



Guy's and St Thomas'
NHS Foundation Trust

Public Council of Governors Meeting

**Wednesday 26th 2022, 6pm to 7:30pm
Held virtually on MS Teams**

COUNCIL OF GOVERNORS

Wednesday 26th January 2022 from 6pm to 7.30pm

Held virtually on MS Teams

A G E N D A

- | | |
|--|---------------------|
| 1. Welcome, apologies and opening remarks
<i>Sir Hugh Taylor</i> | <i>Verbal</i> |
| 2. Declarations of interest | <i>Verbal</i> |
| 3. Minutes of the previous meeting held on 20 th October 2021 | <i>Paper</i> |
| 4. Matters arising | <i>Verbal</i> |
| 5. Reflection session on Board of Directors meeting
<i>Sir Hugh Taylor</i> | <i>Verbal</i> |
| 6. Acute Provide Collaborative
<i>Fiona Howgego</i> | <i>Presentation</i> |
| 7. Appointment of external auditors
<i>Steven Davies</i> | <i>Paper</i> |
| 8. 2022 Council of Governors election process
<i>Edward Bradshaw</i> | <i>Paper</i> |
| 9. Nominations Committee report
<i>Sir Hugh Taylor</i> | <i>Paper</i> |
| 10. Governors' reports for information: | <i>Papers</i> |
| 10.1 Lead Governor's Report
<i>Heather Byron</i> | |
| 10.2 Membership Development, Involvement and
Communications Working Group meeting: Meeting Notes 9 th
November 2021
<i>Michael Mates</i> | |
| 10.3 Quality and Engagement Working Group: Meeting Notes 7 th
December 2021
<i>John Powell & Placida Ojinnaka</i> | |
| 11. Any other business | <i>Verbal</i> |

The next meeting is due to be held on 27th April 2022

COUNCIL OF GOVERNORS

Wednesday 20th October, 6pm – 7.30pm
Held virtually via MS Teams

**Governors
present:**

Jordan Abdi	John Hensley	Mary O'Donovan
Elfy Chevretton	John Knight	Placida Ojinnaka
John Balazs	Paula Lewis-Franklin	Rishi Pabary
Victoria Borwick	Leah Mansfield	John Powell
Heather Byron	Marianna Masters	Mary Stirling
John Bradbury	Michael Mates	Warren Turner
Helena Bridgman	Margaret McEvoy	Raksa Tupprasoot
Mark Boothroyd	Trudy Nickels	Jadwiga Wedzicha
Marcia Da Costa	Betula Nelson	Tim Windle
Annabel Fiddian-Green		

In attendance:

Hugh Taylor (Chair)	Alastair Gourlay	Janet Powell
Ian Abbs	Richard Grocott-Mason	Martin Shaw
Avey Bhatia	Felicity Harvey	Sheila Shribman
Edward Bradshaw	Anita Knowles	Priya Singh
Ria Burnett	Ciara Mackay	Simon Steddon
Jessica Dahlstrom	Sally Morgan	Lawrence Tallon
Steven Davies	Adeola Ogunlaja	Steve Weiner
Jon Findlay	Jackie Parrott	Debra Willis
Simon Friend		

1. Welcome and apologies

- 1.1. The Chair welcomed attendees to the meeting of the Council of Governors. Apologies had been received from a number of executive and non-executive directors (Paul Cleal, Reza Rezavi, John Pelly and Julie Screaton) and governors (Evelyn Akoto, Sarah Addenbrooke, Serina Aboim, Martin Bailey, Michael Bryan, Robert Davidson, Patrick Davies, Sian Flynn, Elizabeth Henderson, Laura James, Lucilla Poston, Ajay Shah, Pravin Shah, Rachel Williams, Sonia Winifred and Christine Yorke).

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Minutes of the meeting held on 28th July 2021

- 3.1. The minutes of the previous meeting were agreed as an accurate record. Mary Stirling requested that formal acknowledgement be given to Placida Ojinnaka for the work she

had done alongside former lead governor Devon Allison to reach agreement with Transport for London to allow the Trust's patient transport vehicles to use bus lanes, which would significantly improve the quality of the patient transport service.

4. Matters arising

- 4.1. Three actions had been logged at the last meeting: to provide written responses to the unanswered questions to Governors; to share details of the two presenters of the 'Mind and Body' presentation; and to circulate the dates of future Council of Governors working group meetings. All had been completed; there were no further matters arising.

5. Reflection on public Board of Directors meeting

- 5.1. The Chair led the process of responding to questions from governors. A number of questions had been submitted in advance of the meeting and these would be responded to in writing.

