

GSTT Public Council of Governors meeting

Wednesday 21 October 2026, 18:00 - 19:30

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



Agenda

18:00 - 18:00 0 min	1. Welcome and apologies <i>Charles Alexander</i>
18:00 - 18:00 0 min	2. Declarations of interest
18:00 - 18:10 10 min	3. Minutes of previous meeting (22 July 2026) and matters arising 20260722 Public CoG Meeting Minutes v1.0.pdf (4 pages)
18:10 - 18:30 20 min	4. 2026 Summer Heatwave: Impact, Response and Future Resilience <i>Andrew Asbury</i> 20261021 Summer Heatwave 2026 Impact, Response and Future Resilience.pdf (7 pages)
18:30 - 18:45 15 min	5. NHS Modernisation Bill <i>Tendai Wileman and Katherine Etherington</i> 20261021 - NHS Modernisation Bill v1.0.pdf (8 pages)
18:45 - 18:55 10 min	6. Governors' reports for information 6.1. Lead Governor report <i>Katherine Etherington</i> 20261021 Lead Governor's Report (2).pdf (5 pages) 6.2. Strategy Transformation and Partnership Working Group (notes from meeting on 22 September 2026) <i>Thomas Sheridan</i> 20260922 STPWG meeting minutes v.final.pdf (3 pages)
18:55 - 19:25 30 min	7. Q&A with Trust Chair and non-executive directors
19:25 - 19:30 5 min	8. Any other business

COUNCIL OF GOVERNORS

Wednesday 22 July 2026, 6pm – 7.30pm
Robens Suite, Guy's Hospital and MS Teams

Governors present:

Nigel Beckett	Leah Mansfield	Mary O'Donovan
Kathryn Blake	Yvonne McPherson	Samuel Oloye
Victoria Borwick	Margaret McEvoy	Daghni Rajasingam
Michael Bryan	Patrick Millar	Sheila Reddy
David Chatt	Gavin Morrison	Thomas Sheridan
Felicity Conway	Alison Mould	Peter Yeh
Katherine Etherington		

In attendance:

Charles Alexander (Chair)	Nilkunj Dodhia	Jackie Parrott (to item 5)
Edward Bradshaw (minutes)	Jon Findlay	Pauline Philip (to item 4)
Miranda Brawn	Simon Friend	Ian Playford
Joanne Brown (to item 4)	Jamie Heywood	Amanda Pritchard
Avey Bhatia	Deirdre Kelly	Elena Spiteri
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, Aya Ayoub, Emma Barslund Blackman, Steven Bean, Annette Boaz, David Bridson, Samantha Field, Michael Mates, Charles Mead, Stephanie Petit, Mercy Satoye, Kendra Schneller, Helen Selvarajan, Dominic Shaw, Darren Summers, and Jadwiga Wedzicha, and from non-executive directors Felicity Harvey, Graham Lord and Alison Wilcox.

2. Declarations of interests

- 2.1. No declarations of interest were received.

3. Minutes of the meeting held on 29 April 2026

- 3.1. The minutes of the previous meeting were approved as an accurate record. One action had been recorded at the last meeting, which had been discharged.

4. Annual report and accounts 2025/26

- 4.1. In accordance with their duty set out in the Trust's Constitution, the Council received the Trust's Annual Report and Accounts for 2025/26 which provided a comprehensive account of the Trust's operational and financial performance, governance and strategic developments during the period 1 April 2025 to 31 March 2026.
- 4.2. The Chief Executive and Chief Financial Officer highlighted some of the key points of the report; these included news that the Trust had maintained its position in segment 1 of the NHS Oversight Framework throughout 2025/26. The report also highlighted significant operational achievements, including a sustained reduction in the Trust's elective waiting list and delivery of the 28-day Faster Diagnosis Standard for cancer services. However, the Trust acknowledged ongoing challenges relating to meeting agreed performance trajectories for 62-day cancer pathways and diagnostic waiting times. Governors also noted the inclusion of the Care Quality Commission's positive findings regarding their inspection of urgent and emergency care services at Guy's and St Thomas' hospitals.

- 4.3. The Trust reported a full-year adjusted financial surplus of £5.2 million against a planned breakeven position for 2025/26, with total income of approximately £3.3 billion and capital expenditure of almost £180 million during the year. It was reported that the Trust had successfully secured and utilised additional national capital funding to support major estates and equipment investments.
- 4.4. The Council received assurance from the Trust's external auditors that the accounts had received an unqualified audit opinion and that no material concerns had been identified. The Trust's value for money arrangements were reported to compare favourably with those of other NHS organisations, reflecting strong financial governance, effective management and the quality and continuity of the finance function. Governors also noted the external audit partner's assessment that Guy's and St Thomas' was one of their strongest-performing NHS clients in relation to financial management.
- 4.5. During discussion, governors who had observed meetings of the Trust's Finance, Commercial and Investment Committee reiterated the strength of the Trust's financial governance arrangements, including the detailed scrutiny and challenge provided by non-executive director members of that Committee. The Council commended the Trust's financial stewardship and thanked all staff involved in producing the Annual Report and Accounts. Governors also welcomed ongoing work to develop more accessible summary materials that would enable staff and members to better understand the scale, performance and achievements of the organisation.

5. Health Bill – implications for the Council of Governors and Trust members

- 5.1. The Health Bill, which was progressing through Parliament, was expected to remove the statutory functions of councils of governors and the associated foundation trust membership model from April 2027. The Council noted that governors from Guy's and St Thomas' had recently led a pan-London Governor Conference exploring potential future arrangements for retaining effective patient, public and staff voice within NHS organisations. This topic had also been a major focus of the Council's away day on 3 July 2026. Drawing on these discussions, a group of governors had developed a paper setting out the Council's emerging thoughts on potential successor arrangements should the Council be abolished. The Lead Governor introduced the paper and invited discussion from governors and Board members.
- 5.2. Governors discussed the paper and noted that engagement with governors from other London trusts had demonstrated broad consensus that any future arrangements should prioritise representation, accountability and visibility, whilst preserving meaningful opportunities for patients, staff, members and the public to influence the organisation. Against that backdrop, Trust governors – including those who had not attended either the London Governor Conference or the Council's away day – expressed strong support for the paper and the principles it contained. The importance of retaining effective mechanisms through which staff, patients and local communities could raise matters directly with Trust leadership was emphasised, to maintain public accountability. Any successor arrangements would also need to be capable of demonstrating tangible outcomes and impact. Governors also reflected on the wider policy landscape, including the proposed abolition of Healthwatch and the implications for patient and public engagement more broadly.
- 5.3. The Trust Chair thanked governors for the considerable thought and effort that had gone into developing the paper and for bringing forward constructive proposals at an early stage. He also acknowledged the leading role that Guy's and St Thomas' governors had played in helping shape these discussions at a regional level. Whilst it was clarified that responsibility for determining future arrangements ultimately rested with the Trust, it was agreed that any successor model should be developed collaboratively with governors and other stakeholders. Members also recognised that further national policy development and guidance would need to be considered as the legislative position became clearer.
- 5.4. Executive and non-executive directors also welcomed the work undertaken to date and expressed broad support for the principles set out in the paper. It was agreed that further development work would be required as the legislation progressed. Governors would continue to refine their proposals, the Trust would continue to engage with partner organisations and national bodies, and a further update would be brought to the next meeting of the Council of Governors in October 2026.

