Essentia Group Board, which provides strategic advice around the Trust's estates, capital and facilities, many of which have a direct impact on patient experience. This Board is overseeing the development of the Trust's new estates strategy.
- 2.4. Ian is also a member of the Finance, Commercial and Investment Board Committee which oversees the Trust's financial performance and advises on the development of its commercial and private patient strategies which will enable the Trust to generate an increased amount of non-NHS income to reinvest into patient care, thereby helping to mitigate the financial challenges currently present across the NHS sector and beyond. Beyond these commitments to specific committees, Ian contributes to all of the wide-ranging topics on the Trust Board's agenda and has a strong grip on both strategic and operational issues that are being addressed by both the Trust and the wider system. Ian is widely-respected and admired by Board colleagues both executive and non-executive.
- 2.5. Ian supported the Royal Brompton and Harefield NHS Foundation Trust in navigating the merger with Guy's and St Thomas' in February 2021. Since then, he has been an important point of continuity and expertise as the process of integrating the two trusts and the formation of the clinical group operating model has taken shape. As the integration of the two trusts continues to embed and the benefits of the merger are realised, it will be vital to retain continuity of leadership at the Trust and generate additional Board stability, particularly given many of the other non-executive directors are newer to the organisation (seven of whom have been appointed since 2023).
- 2.6. The Trust Chairman notes that, since he has been in post, Ian's annual appraisals have been extremely positive; he continues to meet the full 'fit and proper persons' criteria for membership of the Board, and he has made a full declaration of his other interests. The Chairman strongly encourages the Nominations Committee to support a recommendation to the Council of Governors that Ian is reappointed.

### 3. Recommendations

- 3.1. The Council of Governors is asked to **approve** the re-appointment of Ian Playford as a non-executive director on the Trust Board for a further four years, ending on 30 April 2030.

## COUNCIL OF GOVERNORS

WEDNESDAY 28 JANUARY 2026

<b>Report title:</b>	<b>Nominations Committee – updated terms of reference</b>
<b>Sponsor:</b>	Charles Alexander, Trust Chairman
<b>Paper author:</b>	Edward Bradshaw, Director of Corporate Governance and Trust Secretary
<b>Purpose of paper:</b>	To seek approval
<b>Main strategic priority:</b>	All strategic priorities
<b>Primary BAF risk:</b>	Risk 11: Organisational excellence
<b>Key points of paper:</b>	<ul style="list-style-type: none"> <li>• The Nominations Committee's terms of reference were last updated in April 2024. It is good practice to keep terms of reference under regular review; as such, a high-level review has been undertaken.</li> <li>• The review has concluded that the terms of reference remain fit for purpose and aligned with governors' statutory and regulatory requirements. Two relatively minor changes are being proposed: <ul style="list-style-type: none"> <li>○ an additional responsibility to receive a report on the fit and proper persons status of non-executive directors (this is linked to the requirement in the NHS England fit and proper persons framework); and</li> <li>○ clarification that the work to review the balance of skills, knowledge and experience of the existing non-executive directors will be done annually – this is linked to the requirement in the NHS Code of Governance (section C, ref 2.2).</li> </ul> </li> <li>• Governors are asked to note that the amendments to the Committee's terms of reference were agreed by the members of that Committee in December, but that authority for final approval rests with the Council of Governors.</li> </ul>
<b>Paper previously presented at:</b>	Nominations Committee, December 2025
<b>Recommendation(s):</b>	The COUNCIL OF GOVERNORS is asked to <b>approve</b> the updated terms of reference (Appendix 1).

## **COUNCIL OF GOVERNORS NOMINATIONS COMMITTEE**

### **Terms of Reference**

#### **1. AUTHORITY**

- 1.1 The Nominations Committee (the Committee) is constituted as a standing committee of the Council of Governors. The Committee is authorised by the Council of Governors to act within its terms of reference.
- 1.2 The Standing Orders of the Council of Governors, as far as they are applicable, shall apply to meetings of the Committee. In the event of conflict between the provisions of these terms of reference and the Standing Orders, the provisions of the Standing Orders shall take precedence.
- 1.3 The Committee has the authority to seek any information it requires from any employee of the Trust in order to perform its duties and to obtain external advice on any matters within its terms of reference.

#### **2 PURPOSE**

- 2.1 The purpose of the Committee is to be responsible for making proposals to the Council of Governors for:
  - The appointment, reappointment, retention and removal of the Chair and non-executive directors;
  - The remuneration, terms and conditions of service for the Chair and non-executive directors; and
  - The oversight of the appraisal system for the Chair and non-executive directors.
- 2.2 In discharging these responsibilities the Committee will make recommendations to the Council of Governors; the Committee does not in itself have decision-making powers.