ACTION: EB

- 5.2. There was discussion about the new robots the Trust had acquired and the increasing shift towards use of robotic surgery. It was explained that many surgeons nowadays were trained in robotic surgery and so would expect to have use of the latest robots as part of their practice. All robotic procedures had to go through significant scrutiny and governance before being approved, after which there would be monitoring of whether the new surgery led to demonstrably better outcomes.
- 5.3. On a related point, it was noted that the advances in innovation, for example in the increased use of robotic surgery and new imaging facilities, could lead to an exponential increase in the Trust's electrical requirements. There was concern that the Trust did not have the electrical infrastructure to meet its future needs. Essentia was planning to undertake an electrical review across all the Trust's hospital sites to establish what infrastructure was in place and what was required in the future, including any investment needs.
- 5.4. The Board of Directors had acknowledged that staffing levels were the major constraint on delivery of the clinical work the Trust needed to undertake. Some governors felt that the Board may not be fully aware of the immense pressure that staff were under and proposed that such pressures could be alleviated by reducing the number of open beds. In response the Board outlined the ways in which it kept abreast of staff concerns, including through monitoring of staff wellbeing at a directorate level and engaging with staff unions. Recent staff recruitment campaigns had been successful, especially in attracting nursing staff. It was noted that there were some areas, for example critical care, where the full bed base had not been operational for some time in order to maintain patient safety. The need to balance the Trust's resources with the need to ensure appropriate staffing levels and staff support to treat clinically-prioritised patients and those that had been waiting a long time for their appointments was a

complex problem affecting providers across the country, and the Trust was in regular discussions with regional and national bodies about ways to address it.

- 5.5. Many governors had enjoyed the sustainability presentation at the earlier Board of Directors meeting, and there were a number of questions on the specifics of the strategy. It was confirmed that the continued use of disposable instruments was a decision made by clinicians in their specific areas of work. Executive colleagues would confirm the metrics being used to track the reduction in its carbon footprint over the next 10 years.

ACTION: AG

6. Adults and children safeguarding

- 6.1. The Council of Governors received a presentation from the Evelina London Director of Nursing and the Director of Nursing, Safeguarding Adults & Vulnerable Adults about the Trust's role in safeguarding children and vulnerable adults. The framework for doing this encompassed overarching statutory requirements, training of the Trust workforce, the process for identifying and assessing risk, and actions to improve effectiveness. The Trust worked very closely with a broad range of partners, although with different ways of working in Lambeth and Southwark. The children's safeguarding priorities were set out; the Trust had seen a significant increase in local violence and exploitation, especially against girls, and there were considerable overlaps with the children's mental health agenda. Governors noted that a key area of work was improving data collection to inform to ongoing safeguarding agenda, by developing a greater understanding of the size and nature of the problem in the communities served by the Trust, including many vulnerable areas.
- 6.2. It was explained that, whilst every child was potentially vulnerable, identifying vulnerable adults was more complex and required a different approach. The ways of working in Lambeth and Southwark were again different but firmly built around a multi-agency approach, with a healthy culture of challenge between partners to help improve outcomes. Priority areas included homelessness, domestic abuse and self-neglect. The ongoing work was set out for the Committee's consideration; it was noted that one area of focus was working with the local Safeguarding Adult Boards at how best to collate patient feedback following interventions.
- 6.3. Governors thanked the Trust staff for an interesting and informative presentation. One governor emphasised that safeguarding needs to be acknowledged and discussed more as it is everyone's responsibility to support safeguarding objectives. Self-neglect amongst adults had started to increase before COVID-19, but had increased significantly during the pandemic as some support services had ceased and there were heightened feelings of social isolation. Evidence showed that the correlation between physical and mental health was strong, and the Trust needed to continue to be inquisitive about the mental health of its patients, seek specialist advice from external partners where necessary and escalate concerns to safeguarding leads. There was discussion about how COVID-19 had expedited collaborative working with mental health organisations. The Trust also needed to ensure its resources aligned with the tendencies of younger people to seek support out of hours.

7. Governors' reports

- 7.1. The governors' reports were noted. The lead governor asked the Council of Governors to look at and respond to two emails that had been sent out recently: one regarding a governor 'buddy' system, and the second outlining the governor site visit programme.
- 7.2. There was a question about whether it was sensible to proceed with the site visit programme given rising numbers of COVID-19 cases in the community. The Chief Nurse outlined the steps that were being taken to keep patients, staff and visitors safe, and explained that many of the visits were to non-clinical areas. Whilst the visit programme was an important part of a governor's role, governors were not obligated to attend.
- 7.3. There was a query about whether the flu vaccination would be offered to governors. The Chief Nurse would speak to the relevant team to ensure governors were offered this.

ACTION: AB

- 7.4. A number of governors referenced a letter they had been sent from the 'Lambeth and Southwark Patients Not Passports' group. This letter asked governors to encourage the Trust to call on the Government to suspend charging and data-sharing in relation to undocumented migrants in the NHS and to properly evaluate the impact of charging on patient care. It was acknowledged that the Trust had a legal obligation to recover costs from chargeable patients, and that the Trust did not withhold immediately necessary or urgent treatment, including all maternity care, even when an individual had indicated that they could not pay. The group's stance was supported by a number of governors and opposed by others. There was discussion about the extent to which perceptions of 'health tourism' was having a detrimental impact on some of the most vulnerable communities who may be eligible for treatment but had no means to pay for treatment. The Trust Chair agreed that an initial paper would be produced to outline the information the Trust had, and that the issue would be brought back to a future meeting.

ACTION: SD

8. Any other business

- 8.1. Michael Mates gave an overview of the previous meeting of the Trust's Membership Development, Involvement & Communication (MeDIC) Working Group, during which there had been some interesting presentations and good discussion about the possible merging of the Guy's and St Thomas' and Royal Brompton and Harefield memberships.