6. Governors' reports for information

- 6.1. Governors received and noted reports from the Lead Governor and chairs of two of the Council's working groups. The Council noted the continuing work of governors to contribute to Trust strategy, quality improvement, patient engagement and partnership working activities. Particular recognition was given to the collaborative approach taken by governors in developing proposals relating to future engagement and accountability arrangements.

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

- 7.1. A question-and-answer session was held with the Trust Chair, non-executive directors and members of the executive team. Governors raised several questions relating to staff and public engagement, operational performance, estates resilience, and the Trust's improvement programmes.
- 7.2. A governor asked about work experience opportunities for school pupils from the Trust's constituencies, including the number of applications received, approved and converted into placements. It was noted that the information was not directly to hand and that a written response would be provided. A further question was raised regarding the level of legal fees paid by the Trust during the previous financial year. It was confirmed that legal fees were disclosed in the latest Annual Report and Accounts at just under £4.1 million. The Chair noted that the figure alone did not necessarily indicate whether expenditure was appropriate or good value, and that any assessment would need to consider the context and purpose of the legal advice obtained.
- 7.3. Governors asked about waiting lists and whether reported improvements in waiting times were being measured on a like-for-like basis, particularly in light of wider changes in NHS reporting rules. Assurance was provided that the Trust reported waiting times in accordance with strict national guidance, and that the application of those rules was subject to internal audit and reflected within the Quality Account. It was confirmed that improvements in waiting times were being reported under the same measures.
- 7.4. In response to a supplementary question about learning from improvements in waiting list performance, the Council noted the distinction between the size of the waiting list and the length of time individual patients waited. It was explained that, as a large organisation delivering a wide range of services, the Trust would continue to have a substantial number of patients in process even when constitutional standards were achieved. Members of the Council heard that improvement work included additional diagnostic and treatment capacity, investment in surgical capacity, targeted consultant recruitment, digital developments and specialty-level initiatives to reduce waiting times and improve patient experience.
- 7.5. Governors asked about the impact of the recent heatwave on patients and staff, including patient comfort, clinical environments, estate resilience and cooling arrangements for data centres. The Council noted that the data centres had coped well following significant investment, but that wider estate resilience remained challenging. Clinical areas, including inpatient wards, theatres and outpatient areas, had been prioritised for cooling, although this had meant some office and circulation areas remained very hot. It was reported that very little clinical activity had been stood down overall, although some activity had been affected where theatre temperatures created safety concerns or where patients chose not to attend during the extreme heat.
- 7.6. The Council noted that an after-action review was underway to identify immediate operational learning from the heatwave, alongside longer-term consideration through the Trust's estate strategy. Practical measures during the heatwave had included use of blinds, fan coolers, additional hydration rounds for patients and flexibility for staff where possible. It was also noted that national healthcare building specifications had historically assumed much lower maximum temperatures than those recently experienced, and that future investment decisions would need to be made within constrained capital resources, alongside other major risks including digital and cyber resilience.

- 7.7. A governor commented on the progress made in strengthening IT resilience since previous heat-related disruption and asked whether the Trust's uniform policy could provide greater flexibility for staff during periods of extreme heat, including use of scrubs. It was confirmed that the uniform policy had recently been updated to permit additional flexibility during amber or red heat alerts, including provision for staff to wear scrubs where appropriate, while recognising the need to manage availability and cost.
- 7.8. A final question was raised about how the impact of the Future Ready programme would be evaluated, including whether the Trust would assess economy, efficiency and effectiveness in line with recognised good practice. It was explained that Future Ready was best understood as an umbrella campaign and organisational brand bringing together a range of improvement, productivity and quality initiatives, rather than as a single programme with one evaluation methodology. Where specific change programmes involved formal business cases, these would include the expected assessment of benefits and delivery, while quality improvement activity would be evaluated through more targeted improvement methods. The importance of evaluating whether Future Ready was achieving its intended impact, and adjusting the approach where required, was acknowledged.
- 7.9. The Chair thanked governors for their questions and for their continued commitment as volunteers. It was noted that the discussion had covered matters of significant importance to the Trust's staff, patients and communities, and that the future of the Council and any successor arrangements would continue to be developed collaboratively as the legislative position became clearer

8. Any other business

- 8.1. There was no other business.

The next meeting of the Council of Governors would be held on 21 October 2026.

COUNCIL OF GOVERNORS

WEDNESDAY 21 OCTOBER 2026

Report title:	2026 Summer Heatwave: Impact, Response and Future Resilience
Executive sponsor:	Jon Findlay, Chief Operating Officer & Andrew Asbury, Managing Director - Essentia
Report author:	Kalpesh Thanki, Director of Strategy & Planning, Essentia – input from COO & EPRR Teams.
Purpose of report:	For awareness/noting only
	Response to an action from the previous Council of Governors meeting about the impact of the 2026 summer heatwave on patients and staff. Impact to include patient comfort, clinical environments, estate resilience and cooling arrangements for the data centres. The report will cover not only the impact, but the actions taken in year to manage the in impact and plans to increase resilience and operational preparedness for 2027 and beyond. Noting that a new Board Assurance Framework (BAF) risk in respect of climate resilience and adaptation has been agreed which will provide a further opportunity to obtain assurance on managing the risk.
Previously presented at:	N/A
Key points of report:	The 2026 heatwave had a material but managed impact on patients, staff, clinical activity and parts of the estate. Essential services were maintained through coordinated operational, clinical, engineering, EPRR and digital arrangements, although the Trust estimates that the event was associated with 178 fewer inpatient episodes, 1,800 fewer outpatient appointments and 25 theatre cancellations. The After Action Review identified 17 improvement actions, and further assurance is required on ownership, delivery, effectiveness and alignment with the Trust's climate adaptation and capital investment plans.
Primary BAF risk:	Risk 1: Operational performance and activity
Supporting material:	N/A
Recommendation(s):	The COUNCIL OF GOVERNORS is asked to: 1. Note the contents of this paper.