#### **3 DUTIES**

- 3.1 The Committee's general duties will be to:
  - Consider the succession planning for the Chair, and non-executive directors, taking into account the challenges and opportunities facing the Trust, and the skills and expertise that are needed on the Board in the future;
  - Make recommendations to the Council of Governors about the re-appointment of any non-executive director at the end of their specified term of office, having given due regard to their performance and ability to continue to perform adequately in the light of the knowledge, skills and experience required at the time re-appointment is to be made;
  - Consider any matters relating to the potential removal of any non-executive director, including the Trust Chair, taking into account relevant legislation;
  - Receive, on behalf of the Council of Governors, reports on the process and outcome of appraisal of the Chair and non-executive directors and the fit and proper persons assessment of each non-executive director;
  - Determine the remuneration of the Chair, and non-executive directors, taking into account guidance or requirements from regulatory bodies;
  - Provide advice to the Council of Governors on levels of remuneration and associated terms and conditions for the Chair and other non-executive directors; and



- Receive reports on behalf of the Council of Governors on the process and outcome of appraisal for the Chairman and non-executive directors;

3.2 In relation to the appointment of non-executive directors the Committee will:

- Review the balance of skills, knowledge and experience of the existing non-executive directors; this will be done annually to support ~~in~~ consideration of the role and the competencies required for a particular appointment;
- Seek the views of the Board of Directors as to their recommended criteria and process for the selection of candidates;
- Seek (using professional recruitment advisors or other third parties where appropriate) shortlist and interview such candidates as the Committee considers appropriate, having due regard to the principles of equality and diversity;
- Make recommendations to the Council of Governors as to potential appointments and advise the Board of Directors of those recommendations;
- Where necessary, seek professional advice and assistance from persons other than members of the Committee or of the Council of Governors in arriving at its recommendations; and
- Take up appropriate references as to suitability for appointment.

#### **4 MEMBERSHIP & ATTENDANCE**

- 4.1 The Committee will be chaired by the Trust Chair unless the Committee is discussing the appraisal, remuneration or appointment of the Trust Chair, in which case the Chair shall not be present during the discussion and the Committee shall be chaired as provided for by a deputy as set out in sections 3.14 and 3.15 of the Standing Orders of the Council of Governors.<sup>1</sup>
- 4.2 The other members of the Committee will be six governors. This will include at least one, but a maximum of two, governors from each of the governor constituencies in the Trust Constitution: staff, patient, public and partnership. Other members may be co-opted onto the Committee in certain situations, subject to the agreement of the Chair and all other Committee members.
- 4.3 Meetings of the Committee will be quorate with the Trust Chair or their nominated deputy and a minimum of three other members.
- 4.4 In accordance with section 8.1 the Trust Secretary and up to one other member of their team may be in attendance to facilitate and minute meetings of the Committee.
- 4.5 Other individuals may be invited to attend for all or part of any meeting, as and when required.

#### **5 APPOINTMENT OF MEMBERS**

- 5.1 Members of the Committee, other than the Trust Chair, will serve for a period of three years. They will be eligible at the end of that period for one further and final term.
- 5.2 When there is a vacancy on the Committee governors in the relevant constituency will be asked to self-nominate themselves to stand for the seat by sending a short statement of suitability to the Trust's Corporate Affairs team. Where there is only one nomination, that individual will be appointed directly. Where there is more than one

<sup>1</sup> <https://www.guysandstthomas.nhs.uk/resources/membership/trust-constitution.pdf>

nomination, a private vote facilitated by Corporate Affairs will be held amongst the governors within that constituency. The Council of Governors will then be asked to approve the preferred candidate at a subsequent meeting or in correspondence.

## **6 FREQUENCY OF MEETINGS**

- 6.1 Meetings will be held as and when required to enable the Committee to fulfil its duties.
- 6.2 The Committee may decide to take items by correspondence. In such cases, members will be given no less than three working days to respond, and the items will be formally noted at the following meeting of the Committee and recorded in the minutes.

## **6. REPORTING**

- 6.1. The Committee shall report to the Council of Governors by means of reports setting out the matters discussed and the Committee's recommendations.
- 6.2. One governor member of the Committee will be nominated by the Committee Chair to act as a liaison with the wider Council of Governors.

## **7. CONFIDENTIALITY**

- 7.1. A member of the Committee shall not disclose any matter dealt with by, or brought before, the Committee without its permission until the Committee has reported on the matter to the Council of Governors or has otherwise concluded the matter.
- 7.2. Irrespective of the provisions of section 7.1, a member of the Committee shall not disclose any matter if the Committee or the Council of Governors resolves that it is confidential. Where a member is uncertain about releasing information, they should seek advice from the Trust Secretary.