The next meetings are due to be held on 26th January 2022 and arrangements will be confirmed in due course: Board of Directors meeting 3.45pm – 5.30pm

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

WEDNESDAY 26 JANUARY 2022

Title:	External auditor contract decision
Responsible Director:	Steven Davies, Chief Financial Officer
Contact:	Catherine Eyre, Chief Accountant

Purpose:	To agree the approach to appointing external auditors
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	The external audit contract expires on 16 th July 2022 and a direct award to the incumbent auditor is proposed.
Recommendations:	The COUNCIL OF GOVERNORS is asked to confirm the direct award of the external audit contract to Grant Thornton.

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 26 JANUARY 2022
EXTERNAL AUDITOR CONTRACT DECISION
PRESENTED BY Catherine Eyre

1. Introduction

- 1.1. This paper outlines the suggested approach to appointing to a new external auditor contract in 2022.
- 1.2. The Trust's Constitution sets out the specific rights and duties of the Council of Governors in respect of external auditors as "in a General Meeting to: (d) appoint or remove the Trust's auditor."

2. Current position

- 2.1. The Trust is required to undertake a procurement exercise to appoint new external auditors. The external audit contract with Grant Thornton is now in the final year. In September 2019, the Audit & Risk Committee agreed to extend the original three year contract by a further two years. The final year ends on 16th July 2022, covering the audit of the 2021/22 final accounts, at which point Grant Thornton will have been the Trust's external auditors for five years.

- 2.2. Legislation severely limits the ability of external auditors to provide non-audit services to their client. This has led to low interest in external audit tender exercises at other Trusts. The last procurement exercise for external auditors at the Trust resulted in the receipt of only one bid. There is a concern that there will be a lack of interest from suppliers if a tender exercise was undertaken.
- 2.3. In November 2021 Grant Thornton provided an audit progress report and sector update to the Audit & Risk Committee which included the following observations:
- The increasing workload and increased regulatory focus together with wider professional trends mean the demand for audit services and the capacity of auditors are currently unmatched putting upwards pressures on prices (between 20-50%) and reducing competition; and
 - In the NHS we have seen several situations of audit tenders with one or no applicants for the role. We have been asked by NHS Improvement to step in and audit bodies where an appointment could not be made.
3. Approach to appointing external auditors in 2022
- 3.1. A paper was presented to the Audit & Risk Committee in November 2021 setting out the intention to undertake a procurement exercise which would make use of an existing procurement framework to hold a mini-competition. The Committee, however, requested that a direct award to the incumbent external auditors, Grant Thornton, should take place for a further two years due to:
- The need for audit continuity given the implementation of the new finance system in 2022/23 and the forthcoming merger of the Guy's and St Thomas' and Royal Brompton and Harefield Clinical Group finance teams; and
 - A delay to the procurement exercise could enable alignment across the Integrated Care System (ICS), allowing the procurement for an ICS-wide external auditor which is likely to be more attractive to potential bidders.
- 3.2. It is worth noting that there is a rule which requires the external auditor engagement lead, the Grant Thornton partner, to be rotated after 7 years. The proposed approach would result in engaging Grant Thornton as the Trust's external auditors for 7 years.

- 3.3. In order to ensure that the Trust receives the best value from the extension, the charge rates of the existing contract will be reviewed against available procurement frameworks, with the lowest rate chosen. In addition, the Trust will benchmark the audit proposal against peer Trusts to test value for money.

4. Recommendation

- 4.1. It is recommended that the Council of Governors confirm the direct award of the external audit contract to Grant Thornton.

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

WEDNESDAY 26 JANUARY 2022

Title:	Council of Governors Election 2022 – Process, Timetable and Communications Plan
Responsible Director:	Jessica Dahlstrom, Chief of Staff and Director of Corporate Affairs
Contact:	Edward Bradshaw, Deputy Director of Corporate Affairs and Elena Spiteri, Membership and Governance Co-ordinator

Purpose:	To update the Council of Governors on plans for the 2022 elections to the Council
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	<ul style="list-style-type: none"> • In spring 2022 elections will be held to fill 11 vacancies on the Council of Governors, across staff, patient and public governor seats. • As in 2021, Civica will be the independent election services provider and the process will be led by the Trust's Corporate Affairs team. • The formal notice of election is on Tuesday 1 March and results will be declared on Friday 20 May.
Recommendations:	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> 1. Note the process, timetable and engagement and communications plan; and 2. Note that more feedback on specifics of the approach will be requested from members of the Membership Development, Involvement & Communication (MeDIC) working group at its next meeting in early February 2022.

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

WEDNESDAY 26 JANUARY 2022

2022 COUNCIL OF GOVERNORS ELECTIONS PROCESS

PRESENTED BY EDWARD BRADSHAW

1. Introduction

- 1.1. The Guy's and St Thomas' Council of Governors is made up of 43 governors. In 2022 elections will be held to fill the following 11 vacancies that will arise in summer 2022:

Constituency	Vacancies	Details of vacancies
Guy's and St Thomas' patients	4	Four governors reach the end of their first term
Patient carers	1	One governor reaches the end of their two-term tenure
Public constituency area 1 (around Guy's and St Thomas' Hospitals)	2	Two governors reach the end of their first term
Public constituency area 2 (around Royal Brompton and Harefield Hospitals)	1	Seat currently vacant
Public constituency area 3 (the rest of England and Wales)	1	Seat currently vacant
Guy's and St Thomas' 'other' (non-clinical) staff	2	Two governors reach the end of their first term

2. Election process

- 2.1. As in 2021 the Trust has appointed Civica as its independent election services provider for the 2022 elections. The process will be almost identical to the elections held in 2021.