1. Introduction

- 1.1. This report responds to the query raised at the previous Council of Governors meeting regarding the impact of the 2026 summer heatwave on patients and staff. It addresses four lines of enquiry: **patient comfort and welfare; clinical environments; estate resilience; and cooling arrangements for the data centres.**
- 1.2. The report responds directly to these lines of enquiry using evidence from the Trust's analysis of clinical activity, the Heatwave Plan, the Red Heatwave EPRR Debrief Report, operational and infrastructure updates, and the climate adaptation and assurance framework described in the Green Plan to 2028. The principal evidence source is the retrospective After Action Review of the Red Extreme Heat event. Further preparedness testing will be undertaken by the EPRR team to inform planning for future summers.
- 1.3. The 2026 heatwave had a material but managed impact on the Trust. Most services remained operational through coordinated Trust-wide arrangements and local mitigations, but overheating affected clinical, diagnostic, treatment, office and residential accommodation at Guy's, St Thomas', Harefield and community locations. The effects were uneven and included reduced clinical activity, patient and staff discomfort, pressure on medicines management and clinical processes, and limitations in the resilience of parts of the estate. Data-centre environments remained within normal operating limits.

2. Background / Summary Update

- 2.1. The summer of 2026 was characterised by periods of sustained high temperatures and extreme heat warnings across London and the South East, 5 heatwaves with 40 days where temperatures exceeded 30 degrees (hottest summer on record). As with many NHS organisations, the Trust experienced operational pressures associated with elevated temperatures, including increased demand on estate infrastructure and cooling systems. Investment already made to improve the cooling resilience of our Data Centres, having learnt lessons from the IT outage in 2022 linked to the overheating, alleviated the risk of any adverse impact associated with the extreme temperatures during 2026. The Trust's corporate risk framework already recognises the importance of maintaining a safe and effective physical environment to support service delivery.
- 2.2. The Trust maintained critical services through coordinated operational, engineering, EPRR and digital arrangements. However, the event reduced planned activity and highlighted limitations in cooling, ventilation and some local clinical environments. Much of the estate was not designed for the external temperatures now being experienced, and prolonged heat also restricted opportunities to isolate key infrastructure plant for planned engineering work. The After Action Review identified 17 recommendations, for which assurance is required on completion, effectiveness and incorporation into the Heatwave Plan and wider climate adaptation programme.

- 2.3. The Trust's Heatwave Plan recognises that severe heat can affect patients, staff, medicines, equipment, clinical environments and the continuity of Trust services. The plan identifies particular risks in theatres, intensive care, laboratories, medicine stores and other temperature-sensitive environments. It also records that much of the Trust's equipment was designed to operate at a maximum outside air temperature of approximately 28°C and may struggle to maintain its required output when this is exceeded for prolonged periods.
- 2.4. Between 22 and 29 June 2026, the Trust responded to sustained high temperatures across London and the South East. A Red Heat Health Alert and Red Extreme Heat Warning applied on 24 and 25 June. During this period of heightened temperatures, extreme humidity impacted the use of some of the theatres as there were too humid with high temperatures overnight too. Situation Assessment Meetings began on 22 June, a business continuity incident was declared at 19:10 on 24 June, tactical meetings continued throughout the Red Warning period, and the incident was stood down at 11:46 on 29 June after temperatures returned to normal levels.
- 2.5. The event took place within a wider strategic context. The Trust's Green Plan to 2028 identifies climate adaptation as a Trust priority and describes a new Board Assurance Framework (BAF) risk concerning the Trust's ability to adapt to the known impacts of climate change. The risk recognises that financial constraints, delivery capacity, ageing infrastructure and operational pressures could result in disruption to services, damage to infrastructure and adverse consequences for staff wellbeing and patient care. The associated assurance assessment is currently described as limited. The heatwave should therefore be regarded both as an operational incident and as evidence of a strategic climate adaptation risk already affecting clinical productivity, patient and staff experience and infrastructure resilience.
- 2.6. **Impact on Patient Comfort & Welfare** – The Heatwave Plan recognises that hospital patients can be particularly vulnerable because illness, age, disability or treatment may reduce their ability to adapt to high temperatures. Overheating can make care more difficult, increase the risk of dehydration and heat-related illness, and affect patient experience. The plan also identifies additional considerations for community patients and people discharged home during periods of high temperature.
- 2.7. During heat-health alerts, local teams are expected to monitor temperatures, identify areas that are easiest and most difficult to keep cool, assess the needs of vulnerable patients, and create or designate areas below 26°C where possible. Immediate measures across key areas of our site included additional bottled water and fans. Temporary air-conditioning in clinical areas is constrained by Infection Prevention and Control requirements, the availability of safe venting and local electrical-circuit capacity.
- 2.8. A number of clinical and waiting areas reportedly experienced high internal temperatures during the heatwaves, such as, but not limited to:
 - Temperatures above 28°C in a number of clinical environments, with individual reports reaching 30°C and above.

- Discomfort and heat-related symptoms among patients and staff.
- Constraints on clinical work, including concerns during critical care activity, blood-sample handling, medicines storage and diagnostic imaging.

2.9. The estimated operational activity impact of the heatwave is summarised as follows:

- Trust's estimated loss of activity compared to business as usual (BAU) was 178 In Patients (3.15% of BAU) and 1,800 Outpatients (6.2% of BAU) Outpatients with a split of 15.1% patient initiated and 16.4% hospital initiated. 25 theatre cancellations, comprising 18 adult implant procedures and seven paediatric cases, where elevated temperature and humidity affected the ability to maintain suitable operating conditions. Activity was relocated where possible.
- For New and Follow up activity our cancellation rate during the heatwave changed by 1.8% and 0.8% patient-initiated vs hospital.
- Our Did Not Attend (DNA) rate during the heatwave changed by only 0.2% due to the reduced number of appointments scheduled to take place.

2.10. Whilst the heatwave caused disruption to clinical activity, the event itself did not result in evidence of widespread critical service failure, but cancellations, relocation of activity and the limitations of temporary cooling demonstrate that patient comfort and the usability of some clinical environments were affected.

2.11. **Impact on our Staff** - The red heatwave event debrief identified staff discomfort associated with uniforms, personal protective equipment and working in elevated temperatures. Staff expressed a preference for scrubs or lighter clothing during extreme heat, and the uniform issue had been raised through the Chief Nurse Office. The debrief recommended reviewing the uniform policy and considering scrubs and other lighter alternatives within the Heatwave Plan – in July, the following amendment was made to the uniform policy – During an Amber or Red heatwave staff may wear scrubs if approved by their managers. Clinical groups can then order directly from procurement and distribute as required. Staff are to revert to regular uniform as soon as the heatwave alert is stood down.

2.12. Occupational health arrangements were also identified as an area for improvement. The debrief recommended that staff support during heatwaves should explicitly address PPE, rest arrangements, hydration and relevant occupational health standards. Orthopaedics was cited as an example of good local practice through additional hydration supplies, welfare check-ins and access to more regular breaks.

2.13. The existing Heatwave Plan expects managers to undertake local risk assessments and provides for staff with underlying health concerns to seek support from Occupational Health. Nevertheless, the debrief demonstrates that these arrangements need to become more consistent

and explicit across the organisation. This is especially important given the increasing frequency and duration of the hot weather, resulting in increased pressure and fatigues on staff.

