

Guy's and St Thomas'   
NHS Foundation Trust

Council of Governors

Minutes of the 47<sup>th</sup> meeting of the Council of Governors held on  
Wednesday 28<sup>th</sup> January 2015 in the Robens Suite, Guy's Hospital

**Present:**

Jasmine Ali	Ken Hayes
Devon Allison	Tom Hoffman
Kevin Burnand	Denise Lievesley
John Burns	John Porter
Anita Campolini	Robert Park
Jo Champness	Jenny Stiles
Yvonne Craig Inskip	David Treacher
Noreen Ging	Warren Turner
Kate Griffiths-Lambeth	Jeff Whitear
Susan Hardy	Paula Young

**Apologies:**

Ian Abbs	Jane Pickard
George Alberti	David Spratt
Thelma Bangura	Barry Silverman
Sue Gallagher	Diane Summers
Dawn Hill	Gail Thompson
Girda Niles	Bryn Williams
Matthew Patrick	

**In Attendance:**

***Executive Directors:***

Sir Ron Kerr  
Simon Steddon  
Martin Shaw  
Ann Macintyre  
Steve McGuire  
Eileen Sills

***Non Executive Directors:***

Sir Hugh Taylor (Chair)  
Mike Franklin  
Robert Drummond  
Frank Nestle  
Sheila Shribman  
Steve Weiner

***Other Attendance:***

Peter Allanson  
Sandrine Michel-Gibson  
Dan Price

Trust Secretary and Head of Corporate Affairs  
Governance Administrator  
Private Secretary to the Chief Executive

**CG/15/01 Welcome, apologies and opening remarks**

The Chairman welcomed Thelma Bangura, recently elected staff governors representing community based staff, to her first meeting of the Council of Governors.

He announced that a former staff governor, Brian Johnson, had recently died. A memorial service would be held in the Chapel at St Thomas' Hospital on 7<sup>th</sup> November 2014.

Paula Young, a patient governor, had recently been appointed a volunteer chaplain at the Trust.

**CG/15/02 Minutes of the meeting held on 15<sup>th</sup> October 2015**

The minutes of the meeting held on 23<sup>rd</sup> July 2014 were approved as a true record.

**CG/15/03 Matters Arising**

None noted

**CG/15/04 Reflection session on Board of Directors meeting**

Governors raised questions and commented on a number of issues that had arisen during the meeting of Directors:

Flu – there had been an increase in flu patients in the run up to Christmas amongst the elderly – the outbreak in 2010 had mainly affected younger people – and the vaccine administered this year was targeted at a different strain of influenza. It had also been compromised by an outbreak of bronchitis in some patients. The campaign to encourage staff to be vaccinated had been vigorous and reasonably successful.

Finance – the problems surrounding Project Diamond had been evident for a number of years but this was the first time that it appeared unlikely that the money would be found. The supplement was intended only until tariff was revised to reflect the type of work done in complex areas. A group of CEOs was due to discuss the issue with the Chief Executive of NHS England and discussions had also been held with the Secretary of State so there was no doubt that the impact was known. Whilst it was understood that changes to funding flows were necessary, they needed to be delivered by agreement and at a reasonable pace – the system would be unable to cope with sudden changes of funding. There was a further concern that, given the importance of research to the commercial success of the UK, penalising major trusts in Oxford, Cambridge and London was illogical.

It was suggested that the Charity could commit to a more open process to select its trustees.

Smoking – would staff living on site be subject to the same rules – it was confirmed that there would be one set of rules but, as suggested during the Board meeting, some circumstances would need careful handling and it was expected that experience would be built up over time.

Supporting other trusts – this had been aired at the informal meeting in December and the Chairman confirmed that although the Trust continued to help others on an informal basis, as yet, nothing else had been announced. He committed to holding a briefing meeting for Governors to discuss the implications if there was an announcement that the Trust would be making a formal commitment to support another trust.

Nurse recruitment – in response to a question about making nursing more attractive to men it was confirmed that the London Southbank University was reviewing its current applications and had noted an increase in men applying and the Trust was seeing more senior male nurses. LSBU was more reflective of the local population and was working with schools and colleges to encourage applicants including supporting HCAs moving into nursing. It had recently launched a pre-university award programme to help those without academic qualifications to enter the university. KCL, as a member of the Russell Group of universities tended to attract students from a much wider catchment and had a different approach.

Finally, the Chairman reiterated his commitment to the diversity of the Board.

#### **CG/15/05 Kings Health Partners governance**

The Chairman set out the governance arrangements for KHP. He reminded governors that KHP had no executive powers on its own account and derived any from the delegations of its four partners who were all represented throughout the governance and who shared the costs of running the partnership equally.