- 2.2. Members will be contacted directly by Civica at the two key stages of the election process:
 - Formal notice of election – when all members are invited to nominate themselves to stand for election.
 - Formal notice of poll – when ballot papers are sent to members.

- 2.3. In order to stand for election, a nominee must:
 - Be a member of the Trust before the close of nominations on Tuesday 29 March 2022;
 - Be a member of the constituency they wish to stand for;
 - Be willing to declare their political and financial interests; and
 - Complete and submit a nomination form, which includes an election statement, by Tuesday 29 March 2022.

- 2.4. All members within their constituency will receive the election material with the ballot papers to decide who to vote for. Members are only entitled to vote for nominees within their own constituency. For example, clinical GSTT staff would be unable to vote for non-clinical staff governors. Voting can be done online and by post.

3. Election timetable

Date	Action
JANUARY	Ask patient and public members to update their address and contact details Publish membership articles to promote membership and elections
FEBRUARY	
Tuesday 9 February	Seek feedback on election plan at MeDIC working group
Tuesday 15 February	Send nomination material and data to Civica
MARCH	
Tuesday 1 March	Formal notice of election/ nominations open

Date	Action
Friday 11 March	Election awareness event (co-hosted by Corporate Affairs and Civica)
Tuesday 29 March	Nomination deadline
Thursday 31 March	Final date for candidate withdrawal
APRIL	
Wednesday 6 April	Electoral data to be provided by Trust
Thursday 21 April	Formal 'notice of poll' published
Friday 22 April	Voting packs despatched to relevant members
MAY	
Wednesday 18 May	Close of elections
Friday 20 May	Results published on Trust website and intranet, Board of Directors and Council of Governors advised of results via email
JUNE, JULY, AUGUST	
14 June	Council of Governors' Away day – new successful candidates to be invited
7 July	New Council of Governors introduction session
27 July	Council of Governors meeting

4. Engagement and Communications

- 4.1. Engagement and communications with members is important to encourage members to stand for election. A key objective of the elections is to ensure that the voices on our Council of Governors are representative of the diverse communities we serve. This is achieved by encouraging people of all backgrounds to stand for election and to vote in the election.
- 4.2. A 'governor awareness session' will be held on 11 March to give relevant members insight into the role of the governor and also into the election process. In 2021 this session was attended by well over 100 interested members, many of whom subsequently stood for election.
- 4.3. Some of the communications channels that will be used to further drive engagement are as follows:

Internal communications to staff

NHS CONFIDENTIAL - Management

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

- e-GiST; Connect; Evelina London; GP and KGL newsletters
- The GiST magazine
- Local press for example Southwark News
- Social media including Twitter, Facebook and LinkedIn
- GSTT website
- Patient and Public members and governor

External communications to patients and the public

5. Recommendations

5.1 The Council of Governors is asked to:

- **Note** the process, timetable and engagement and communications plan; and
- **Note** that feedback on specifics of the approach will be requested from members of the Membership Development, Involvement & Communication (MeDIC) working group at its next meeting in February 2022.

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

WEDNESDAY 26 JANUARY 2022

Title:	Recommendation to re-appoint Dr Javed Khan as a Non-Executive Director
Responsible Director:	Sir Hugh Taylor
Contact:	Jessica Dahlstrom, Chief of Staff and Director of Corporate Affairs

Purpose:	To recommend to the Council of Governors the re-appointment of Dr Javed Khan as Non-Executive Director on the Trust Board, for a period of four years ending 24 February 2026.
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	<ul style="list-style-type: none"> • Dr Javed Khan's first term as a Non-Executive Director at the Trust ends on 25 February 2022. • The Nominations Committee recommends that Dr Khan is reappointed for a second term.
Recommendations:	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> 1. Approve the re-appointment of Dr Javed Khan, Non-Executive Director on the Trust Board, for a period of four years ending 25 February 2026.

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS**

WEDNESDAY 26 JANUARY 2022

DR JAVED KHAN: RECOMMENDATION OF RE-APPOINTMENT AS A NON-EXECUTIVE DIRECTOR

PRESENTED BY SIR HUGH TAYLOR

1. Introduction

- 1.1. Dr Javed Khan was appointed by the Council of Governors as a Non-Executive Director of Guy's and St Thomas' NHS Foundation Trust on 1 February 2021 and it was agreed that his appointment would run until the end of his first term as Non-Executive Director at Royal Brompton and Harefield NHS Foundation Trust: 25 February 2022. After almost a year following the merger, it is evident that Dr Khan has played an important role in both supporting the integration of the two trusts and in helping the Trust to continue to deliver world-class care.
- 1.2. As the integration of the two trusts continues to embed and the benefits of the merger start to be realised it will be vital to retain continuity of leadership at the Trust. In this context, Dr Khan has indicated he would welcome the opportunity to extend his term at Guy's and St Thomas, if invited to do so by the Council of Governors. This paper provides an overview of Dr Khan's work at the Trust and beyond, and proposes that the Council of Governors extends his term for a further four years, until 25 February 2026.