- 2.14. **Clinical Environments, Ventilation and Cooling** - The incident demonstrated that elements of the estate were unable to maintain suitable internal conditions during sustained high external temperatures and humidity. Contributing factors included ageing chillers, obsolete or failed air-conditioning, limited mechanical ventilation, sealed windows, solar gain, local electrical-capacity constraints and cooling systems designed to serve broad zones rather than individual high-risk rooms. The available debrief information indicates that these weaknesses affected parts of the theatre estate and other temperature-sensitive clinical environments.
- 2.15. Cooling resilience concerns were concentrated in parts of the theatre estate. At Guy's, Theatres 1, 2 and 8 depend on older chillers, and the Nuffield chiller was reported to be old and struggling. At Evelina London, Reef 1 and 2 and Forest 3 require further resilience assessment. During the Red Warning, humidity exceeded 70%, adding pressure to cooling performance. Calibrated handheld sensors, checked against fixed monitoring equipment, supported decisions on whether activity could continue safely and comfortably. The debrief recommended that the theatre refurbishment programme give greater priority to chiller replacement and associated air-handling infrastructure.
- 2.16. The debrief concluded that the operational response was as effective as reasonably achievable in the circumstances, but that demand for cooling consistently exceeded available supply. It is worth noting that the national design guidelines at the time when most of the chillers were installed was for an external temperature of 28 degrees – resulting in minimum opportunity to make “minor tweaks” to improve performance, full scale replacement will be necessary. The heatwaves exposed systemic rather than solely isolated weaknesses in parts of the Trust's cooling infrastructure. Whilst many Trusts declared critical incidents based on their chiller failures, fortunately Guy's & St Thomas' managed the impact through co-ordinated and concerted efforts of staff across the Trust. The response by Essentia teams helped maintain services working in partnership with operational and clinical colleagues, but infrastructure capacity was insufficient in some high-risk locations.
- 2.17. The Trust established Situation Assessment Meetings during the heat alert period which was viewed positively. The learning identified a need to convene meetings earlier, improve local business continuity plans, clarify escalation thresholds and plan for an extreme-heat response lasting longer than approximately five days.
- 2.18. **Impact on our Data Centres** – DTi teams maintained continuous monitoring of critical data-centre environments, supported by automated alerts and management escalation. Upgrades introduced following the 2022 data-centre outage had improved environmental visibility, monitoring capability and response times. Throughout the June heatwave, temperatures remained within normal operating limits and no issue required escalation. Further phases of work are planned to strengthen cooling resilience and infrastructure redundancy.

3. Next Steps

- 3.1. The Trust will use the learning from the 2026 heatwaves to strengthen preparedness for increasingly frequent extreme-heat events. Priority areas are implementation of the 17 After Action Review recommendations, a Trust-wide heatwave workshop in early 2027, targeted investment in cooling and ventilation, stronger monitoring and escalation arrangements, and integration of heat resilience into the Estate Strategy, capital planning and climate adaptation programme.
- 3.2. The After Action Review produced 17 recommendations covering operational planning, clinical prioritisation, staff welfare, Infection Prevention and Control guidance, medicines and consumables, cooling, theatre infrastructure and digital resilience. Progress will be monitored through the EPRR Steering Group. In addition, the EPRR team will undertake a heatwave workshop to inform planning for 2027. The proposed scope includes early activation and escalation; the timing and membership of Trust-wide and clinical-group Situation Assessment Meetings; prioritisation of heat-sensitive clinical activity; theatre relocation and cancellation; staff welfare, uniforms, hydration and rest; Infection Prevention and Control decision-making; cooling priorities, temporary-cooling restrictions and electrical load; medicines and consumables; data-centre resilience; and the sustainability of command arrangements during a prolonged event. The final workshop specification is yet to be agreed and is likely to include consideration to longer term resilience and climate change preparedness.
- 3.3. The Trust is reviewing its medium-term capital plan to prioritise cooling infrastructure replacement and enhancement, ventilation improvements, critical engineering resilience schemes and upgrades to high-risk wards and treatment areas. Priorities will be aligned with the wider climate adaptation, backlog maintenance and capital programmes.
- 3.4. The Trust's Green Plan to 2028 identifies climate change adaptation as a core organisational priority and recognises that extreme weather can disrupt clinical services, damage infrastructure and adversely affect patients and staff. The Trust has published a Climate Change Adaptation Plan and is proposing a new Board Assurance Framework risk covering climate change mitigation and adaptation. Together with the refreshed Estate Strategy, these arrangements will provide the framework for prioritising realistic investment in cooling, ventilation and critical infrastructure, aligned with backlog maintenance and the lessons from increasingly frequent extreme-heat events.

4. Conclusion & Recommendations

- 4.1. Overall, the heatwave response maintained essential service continuity but relied on intensive operational management, local mitigations and temporary measures. The event should therefore be treated as both a managed operational incident and evidence of a material, recurring climate-adaptation risk. The immediate priority is to convert the 17 After Action Review recommendations into an assured and prioritised resilience programme, with clear ownership, milestones, reporting and links to capital investment decisions.

- 4.2. The Trust has completed an After Action Review and identified 17 improvement actions spanning emergency preparedness, operations, workforce, estates, digital resilience and climate adaptation. Progress will be monitored through the EPRR Steering Group, supported by a heatwave workshop to test the revised arrangements. Further assurance should demonstrate that each action has a named owner, delivery date and evidence of completion, and that the collective programme addresses cooling and ventilation, monitoring and escalation, staff welfare, data centres and other critical infrastructure.
- 4.3. The Council of Governors is asked to:
- 4.3.1. **Note** the material but managed impact of the 2026 heatwave on patients, staff, clinical activity and estate resilience, including the estimated reduction of 178 inpatient episodes and 1,800 outpatient appointments and the 25 theatre cancellations identified in the EPRR debrief.
 - 4.3.2. **Note** that the Trust maintained essential service continuity through operational, clinical, engineering and EPRR arrangements, while recognising that the response required significant active management and prioritisation.
 - 4.3.3. **Note** that a formal After Action Review was completed and that the resulting actions are intended to be monitored through the EPRR Steering Group and the new climate resilience and adaptation of the BAF risk.
 - 4.3.4. **Note** that the planned EPRR heatwave workshop will test the remaining areas of vulnerability identified by the After Action Review, including heat-sensitive clinical activity, clinical decision-making, staff welfare, medicines and consumables, cooling prioritisation, theatre infrastructure and data-centre resilience.