## **8. AGENDA, PAPERS AND MINUTES**

- 8.1. Corporate Affairs will provide administrative support to the Committee.
- 8.2. The agenda and supporting papers will be sent to Committee members and attendees no later than two clear days before the meeting.
- 8.3. The minutes of the proceedings of a meeting shall be drafted and submitted to members following the meeting, and issued for approval at the subsequent meeting.

## **9. REVIEW**

- 9.1. These terms of reference will be reviewed and, if necessary revised, annually.

**April 2024**  
**December 2025**

## COUNCIL OF GOVERNORS

WEDNESDAY 28 JANUARY 2026

<b>Report title:</b>	<b>Lead Governor's Report</b>
<b>Paper author:</b>	<b>Katherine Etherington</b>
<b>Purpose of paper:</b>	For awareness/noting only
<b>Main strategic priority:</b>	All strategic priorities
<b>Primary BAF risk:</b>	Risk 13: inability to attain organisational excellence could impair ability to deliver strategy
<b>Key points of paper:</b>	A report from the Lead Governor to acknowledge what the Governors have achieved over the last three months and to outline plans for the next three months.
<b>Paper previously presented at:</b>	N/a
<b>Recommendation(s):</b>	The COUNCIL OF GOVERNORS is asked to: 1. <b>Note</b> the Lead Governor's Report

- 1.1. Since the Council last met I hope you have all had a restful festive break and I am excited to see what we can all achieve in 2026. Firstly, I would like to congratulate the four members of staff, including our Chair Amanda Pritchard and non-executive director Simon Friend, who were recognised in the New Year Honours. This is a huge testament to the work done by our colleagues and the fantastic work the team at the Trust do.
- 1.2. Alison and I decided to rearrange the triangulation meeting that had been scheduled earlier this month due to lack of availability. Sorry to those who planned to attend, however we are keen that as many people as possible can contribute.
- 1.3. I would also like to congratulate the three new chairs of our governor working groups: Tommie, Charles, and Margaret. Alison and I are keen to reinvigorate these groups and the vision shared by the new chairs is fantastic. A huge thank you to Leah for all her work on the working groups over the past few years and getting them to where they are currently. We are looking to more closely align these working groups to the priorities and objectives we discussed at the away day last October, as well as the Trust's organisational strategy. I encourage all governors to consider how you can more actively represent the views of those you represent and how we as a Council can support each other to do this! I hope that we can ensure all information and ideas are disseminated amongst colleagues and we can all contribute to agendas and streams of work.
- 1.4. As you will have seen in January's monthly communication, we are keen to increase visibility of governors' activities and roles. As you know, the site visiting programme, stalls and seminars are all ways that you can engage with your fellow governors and those you represent. We understand that all governors are busy, but I hope one of the activities can help you feel closer to the great work you do!
- 1.5. You will have also seen that Corporate Affairs recently completed a review of the effectiveness of the Trust Board of Directors and I encourage you all to peruse the document on AdminControl. If you have any comments or feedback you wish to share with me, please do reach out.
- 1.6. I look forward to working with you all again this year. I encourage you to use your voice, as it is powerful. There are no stupid questions, no idea too big and no impact too small. We are mighty as individuals and even stronger as a collective.

## **COUNCIL OF GOVERNORS QUALITY AND ENGAGEMENT WORKING GROUP**

**Tuesday 11 November  
5.30pm – 7.00pm, MS Teams**

<b>Governors in attendance:</b>	Leah Mansfield, Chair	Thomas Cordwell
	Victoria Borwick	Emma Barslund Blackman
	Nigel Beckett	Charles Mead
	Alison Mould	Margaret McEvoy
	Kathryn Blake	Felicity Conway
	Yvonne McPherson	
<b>Trust staff in attendance:</b>	Sarah Allen	Elena Spiteri
	Anna Grinbergs-Saull	Mark Tsagli
	Charles Martin	Daniella Chilton

### **1. Welcome**

1.1. The chair welcomed attendees to the Quality and Engagement Working Group meeting.

### **2. Minutes of the previous meeting and matters arising.**

2.1. The minutes of the meeting held on 25 June 2025 were approved as an accurate account of the meeting.

2.2. Governors noted updates made to the actions from the previous meeting.

### **3. Patient Initiated Follow Up (PIFU): an overview**

The Trust's Clinical Lead for PIFU provided an overview of the Patient Initiated Follow Up pathway which is designed to empower patients to request follow-up appointments when they feel they are needed. Two types of PIFU were explained.