2. Background

- 2.1. Dr Khan was appointed as Non-Executive Director at Royal Brompton and Harefield NHS Foundation Trust on 26 February 2019 and helped the organisation to maintain its position as one of the country's leading specialist trusts, providing high-quality cardiovascular and respiratory care and treatment to patients nationwide. He was a member of the Risk and Safety Board Committee, ensuring that

the Trust was managing its clinical risks appropriately and had a clear focus on clinical safety – essential aspects of corporate governance for an organisation delivering complex treatment and promoting innovation.

2.2. Dr Khan supported the organisation in navigating the merger with Guy's and St Thomas' in 2020/21. 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 groups operating model has taken shape. Since the merger Dr Khan has been an active participant on the Trust's Board of Directors, including attendance at the Board away days. Other contributions to the Trust have been through his membership of:

- The Quality and Performance Committee, which provides assurance to the Board through monitoring and reviewing the overall quality and safety of services and the operational performance of the Trust and which has had a key focus on the Trust's COVID-19 response and recovery; and
- Evelina Clinical Group Advisory Board, which acts as a 'critical friend' to the Evelina Clinical Group's executive management in maintaining and improving the care provided to women and children locally and nationally.

2.3. Away from the Trust, Dr Khan was, until late 2021, Chief Executive of the Charity Barnardo's, leading a staff group of over 8,000 and more than 20,000 volunteers. He is a leading figure in the UK public and voluntary sectors, regularly advising government ministers, and is a high-profile contributor in the media and at national and international conferences. His previous roles include Chief Executive at Victim Support, Executive Director - London Serious Youth Violence Board and Director of Education, Harrow Council. He has also been a member of the advisory board for the Children's Commissioner for England and on the governing body of Hounslow Clinical Commissioning Group and served on the Government's Grenfell Recovery Taskforce.

2.4. In October 2021 Dr Khan was announced as Chair (Designate) of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board. He will be ready to take up the post during 2022 should Parliament confirm current plans in the new NHS Health and Care Bill. Dr Khan has provided assurances that the developments in his professional life as described in this paper would still allow him the time to fulfil his responsibilities as a Non-Executive Director of Guy's and St Thomas' NHS Foundation Trust.

3. Recommendation

3.1. The Nominations Committee recommends that the Council of Governors approve the re-appointment of Dr Javed Khan as a Non-Executive Director on the Trust Board for a period of four years ending 25 February 2026.

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 26 JANUARY 2022

Title:	Lead Governor's Report
Governor Lead:	Heather Byron, Lead Governor
Contact:	Heather Byron

Purpose:	For information
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
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 26 JANUARY 2022

LEAD GOVERNOR'S REPORT

PRESENTED BY HEATHER BYRON

1. Welcome

As we embark on a new year, it is right that I start this month's update wishing everyone and their families a very safe, healthy and happy 2022. It is very much my hope that this year sees the Council of Governors able to come together (in some cases meet for the first time) in person, and indeed start to reconnect with our hospital and community sites, the populations we represent and, of course, colleagues and NEDs across the Trust.

2021 was another tricky year and as we hear in this month's meetings, the Trust continues to recover – both from the perspective of addressing challenge service wait times and an exhausted workforce. I have been really impressed across our Council of Governors how colleagues have maintained a keen eye on what is important to support and constructively challenge our Board as well as continue to come up with new ideas around how we as governors can keep in touch and relevant, even from a distance. Thank you to everyone for continuing to have such a positive, can-do attitude and for the consideration of everyone around you.

2. Re-engaging

A topic that is recurring theme in our Council of Governors informal meetings is whether as governors, we are doing enough to connect with the patients, staff members, communities and stakeholder organisations that we represent and partner with. The last two years

have been especially hard for understandable reasons. I am optimistic that this year we will be able to start to reinvigorate those discussions and not only look at what we have done in the past and consider if they are right to resume, but also think through other things we can do to enable us to keep a pulse on what our constituents are thinking and feeling and how we can engage with them. This is an area that I hope colleagues attending our MeDIC working group can really get their teeth into and drive some positive suggestions and actions.

3. Working Groups

Communications towards the end of last year shared our intention to drive more regular involvement with our working groups through asking for core group of governors to commit to them. This of course doesn't mean anyone can attend on an ad hoc basis, but we feel that by have a core group of colleagues, we will be able to drive more continuity across meetings and topics and hopefully, with Trust colleagues, see more outputs and direction coming from them. We have had a number of colleagues put themselves forwards for one or many and for anyone who hasn't yet had a chance to consider then, would ask you to let Corporate Affairs know which you'd like to be a regular member of.

4. Clinical Group / Trust Committees

Since our last meeting, all the Clinical Board / Trust committees have met, and the new attending governors have been able to join (at least) one meeting that they were successfully elected on to. I have had some lovely discussions with colleagues on those experiences and have seen some super notes that have been shared across the Council of Governors. I have also heard from those governors who are pre-meeting together (and in some instances with the chairing NED) before the meetings, how helpful that is in terms of having a wider opportunity to discuss any questions and allow the reserve governors to share their questions for colleagues to take in on their behalf. If you are not currently taking that approach for the meeting you attend, I highly recommend you give it a try.