COUNCIL OF GOVERNORS

WEDNESDAY 21 OCTOBER 2026

Report title:	NHS Modernisation Bill
Executive sponsor:	Tendai Wileman, Chief of Staff and Executive Director Corporate Development
Report author:	Stephanie Calvert/Lucy Yasin, Director of Corporate Governance (interim) & Andrea Carney, Head of Patient and Public Engagement
Purpose of report:	For information and discussion
	To update the Council of Governors on the Health Bill 2026–27 and its implications for NHS foundation trust membership and councils of governors; set out the key considerations for maintaining effective local accountability and patient, public, staff and stakeholder voice; and outline the proposed process and next steps for developing a future model.
Key points of report:	• The Health Bill 2026–27 proposes to remove the statutory requirement for NHS foundation trusts to maintain a membership and a council of governors. A number of existing governor powers would transfer to the Secretary of State or be addressed through revised statutory/regulatory arrangements. • The proposals create a need for the Trust to consider how meaningful local accountability and engagement with patients, the public, staff and partners would be sustained. • Further work will be undertaken as the Bill progresses, with proposals brought back to the Council before any future arrangements are finalised.
Primary BAF risk:	Risk 6: Organisational change and transformation
Recommendations:	The COUNCIL OF GOVERNORS is asked to: 1. note the update on the Health Bill 2026–27 and its potential implications for the Trust’s membership and Council of Governors; 2. discuss the principles that should inform future arrangements to preserve the local accountability, representation and challenge currently provided by the Council of Governors, should its statutory role be removed; and 3. note that a developed proposal will be presented at the next scheduled public meeting on 27 January 2027.

Introduction

- 1.1. This paper provides an update on the Health Bill 2026–27, commonly referred to as the NHS Modernisation Bill and its potential implications for Guy's and St Thomas' NHS Foundation Trust. The Bill proposes wide-ranging changes to the health system, including the abolition of NHS England, changes to patient voice and information-sharing arrangements and significant reform of the statutory framework for NHS foundation trusts. Of particular relevance to the Council, the Bill would remove the statutory requirement for foundation trusts to have members and a council of governors.
- 1.2. The Bill completed its passage through the House of Commons on 8 September 2026 and is now under consideration in the House of Lords. Although no date has yet been confirmed for Royal Assent, the Government has indicated that legislation to implement the proposed reforms is expected to be in place by March 2027. The Bill remains subject to further parliamentary scrutiny and amendment. Should it be enacted in its current form, it would significantly change the mechanisms through which foundation trusts maintain local accountability and represent the interests of their members and the wider public.
- 1.3. The Trust already uses a range of mechanisms to hear and respond to patient, public, staff and community perspectives. The proposed removal of councils of governors, foundation trust membership and local Healthwatch arrangements therefore requires the Trust to assess how these mechanisms should operate collectively, where gaps may arise, and how meaningful participation and accountability can be maintained.
- 1.4. At this stage, the Trust is evaluating the full implications of the proposed changes in consultation with governors, other NHS trusts and relevant stakeholders. Insights gained through this engagement will inform the development of options for the Board's consideration. National guidance is also anticipated however, both the timing of its publication and the level of detail it will provide remain uncertain. This paper is therefore intended to support a strategic discussion on the key issues and principles that should shape the Trust's future approach, building on the discussions held at the previous meeting.

2. Background

- 2.1. The Health Bill was introduced in Parliament on 14 May 2026. Its principal measures include:
 - 2.1.1. abolishing NHS England and transferring its functions to the Department of Health and Social Care, the Secretary of State and integrated care boards, as applicable;
 - 2.1.2. enabling the creation of a single patient record and strengthening information-sharing requirements across NHS organisations;

- 2.1.3. reforming patient voice and patient safety arrangements, including the abolition of Healthwatch England and local Healthwatch organisations and the transfer of relevant functions; and
 - 2.1.4. removing the statutory requirement for NHS foundation trusts to have members and a council of governors.
- 2.2. This paper focuses primarily on the proposed removal of the statutory requirements for NHS foundation trusts to maintain a membership and a council of governors and the matters the Trust will need to consider in response. The Council of Governors' statutory role is set out principally in the National Health Service Act 2006 and reflected in the Trust's Constitution. Its general duties are to hold the non-executive directors, individually and collectively to account for the performance of the Board of Directors and to represent the interests of the Trust's members as a whole and of the public.
- 2.3. The Bill would amend the 2006 Act and remove the statutory foundations for membership and councils of governors. The proposed changes resulting in the removal of statutory membership and council of governors are summarised below.

Current role (2006 Act and Trust Constitution)	Proposal (Health Bill 2026-27)
The Trust is required to have a membership and a Council of Governors	The statutory requirements for membership and a council of governors would be removed.
Appoint and remove the Chair and the Non-Executive Directors (NEDs).	The Secretary of State would appoint the Chair and would have powers relating to suspension and removal.
Approve the appointment by the NEDs of the Chief Executive.	The NEDs would appoint, suspend or remove the Chief Executive and other Executive Directors, subject to the revised statutory framework.
Fix the remuneration, terms and conditions of the Chair and NEDs.	Responsibility would transfer to the Secretary of State.
Appoint and remove the auditor.	Auditor appointment arrangements would be governed by the Local Audit and Accountability Act 2014.
To receive from the Board and consider the annual accounts and any report from the auditor	The relevant accountability would transfer to the Secretary of State under the revised arrangements.
Provide views to the Board of Directors as to the Trust's forward planning in respect of each financial	No direct statutory equivalent has been identified in the published legislation. However, the Bill envisages that trusts will determine local

Current role (2006 Act and Trust Constitution)	Proposal (Health Bill 2026-27)
year	arrangements for engaging patients, staff, communities and other stakeholders.
To respond and provide assistance as appropriate when consulted by the Board of Directors in accordance with this Constitution.	This statutory function would cease if the Council of Governors were removed.
To represent the interests of the Members of the Trust as a whole and the interests of the public.	The statutory duty would be removed. Trusts would need to determine how member and public interests would be represented through future engagement and accountability arrangements.
Review and approve proposed amendments to this Constitution.	The published material reviewed does not identify a direct statutory replacement for this approval function. Responsibility for constitutional governance would instead be governed through the revised legislative framework.
Approve significant transactions including mergers and acquisitions	The published material reviewed does not identify a direct statutory replacement for this approval function. Decisions relating to mergers, acquisitions and other major transactions would instead be governed through the revised legislative framework.
Trusts are required to hold an annual members meeting to present the annual report and account.	NHS trusts would be required to hold a public meeting, at prescribed times, at which their latest audited annual accounts and annual report would be presented.

2.4. The effect of these proposals would be to transfer or remove a number of statutory responsibilities currently exercised by governors. Of particular importance to the Trust is the Council's role in representing members and the public and in providing a visible, locally rooted form of accountability. The Trust will therefore need to consider how these benefits can be retained through any future model, should the relevant provisions be enacted.