- Discharge to PIFU – Enabling a patient to be discharged with the option of initiating a follow-up, if required, and for a set time frame. e.g. Physio, Epilepsy, ENT, Asthma patients.
- PIFU to clinical review – designed for patients who need to be followed up and seen at a point in the future, but they can initiate a follow-up when most in need, whilst waiting.
- Governors noted PIFU forms part of the Trust's long-term elective recovery plan, helping to reduce unnecessary appointments, free up clinician time for more complex cases, lower DNA rates, and support overall waiting-list reduction.
- Performance data shows continued growth in PIFU uptake. The Trust compares favourably with peer organisations, with approximately 3.9% of outpatients placed on a PIFU pathway—slightly below the NHS target of 5%.
- The Lead reassured governors that PIFU will not replace discharge but rather reduce unnecessary follow-up appointments where appropriate.
- A case study looking at PIFU in Rheumatology clinic was shared. It demonstrated that since introducing PIFU (alongside other interventions), both DNA rates and appointment cancellations had reduced.
- Understanding demographics of people on the pathway was equally important. The team have access to a Health Inequalities Dashboard to monitor demographic patterns among patients on PIFU. For example, the Index of Multiple Deprivation helps track levels of deprivation among patients placed on the pathway.
- Continuous patient-experience feedback is integral to evaluation of this pathway. A survey, developed with the Patient Experience team, is being used to measure patient experience and support ongoing improvement.

3.1. Governors welcomed the presentation, and sought clarification on the following:

- The impact on digitally poor patients. The index of multiple levels of deprivation can help indicate the extent of this impact.
- How the Trust can standardise PIFU information for clinical staff. This information is available on the internal PIFU team page, supported by ongoing communication across the Trust.
- The impact of PIFU on vulnerable patients. Placement on the pathway is a shared decision to be made in line with the wishes and best interests of all involved.

#### **4. Quality Priorities Update:**

4.1. Governors were updated on the Trust's 5 Quality priorities. They noted the following progress on each of the 5 Quality priorities:

- Patient safety: Focussing on governance structure and quality improvement around patient safety risks. Governors noted the introduction of an aggregated dashboard to enable monitoring operational safety and administrative excellence covering areas such as unsigned visits.
- Reducing the increasing instance of verbal and physical aggression by patients. The Trust has introduced a Supporting Positive Behaviours Group looking at support for staff and also underlying factors that cause patients to display negative behaviours towards staff. There is also access to an interactive dashboard to monitor harm and outcome rates, identify where they are occurring, and support targeted interventions such as staff training and providing patients with updated wait-time information to reduce frustration.
- Martha's rule: The Quality and Improvement team is working on an evaluation of the programme to measure impact.
- Clinical effectiveness: The procurement of a new document management system to standardise access to clinical guidance and evidence-based practice across the Trust.
- Patient Experience – improving communication by identifying and developing additional communication channels, aside from telephone contact, to enable patients to engage with the Trust.

**Action: Learning from benchmarking; whether it is possible to share any learning from the Epic sites that are performing well in relation to contacting the Trust**

#### **5. Patient and public engagement experience updates**

5.1. **Item 4a:** The Trust Head of Patient Experience provided a summary of the Q1 2025-26 Patient Experience report. A full written report was provided in advance of the meeting.

5.2. The Trusts performance in the Friends and Family Test (FFT) for admitted care compares well with London peers and Shelford Trusts. Performance scores for Emergency Care are better than the national and regional average scores. Maternity Labour and Birth scores are equally good, but lower for post-natal areas.

5.3. Performance in the 2024 National Children's and Young People's Survey benchmarking results was very strong when compared with Trusts of similar size and type. Performance in the 2025 National Adult Inpatient Survey was also equally strong when compared to the average scores of Trusts that use the Picker Institute for the same survey.

5.4. Noise at night continues to be an area for improvement for all clinical groups.

**Action: Media coverage of Trusts struggling with cancer numbers and getting waits down. Request for Sarah to provide information on the impact this has on patient experience.**

5.5. **Item 4b:** The Senior Patient and Public Engagement Manager provided a summary of the patient and public engagement report for quarter 4. A written report was provided in advance of the meeting.



- 5.6. The Lead drew attention to the support the PPE team continue to give colleagues in the Cancer and Surgery Clinical Group in the development and delivery of a range of activities to involve patients and carers in the design of the new Guy's Surgical Hub and also work with the population health hub team to develop a new patient and public engagement framework.
- 5.7. Also highlighted from the report was the recruitment of 60 people to join a new digital panel to sit across Guy's and St Thomas' and King's College Hospital as part of ensuring the patient voice is included in MyChart.

**Reports/updates from committees recently attended by Governors**

- 5.8. None reported.

**6. Any other business**

- 6.1. None discussed

*The next meeting would be held on 24<sup>th</sup> March 2026*