5. Nominations Committee

You will see in this months papers that the Nominations Committee has a recommendation for you to consider and support. I wanted to highlight this as we have a busy year ahead. We have incumbent NEDs whose current terms are coming to an end in the next six months. Additionally, as many of your will recall, we also have to manage the process around the succession of our Chair. You will all appreciate the importance of these processes and how critical it is that we secure the right and best candidate for all of those positions. Over February and March the Nominations Committee will be meeting to discuss what is ahead of us so that we are ready and prepared to support and bring recommendations to you in a timely way and will bring a detailed update to you in the April meeting.

COUNCIL OF GOVERNORS
MEMBERSHIP DEVELOPMENT, INVOLVEMENT AND COMMUNICATIONS (MEDIC)
WORKING GROUP

Tuesday 9 November 2021

5.30 – 7.00pm, held virtually via MS Teams

Governors in attendance:

Michael Mates (Chair)	Marcia Da Costa
Sarah Addenbrooke	Sian Flynn
Christina York	John Knight
Laura James	Leah Mansfield
Victoria Borwick	Margaret McEvoy
Helena Bridgman	Placida Ojinnaka
Elfy Chevetton	Rachel Williams

Trust staff in attendance:

Jessica Dahlstrom	Nancy Dickinson
Edward Bradshaw	Elena Spiteri
Paul Cleal	Naomi Good

1. Welcome

The Chair welcomed colleagues to the meeting of the Membership Development, Involvement and Communications Working Group (the Group).

2. Apologies

Apologies had been received from John Hensley, Mary Stirling, Ajay Shah, Warren Turner, Michael Carden and Sarah Austin.

3. Declarations of Interest

There were no declarations of interest.

4. Review of the minutes of the previous meeting and review of the action log

The minutes of the previous meeting of the Group, held on 14th September 2021, were approved as a true record. The action log was noted; all actions were in hand.

5. General membership update

The Group received an updates of the RBH origin and GSTT origin membership profiles and the engagement and recruitment activities that had been undertaken since the previous meeting. The key points included:

- Membership numbers were reported to be stable with a slight decline due to members no longer wishing to remain members or passing away.
- The membership offices were continuing to organise seminars and work with clinical groups, Patient and Public Engagement teams, and Volunteers Service to engage current members.
- The Guy's and St Thomas' membership office was working closely with the GSTT Communications Team to promote membership via the Trust's social media accounts and various newsletters. Public governor and public member' stories will be featured in the next issue of GiST magazine to promote the governor role and membership.
- The updated online membership application form was now live. The Membership offices were updating the experience and interests section on the application form to more closely align it with the Trust's new clinical group structure.

A discussion followed about how to involve more governors in membership. It was suggested to add governor role information to the welcome letters sent to new members, to organise events 'Getting to Know our Governors' or to invite governors to members' seminars to have an opportunity to meet members and build relationships with them. There were also suggestions that the membership offices should reach out to residents associations and schools/sixth-form colleges.

ACTION: ND&ES

6. Approach to membership

It was suggested that the increased size and complexity of the Trust meant that the existing approach to membership, whereby members are treated as a single cohort, may be sub-optimal and may inhibit engagement. The Group received a proposal that the Trust should aim to combine the GSTT and RBH memberships to develop a single, merged membership with the clinical groups acting as distinct 'segments' that enable targeted communications and opportunities for involvement that align to the specific interests of each member. The success of RBH, as a smaller and more agile unit, in engaging members demonstrated how this approach could be successful if replicated

across the other clinical groups. The ways in which the Trust could get more detail about members' specific interests were set out.

It was suggested that in order to fulfil this new approach, the Trust's membership offices would continue promoting membership engagement through the established channels across GSTT and RBH, and to test a proposal with colleagues from Evelina London – Women's and Children's Healthcare to establish that clinical group as the next 'segment'. It was proposed that a plan would be developed with objectives and measurable targets and presented to the next meeting of MeDIC in February 2022]'.

Following the presentation MeDIC members expressed broad support for the proposals that had been made. In discussion a number of points were made including:

- Whether there was a mechanism whereby governor views on how to improve member experience and reach could be collated;
- The need to ensure that any strategic membership objectives were aligned to the Trust's overarching organisational strategy;
- That it would be important to have a more detailed view of public and patient members' interests (possibly via tick boxes on the membership form) so as to support the formation of 'segments' of interest areas;
- A recognition that the size and diversity of the Trust was challenging for members, but that some may want to have opportunities to get involved in activities that span the whole organisation; and
- A request that, despite the proposed changes, key people from the respective membership offices would remain in post to continue the good work they had done in supporting governors and members and developing programmes of events.

In response to some concerns that there was not always much linkage between information provided at different MeDIC meetings it was explained that a set of 'core' ongoing objectives, supported by measurable targets, were being developed and would be reported against at each MeDIC meeting to start to build some consistency.

7. Patient and Public Engagement team

MeDIC members were given an update from Patient and Public Engagement team about the team's current work including an opportunity to engage more members and governors in the Trust strategy and major programme.

The PPE key objective of 'Together We Care' strategy is to work with governors to implement the membership strategy.

8. Governor elections 2022 – overview

The working group received an overview of the governor election 2022 process, and current and upcoming vacancies, of which there were 11 in total across the GSTT non-clinical staff, patient and public constituencies.

All members within the constituencies where there were vacancies would be entitled to nominate themselves for election and to vote, and candidates in the patient and public constituencies would be asked to declare their identity. Members would only receive ballot papers for the constituency that they were a member of, as recorded on the membership database. The ballot information would be clear about which constituency members were voting as part of. They would be given the opportunity to vote online or by post.