3. Current model and future considerations

- 3.1. There are multiple statutory, regulatory and NHS policy drivers for ensuring that there are multiple routes for patient and public voices to be heard, conscientiously considered and acted upon. These include the public involvement duty (s.242), Advanced Foundation Trust status, CQC expectations, learning from NHS care failings and the need for meaningful involvement in service changes required to deliver the NHS 10 Year Health Plan.
- 3.2. Together, these drivers support the development of a robust future model of stakeholder and lay representation that provides independent challenge, effective escalation and clear assurance. The model should enable the Trust to hear directly from patients, families, carers, communities and staff, including less-heard voices, connect lived experience with safety, quality, inequalities and strategy and demonstrate transparently how this insight has informed decisions and subsequent action.
- 3.3. The Trust already has a broad range of patient, public, staff and partner involvement mechanisms across Board, Executive, Clinical Group, programme and service levels. These include participation in governance and regulatory activity, patient and carer representation, staff networks, surveys and listening events, trade union engagement, voluntary and community sector relationships, and partnership forums. The diagrams at Appendix A illustrate this existing practice across the Trust's operating model.
- 3.4. Although this activity provides a good foundation, engagement is not consistently embedded across programmes and governance routes. The current governor model places formal lay and staff representation mainly within the Council and its working groups, with governors generally observing rather than participating in Board and Executive-level committees. It also provides limited connection between elected representation, Foundation Trust members and the wider patient and carer insight generated across the Trust.
- 3.5. Patient and public insight is often most influential at programme and Clinical Group level, where it can directly inform clinical strategy, service delivery and service transformation. Stakeholder partners also contribute through a range of established governance structures and collaborative partnerships, providing input through channels that are often more direct and consistent than Governor forums, where attendance has varied.
- 3.6. It is recommended that the Trust looks to strengthen and connect these existing arrangements. Further work should determine where patient, public, staff and stakeholder voices are required, how Board and Executive agendas can routinely consider and debate wider insight, whether current constituency-based representation remains necessary and how lay contributors can be supported to challenge effectively and reflect perspectives beyond their own experience.

4. Next steps

- 4.1. The Trust will continue to monitor the Bill's passage, the development of associated regulations and national guidance. The work already undertaken by the Council of Governors, including the paper presented and discussion at its previous meeting, will remain an important part of the Trust's considerations as options for a future model are developed. This work will also be informed by continued engagement with other foundation trusts, further mapping of existing engagement mechanisms and consideration of the functions currently delivered through the Trust's membership and Council of Governors. Further engagement with governors, members, staff, patients, local communities and system partners will be undertaken before recommendations are finalised.
- 4.2. The Executive Director of Corporate Development and Chief of Staff supported by the interim Director of Corporate Governance and Head of Patient and Public Engagement will facilitate the development of the proposed model, under the oversight of the Senior Independent Director as nominated lead. A multi-stakeholder engagement group, will bring together relevant corporate and clinical group perspectives, alongside representatives from the current staff, stakeholder, patient and public constituencies to inform the development of options.
- 4.3. A developed proposal will be presented to the Council of Governors at its next scheduled public meeting on 27 January 2027. The report will reflect the final legislation and implementation arrangements available at that time and will set out the implications for the Trust, the outcome of engagement undertaken and options for maintaining effective local accountability and patient, public, staff and stakeholder voice.

5. Recommendations

5.1. The Council is asked to:

- 5.1.1. **note** the update on the Health Bill 2026–27 and its potential implications for the Trust's membership and Council of Governors;
- 5.1.2. **discuss** the principles that should inform future arrangements to preserve the local accountability, representation and challenge currently provided by the Council of Governors, should its statutory role be removed; and
- 5.1.3. **note** that a developed proposal will be presented by the next scheduled public meeting on 27 January 2027.

Appendix A

Trust corporate governance: patient-public voice representation in the committee landscape

- = Attended by key partners/stakeholders
 = Includes patient-public governor observers
 = No patient/public or stakeholder representation
 = Majority patient-public, staff and stakeholder governors



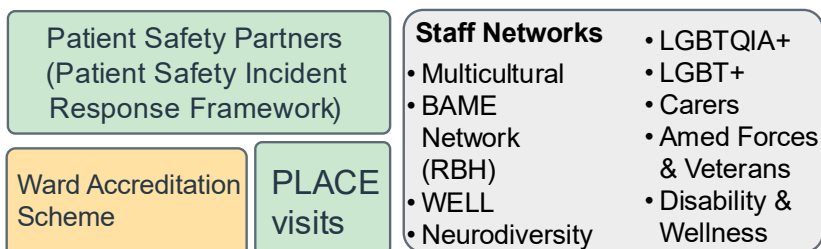
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

Working diagram | editable boxes

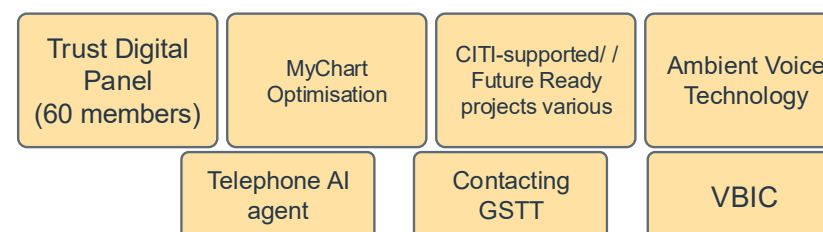
Patient, public and staff engagement activities and mechanisms: non-exhaustive list of practice examples

Illustrative map of Trust-wide and Clinical Group-led patient and public engagement activity

A. Trust-level quality improvement, patient safety and staff engagement



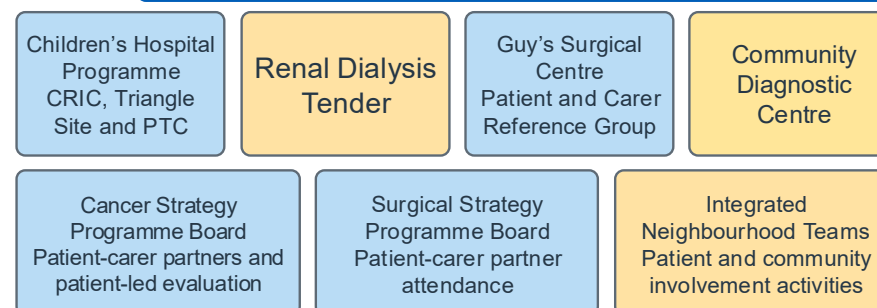
B. Trust-wide programmes: active patient, carer and community participation



C. Clinical Group-led quality and patient experience improvement



D. Clinical Group-led programmes and strategies



= Patient, carer and public voices involved in governance arrangements

= Demonstrable patient & public engagement (excludes project governance arrangements)

= Patient-public representation in regulatory activities

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

Editable working diagram | boxes intentionally unfilled

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
Wednesday 21 October 2026

Title:	Lead Governor's Report
Governor Lead:	Katherine Etherington, Lead Governor
Contact:	Katherine Etherington