Corporate Affairs team would contact Civica, the Trust's election services provider last year, to confirm the timetable for the elections in 2022 and would take an update to the January meeting of the Council of Governors.

Some governors stated that the election process worked well last time (in 2021) and supported running a similar process in 2022. There was a request for Corporate Affairs to circulate some of the nomination statements that successful governors had used in the past, as some people found the 150 word limit difficult to articulate their reasons for wanting to be a governor and what they could bring to the role. This request would be checked and actioned if appropriate.

ACTION: ES

9. Ideas for future members' seminars

The working group noted topics for upcoming members' only seminars. The proposed seminars are focusing on new developments, research and innovation in the Trust and what we are doing to help improve the lives of patients.

10. Any other business

There was no other business.

The next meeting would be held on Tuesday 8th February 2022 at 5:30 – 7pm.

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
QUALITY AND ENGAGEMENT WORKING GROUP
TUESDAY 07 DECEMBER 2021

Title:	Council of Governors Quality and Engagement Working Group Meeting Notes, 7 December 2021
Governor Lead:	John Powell, Working Group Lead
Contact:	Andrea Carney & Sarah Allen, Working Group Secretariat

Purpose:	For information
Strategic priority reference:	TO TREAT AS MANY PATIENTS AS WE CAN, SAFELY
Key Issues Summary:	<p>A report on the Working Group's discussion on the following:</p> <ul style="list-style-type: none"> • Nursing and Midwifery Strategy: Involving patients, families and carers in its development • Quarterly reports for Patient Experience and Patient and Public Engagement
Recommendations:	<p>The GROUP is asked to:</p> <ol style="list-style-type: none"> 1. Note the key discussion points at the Quality and Engagement Working Group meeting

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

WEDNESDAY 26 JANUARY 2022

QUALITY AND ENGAGEMENT WORKING GROUP MEETING NOTES
PRESENTED FOR INFORMATION

1. Introduction

- 1.1. This paper provides notes from the Council of Governors Quality and Engagement Working Group (QEWG) meeting held via Microsoft Teams on Tuesday 7 December 2021.
- 1.2. This meeting was attended by: Sarah Addenbrooke (Stakeholder Governor), Sarah Allen (Head of Patient Experience), John Balazs (Staff Governor), Michael Bryan (Patient Governor) Andrea Carney (Head of Patient and Public Engagement), Elfy Chevretton (Staff Governor), Marcia Da Costa (Public Governor), Nancy Dickinson (Corporate Governance & Membership Manager), Paula Franklin–Lewis (Public Governor), Susan Gibbard (Head Of Quality, Improvement and Patient Safety), Anna Grinbergs-Saull (Patient and Public Engagement Specialist), Adam Igra (Innovation Programme Director, RBH), Alice Jarvis (Director of Operations and Partnerships), Ciara Mackay (Director of Nursing), Leah Mansfield (Patient Governor), Marianna Masters (Public Governor), Michael Mates (Associate Governor), Margaret McEvoy (Public Governor), Betula Nelson (Patient Governor), Placida Ojinnaka (Patient Governor), Georgina Parker (Patient Feedback Facilitator), Elena Spiteri (Membership & Governance Coordinator), Mark Tsagli (Patient Experience Specialist).
- 1.3. Apologies were received from: Victoria Borwick (Associate Governor), Helena Bridgman (Associate Governor), Robert Davidson (Stakeholder Governor), John Hensley (Stakeholder Governor), John Knight (Patient Governor), John Powell (QEWG Chair), Priya Singh (Non-Executive Director), Mary Stirling (Patient Governor), Warren Turner (Stakeholder Governor), Sian Vincent Flynn (Staff Governor),

2. Agenda Item 1: Welcome and apologies for absence

- 2.1. Placida Ojinnaka (Patient Governor), who chaired the meeting on behalf of John Powell (QEWG Chair) welcomed Governors and speakers.

3. Agenda Item 2: Notes from the last meeting

- 3.1. The notes were approved as an accurate record of the last meeting.

4. Agenda Item 3: Outpatient Transformation: Improving the experience of our patients at our hospitals

- 4.1. The Innovation Programme Director and Director of Operations and Partnerships presented an update on the outpatient transformation programme, noting that:

- The programme is supporting significant transformation in ambulatory and outpatient care across the Trust; aligning initiatives across Royal Brompton and Harefield and Guy's and St Thomas' hospitals.
- This is a 5-7 year programme focusing on eight workstreams
 - Contacting us and waiting times.
 - Vulnerable patients.
 - Patient Initiated Follow Up (PIFU).
 - Virtual activity.
 - Referral management.
 - Space.
 - Undated overdue follow up and overdue referrals.
 - Workforces.
- Three areas of work were presented in further detail:
 - Virtual care and remote monitoring: this work builds on a long-term project to develop a holistic model of care, which supports people to access the type of consultation that suits their condition and circumstances. This includes a combination of virtual appointments, homecare, remote testing, home monitoring devices and electronic forms.
 - Automation and Artificial intelligence: a project exploring a range of technologies to improve patient care and access, while reducing admin burden on clinicians, freeing time for contact with patients. Further potential benefits include improving our

ability to respond to patient enquiries more quickly, using AI to highlight and address clinical risk, and supporting complex data analysis.