Purpose:	For information
Strategic priority reference:	All strategic priorities
Key Issues Summary:	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.
Recommendations:	The COUNCIL OF GOVERNORS is asked to: 1. Note the Lead Governor's Report

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

Wednesday 21st October 2026

LEAD GOVERNOR'S REPORT

PRESENTED BY KATHERINE ETHERINGTON

1. Overview

- 1.1 Following the recent election, I am delighted to have been re-elected as Lead Governor for a second term, commencing on 3 September 2026. I would like to thank fellow governors for their support and acknowledge Leah and Margaret for standing in the election and for their continued commitment to the Trust. I would also like to congratulate Alison Mould, Deputy Lead Governor, for also retaining her position and I am very looking forward to working together going forward.
- 1.2 During my second term, I will continue to support effective Council of Governors governance, encourage constructive challenge and engagement with the Board, and ensure that the views and interests of our members and local communities remain central to our work. I am also grateful for the chance to push through with our recommendations for what the future holds for the Council of Governors and staff, public and patient voice.
- 1.3 Since we last met, the APM has taken place. It was good to hear from many of you that this was well attended and while there may have been a few technical hitches, it was good to engage with patients, public and staff and hear about the achievements of the past year. My sincere thanks again to Alison for speaking in my absence.

2. Future of the Council of Governors

- 2.1 A significant issue for governors is the Government's proposed removal of Councils of Governors from NHS foundation trusts as part of its wider ten-year health plan, which is due in 2027. As many of you know, we have been working with other trusts across London and the Shelford Group to discuss how to proceed.

- 2.2 In July, Karin Smyth MP, Minister of State for Health, responded to concerns raised about the role of governors and the closure of Healthwatch. The Minister acknowledged these concerns and explained that the Government's intention is to move towards a more dynamic model of gathering patient, staff and stakeholder insight. The Government's stated position is that the proposed changes are not intended to remove local voices or democratic accountability. Instead, it aims to develop approaches to engagement that better reflect local demographics and geography, moving away from a one-size-fits-all model. Ms Smyth indicated that greater emphasis would be placed on demonstrating that local people are involved in key decisions about how care is provided and that their voices are heard. The letter also confirmed that the statutory regulatory role of NHS England, including its responsibility for overseeing foundation trust governance and addressing weaknesses in how trusts are run, would continue under the NHS provider licence.
- 2.3 I am glad to see that Healthwatch seems to have been saved, and some elements of public and patient voice will remain. However, I still, as I know many of you do, have concerns over staff voice, patient representation at Trust level and a general engagement at board level with non-executive or senior members of the trust.
- 2.4 Meanwhile, Alison and I were invited to meet with Mr Neil Coyle, MP Bermondsey and Old Southwark since 2015, in Parliament on Monday 12th October. Mr Coyle met with us to discuss our concerns over local voice and to see if he could get any more answers or direction. Mr Coyle was incredibly welcoming, along with his colleague Alex Thomas, and promised to take a letter and some specific questions to Yvette Cooper, Secretary of State for Health and Social Care. We also invited Mr Coyle to visit one of our sites to discuss GSTT's great work and further discuss patient and staff voice representation. We would like to thank Mr Coyle again for his time and consideration.
- 2.5 While the Government has outlined its rationale for reform, the proposed changes raise important questions about how local accountability, independent scrutiny and meaningful public representation will be maintained in practice. As you will see in this month's board papers, a paper has been submitted by the trust on their position going forward.
- 2.6 Councils of Governors provide a formal mechanism through which members and the public can engage with their foundation trust. Any alternative arrangements will need to demonstrate how they will preserve the benefits of local representation, ensure that community perspectives influence decisions, and provide transparent evidence that engagement leads to meaningful change.
- 2.7 It will be important for governors to remain informed about the proposals, consider their implications for the Trust and its membership, and contribute constructively to discussions about future arrangements. This should include considering how the existing strengths of the Council can inform any future model of public engagement and accountability.

- 2.8 Our paper, along with other topics, was discussed at London Governor Conference held in September. This meeting, while productive, still left us all thinking “what next”. Given the delay in official guidance and various uncertainties, we all believe that a conversation is worth continuing however the direction needs to be dynamic to the ever-changing landscape.
- 2.9 The Minister’s letter also addressed the closure of local Healthwatch organisations, drawing on the findings of Dr Penny Dash’s review of patient safety across health and care, published in July 2025.

3. Recruitment of a New Chair

- 3.1. As many of you know, our Chair, Charles Alexander, has announced he will be standing down at the end of his three-year tenure in November 2026. This has begun a trust wide process to support the Nominations Committee of the Council of Governors, to find a new Chair. The trust has stood up a Working Group, including Alison and I, to inform the process. A shortlisting and interview date are now in the diary, and we are told that initial applications look promising. These appointments are always tricky, and the incoming person will have big shoes to fill. However, I know we are all excited to see who shares the Trust’s large ambitions and vision for the future.

4. Governor Engagement Opportunities

- 4.1. The Membership Office has highlighted several opportunities for governors to increase their visibility and develop a better understanding of the experiences of patients, staff and local communities.

These include:

- **Patient-Led Assessments of the Care Environment (PLACE):** Patient governors were invited to apply to become assessors for the 2026 programme. Assessments are scheduled between 8 October and 18 November 2026 and cover cleanliness, building condition and accessibility, privacy and dignity, and, in some teams, food quality. Participation provides an opportunity to observe the care environment alongside staff. I am joining one at St Thomas’s and look forward to participating in the PLACE scheme this year.
- **Governor and Non-Executive Director visiting programme:** As I hope you all know, governors can arrange visits to clinical and non-clinical sites to improve their understanding of services and operational challenges.

- **Governor representative vacancies:** Opportunities have been identified across the Heart, Lung and Critical Care Clinical Group, End of Life Care, the HLCC Clinical Group End of Life Steering Group and the Green Plan Delivery Board.
- **Governor education and engagement:** Members' seminars provide opportunities to develop knowledge of key Trust priorities, including population health, dementia, IT infrastructure, security and Epic/MyChart.

4.2 These activities are valuable ways of strengthening governors' understanding of the Trust and ensuring that your contributions to the Council are informed by direct engagement with services and the people who use them.

5. Council of Governors Legacy Fund

5.1. As I hope many of you have seen, one suggestion we have for a legacy for the Council of Governors at Guys and St Thomas's could be a legacy fund. I agree with many comments made around ensuring appropriate administration and accessibility, I am also pleased that so many of you support this idea. As I continue working through with the Trust and Charity what this could look like, I welcome any comments, support or suggestions with regards to our legacy.

6. Conclusion

6.1. As we enter a challenging time for all NHS organisations and GSTT enters an exciting time with the recruitment of a new chair, I am once again delighted to have the privilege of seeing the inner workings of such a complex trust during a period of seismic change. I would like to thank you all again for your support and my re-election and I look forward to working with you all in the next few months.

COUNCIL OF GOVERNORS STRATEGY, TRANSFORMATION & PARTNERSHIPS WORKING GROUP

22nd September 2026
5.30pm – 7.00pm, MS Teams

Governors in attendance:	Tommie Sheridan, Chair Kathryn Blake Nigel Beckett Felicity Conway Victoria Borwick	Alison Mould Margaret McEvoy Charles Mead
Trust staff in attendance:	Emma Saunders Nina van Zyl Georgina Charlton (item 5 only) Refik Gökmen (item 5 only) Renata Pires-Yfantouda (item 6 only) Angeliki Humphries (item 6 only)	Amy Butterworth-Fernandes (item 7 only) Madhvi Vaghela (item 7 only) Aoife Molloy (item 7 only) Olivia Marsden (item 7 only)

1. Welcome

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

2. Minutes of previous meeting

- 2.1. The minutes of the meeting held on 19th May 2026 were approved.

3. Declaration of interest

- 3.1. There were no declarations of interest.

4. Previous meeting report and matters arising

- 4.1. No action points from the previous meeting were raised.

5. Epic Benefits Realisation

- 5.1. Georgina Charlton (Associate Director of Delivery) and Dr Refik Gökmen (Deputy Chief Clinical Information Officer and Consultant Nephrologist) presented an update on the benefits being delivered through Epic. A slide pack had been circulated. The presenters noted the following points during the meeting.
- 5.2. Benefits approach and governance: The programme uses monthly financial reporting and in-system dashboards to track delivery against the original business case and monitor adoption of system functionality. Benefits are overseen through programme and organisational governance, including monthly review of financial delivery with clinical groups. The Trust also uses Epic best-practice frameworks and shares learning with other Epic organisations.
- 5.3. Benefits delivered: Benefits were described across safer care, better access, financial value, time released for care and staff wellbeing, patient engagement and smarter systems. Clinical decision support is being used to improve MRSA decolonisation and vascular device management, with data used to refine alerts and reduce unnecessary prompts.
- 5.4. MyChart: More than one million patients are registered with MyChart, including more than half of patients seen on more than one occasion. FastPass offers cancelled appointments to patients on the waiting list and was reported to reduce waits by an average of approximately 23.5 days for those accepting an earlier appointment.
- 5.5. Future models of care: The presenters highlighted maternity self-referral through MyChart and the potential of Care Companion and questionnaire functionality to support more responsive and

asynchronous care, focusing clinical input on patients whose symptoms or clinical indicators are deteriorating.

5.6. Key discussion points

- Governors welcomed the benefits. There needs to be ongoing work to address inconsistencies in patient experience repeated requests for information and difficulty contacting the appropriate service. Further staff engagement and education will be important.
- Patient-initiated messaging has not yet been enabled Trust-wide. Work is under way to consider appropriate operating procedures, the impact on clinical teams and how equitable access will be maintained for patients who do not use MyChart. The Epic team agreed to provide further information on the expected timeline.
- Governors emphasised the importance of continuing to gather patient feedback. The MyChart user group remains active, with significant engagement.
- Discussion around increased clinical administration, alert fatigue and the preparedness of rotating resident doctors. The presenters outlined work on ambient voice documentation, problem-list quality, weekly review of alert effectiveness and department-level induction.
- The organisation has around 30 clinician builders. Greater use of this capability, alongside local ownership and standardisation, was identified as important to achieving further benefits from Epic.

6. **Developing the GSTT Psychological Professions Strategy: Governor Engagement and Discussion**

6.1. Renata Pires-Yfantouda (Trust Lead for Psychological Professions) and Angeliki Humphries (Trust Strategy Manager) presented the emerging strategy. The strategy is intended to provide an overarching workforce framework to improve the visibility, equity, sustainability and impact of psychological professions across the Trust.

6.2. Current workforce and case for change: Psychological professions contribute across physical health, mental health, community services and staff wellbeing. Current provision has developed organically, often in response to individual service business cases. The strategy is sponsored by the Chief Nurse and is being developed through a Psychological Professions Board with representation from all clinical groups. Implementation is expected to be phased and aligned with existing governance and planning cycles. The five emerging areas are leadership, governance and voice; equity and workforce sustainability; value, investment and commissioning influence; integration across pathways and Trust-wide systems; and inclusion, engagement and co-creation.

6.3. Key discussion points

- Governors suggested that the intended benefits for patients, staff and the Trust are highlighted, making the practical impact easier to understand.
- The presenters highlighted widening participation, improving equality, diversity and inclusion data, developing a broader skill mix and establishing a stronger voice in decision-making as examples of tangible change.
- Discussion around unmet psychological needs among long-stay and older patients, particularly during discharge and transition home, as well as the impact on families.
- The role of psychological expertise in responding to violence and aggression was discussed, including support for staff, maintaining boundaries, responding to distressed patients and ensuring policy considers both staff and patient safety.
- There was discussion about a focus on areas with strong appetite, leadership and capability versus taking a 'catch all' approach across the whole Trust.

7. **An update on our Trust Green Plan**

7.1. Amy Butterworth-Fernandes (Associate Director of Sustainability), Dr Madhvi Vaghela and Dr Aoife Molloy (Net Zero Clinical Transformation Co-Leads) presented an update on the Trust Green Plan, which was formally launched in January 2026. The presenters noted the following points during the meeting.

7.2. Healthcare contributes approximately 4–5% of global carbon emissions. There are NHS targets including reaching Net Zero for directly controlled emissions by 2040 and 2045 for the wider footprint. Procurement and the supply chain account for the largest share of emissions, while buildings, transport

and waste also remain significant. The Trust Green Plan to 2028 was informed by engagement with approximately 750 patients, staff and visitors. It includes ten focus areas, including air quality. Workforce and leadership were described as the golden thread, with delivery owned by the Trust, enabled by the sustainability team and implemented locally. The Trust launched its climate change adaptation plan in summer 2026. The Green Champions Network has 60 members with ring-fenced time to lead sustainability activity. Sustainability is also being integrated into quality improvement and staff development.

7.3. Key discussion points

- Governors discussed whether sufficient protected time is available through job planning for clinicians to lead sustainability work. Ring-fenced time is difficult to secure consistently, although the clinical co-leads and some fellows have dedicated time.
- The clinical, financial, productivity and professional-development benefits of sustainability leadership were emphasised. An emergency department sustainability fellow identified £800,000 of savings in one year.
- Governors asked how the Trust is engaging local councils and responding to changes in the local political landscape as part of its role as an anchor organisation.

8. Report updates for committees attended by Governors

8.1. No report updates from Governors

9. AOB

9.1. There were no items of AOB.

*The next meeting would be held on **9th February at 5.30pm – 7pm. Meeting to be held on Microsoft Teams.***