- Patient Initiated Follow Up (PIFU): Continuing work begun as part of a national programme before the Covid 19 pandemic, this programme aims to empower patients to manage their care and ensure that they have appointments at the right time and when needed. As part of a pilot programme, patients from 29 services are, when clinically appropriate, being referred through two PIFU pathways (PIFU to discharge and PIFU to clinical review). This programme works closely with the remote monitoring models, to help teams understand which patients may need another appointment and when to invite them. The programme is monitoring patient experience of the pathways, contact with the services, and numbers returning for follow up.
- These models are used in conversation with patients, according to their needs and circumstances. Patient experience reporting and patient engagement are key to the delivery of this work.

4.2. Governor discussion:

Governors welcomed the presentation and raised a number of questions:

- Are patients able to change the pathway (relating to PIFU) they are on, if they have a preference?
- What mitigations are in place for those who might need face to face appointments to address additional problems including unrelated conditions that may only identified during an appointment?
- What impact has the pandemic had on waiting lists and patient willingness to attend hospital appointments, and what role does the transformation programme have in addressing this impact?
- Responding to these points, the Innovation Programme Director and Director of Operations and Partnerships clarified that:
 - Most patients will receive care through a hybrid model of remote monitoring, with face-to-face appointments to ensure continued contact. Decisions about attending face to face hospitals are made in consultation between the patient and clinician, based on open discussion about the risks and benefits and the clinician's recommendation.
 - The programme has an important role in exploring ways to meet the needs of those who may benefit most from remote monitoring and virtual appointments (e.g. vulnerable patients or people with mobility difficulties). The outpatient transformation workstreams aim to support teams to prioritise and provide care more effectively. In a way that meets patient needs, manages risk and makes clear that the hospital is open when people need it.

5. Agenda Item 4: Quality Priorities update

5.1. The Head of Quality, Improvement and Patient Safety provided an update on the quality priorities for 2021/22.

- Progress is being made in quality improvement initiatives in following priority areas:
- Patient safety: Medication safety, mental health care (children and adults), violence and aggression.
- Clinical effectiveness: establishing focus on safety initiatives in Evelina, end of life care, learning from deaths
- Patient experience: Contacting the Trust, waiting times, patients with learning disabilities
- Work is ongoing to incorporate data for Royal Brompton and Harefield hospital sites in Trust reporting.

6. Agenda Item 5: Patient Experience and Patient and Public Engagement update

6.1. Patient Experience Report Q2 was shared in advance of the meeting. The Head of Patient Experience highlighted key patient feedback data in the report. Governors responded to the report, discussing the following:

- Communication and waiting times seem to be a recurrent theme in survey reports. It is a difficult issue to address, and it is encouraging that the outpatient transformation programme is also working to respond to it. However, Governors noted that the transformation programmes may not address ongoing feedback on contacting the Trust by phone.
- Contact and waiting is also addressed in the Quality Priorities, as well as reviews in to call handling and information provided on the Trust website. On site measures, include exploring the use of buzzers to support people waiting in clinics.

6.2. Patient and Public Engagement (PPE) report was shared in advance of the meeting. The Head of Patient and Public Engagement noted continued focus on online activities, due to restrictions on face-to-face activity, and summarised key activities from July to November 2021. Governors commented on the report and discussion included the following:

- The King's Health Partners Cardiovascular and Respiratory programme continues to work with the Patient Public Reference Group and held an event in November attended by 50+ participants to share the outcome of recent workshops. This included presentations from an adult and young patient and a parent. A full report will be published in early 2022.
- An update on the Joint Programme for Patient, Carer and Public Involvement in COVID Recovery (JPPICR).
- Discussing reports on recruitment to patient and public engagement events, Governors suggested closer working with the Trust membership to invite members to take part in events and programmes, and find out about member interests.

7. Agenda Item 6: Reports and updates from committees (those recently attended by Governors)

7.1. Quality and Performance Committee (QPC): Report for information shared in absence of the Governor representative:

- Meetings take place bi-monthly lasting 3 ½ hours. Lengthy Agenda, detailed Committee Pack (including Action Tracker) and wide attendance from across the Trust including senior nursing, medical and executive leadership.
- Topics discussed included Operational, Quality and Safety, Financial and People/Culture updates.

- Generally full discussion on most items with the non-executive directors actively asking questions and providing input.
- Meetings normally commence with a “Patient Story” often a recording of a patient talking uninterrupted for around five minutes about their recent experience using the trusts services. Members of staff, appropriate to the patient’s experience, will then respond to the points raised. Generally open to the feedback and looking to improve the patient experience.
- Non-executive directors also provide feedback from any recent visits made across the site, noting key themes observed.
- Issues directly impacting patients, such as Operating Theatre availability, are key areas that are monitored.
- Agenda items appear timely and relevant – e.g. Mortuary access/security information provided at November meeting.
- Of note, the Trust’s senior CQC lead has attended recent meetings as an observer.
- Trust leadership appears to acknowledge that, going forward, further integration of reporting/MI ensuring full coverage of Royal Brompton and Harefield information is required.

7.2. Cancer Services Committee:

- Report unavailable

7.3. Updates from Governor and Non-Exec Director visits

- Report shared for information in advance of the meeting.

8. Agenda Item 8: Matters arising from the last meeting and any other business

8.1. None tabled