There were three senior boards – the top board made up of the chairmen of the FTs and the principal of KCL with the executive director of KHP. There were four NEDs, three of who had been appointed already. It agreed the strategy and business plan and matters affecting the members but only after consultation.

It was supported by an executive board comprising the executive director, CEOs of the FTs and a senior KCL nominee and chaired by one of the FT chairs.

An operational executive made up of FT COOs and MDs with the senior KHP team was responsible, with the clinical academic groups for running the programme of work set out in the strategy – including work on mind and body, value based care, integrated care, public health, translational research etc.

The Trust would contribute this year £559k towards KHP's running costs. The bulk of this paid the costs of the staff but just over £500k was available to the executive director to support initiatives on education (including the SAIL centre) and the global health agenda.

Overall its aim was to collaborate on teaching, education and treatment involving three impressive foundation trusts and a top university primarily for the benefit of the local population and thereafter nationally and internationally, operating by consensus or not at all.

**CG/15/06**      **Council of Governors election 2015**

**Changes to the constitution**

The Trust Secretary suggested that as part of the effort to widen participation in the FT, the electoral scheme should be changed to allow electronic voting. He was recommending that the Council adopted a revised set of model election rules and confirmed that these had been produced by the Electoral Reform Society and the Trust's lawyers had confirmed that they were fit for purpose. If approved, they would apply to the 2015 elections although the change to the constitution would have to be ratified by the Annual Public Meeting in September.

The Council of Governors approved the change to the Trust's constitution, asked for it to be publicised and then submitted to the Annual Public meeting later in the year.

**Election 2015 Timetable**

The Council of Governors noted the timetable for the forthcoming election of governors.

**CG/15/07**      **Workforce**

The director of workforce introduced the staff in bands 1-4 who made up an important group of front line staff. Their responsibilities were wide ranging but included HCAs, drivers, support, estates and scientific responsibilities. They were employed across organisational boundaries in the hospital and community. It was becoming more difficult to recruit and retain junior staff as pay rises had not kept pace with inflation particularly for transport and housing. Nevertheless, many of these staff lived locally and so they and their families were likely to be patients and also ambassadors for the Trust.

The Trust ran an initiative aimed at this group – “Get in, Get on, Go further”. It worked on widening access to the Trust by increasing diversity through opportunities for work experience; there were over 500 NHS taster placements, clinical insights aimed at increasing social mobility through access to clinical placements, staff mentoring programmes and outreach to school and beyond. The Trust ran “hands up for health” which offered interactive learning for 14-16 year olds using the simulation centre leading to an offer of over 100 apprenticeships with over 70 going on to full employment at the Trust. The Trust had just taken on a healthcare assistant from a homeless charity, CentrePoint.

Get on was represented by broadening the range of development opportunities including staff group conferences, general and targeted training programmes which offered accreditation so people could progress. Examples included the ward clerk development programme, buddying, team leader, customer care and medical terminology programmes.

Go further included investing in existing staff to encourage their career development. There was an example of a clinic clerk who had retrained to become a midwife in the Trust. The aim was to enable people to fulfil their potential either through promotion or by being able to do their job as well as possible.

There were opportunities for year 10 students to have work experience at the Trust and Essentia was developing, in partnership, a technical college with London Southbank University which was expected to be operational in 2016 offering training in building and engineering to feed into apprenticeships later.

Limiting turnover remained difficult although the Trust's achievements were better than average. There were also skills shortages and there were initiatives to work with returners and persuading older or recently retired workers to remain in the workforce perhaps on more flexible terms. It was noted that the Trust was operating in a highly regulated environment so its room for manoeuvre around standards was limited. It would take every opportunity to influence wherever possible as assertively as was appropriate.

**CG/15/08 Governors reports**

**Lead Governor**

The Lead Governor commented that the arrangement for governors to attend and report back to the working groups Board Committees was now working well. He was grateful to the Board for its attendance and contribution to the second Accountability Session in December. There had been a further informal meeting of governors and a number of issues being dealt with.

He had been disappointed with the content of the previous joint meeting of KHP governors and asked that the next meeting, due to be reset for March, provided an opportunity for governors to talk and interact with one another.

He had been pleased to attend the Trust awards ceremony and noted the interesting programme of health seminars being mounted by the Trust.

**Quality and Engagement Working Group**

The Council noted the report of the meeting.

**Service Strategy Working Group**

The Working Group Lead commented on the clear presentation on income sources, useful discussions on affordability, 7 day working and contracting.

**Membership Development, Involvement & Communication Working Group**

The Working Group Lead said that a new membership leaflet had been finalised and would be circulated shortly. She was grateful to those who had worked to develop it.

**CG/15/09 Questions and answers**

The Council of Governors noted the matrix of issues that had been raised and the status of the responses from the Trust to them.

**CG/15/10 Any other Business**

None noted.

**CG/15/11      Date and time of next meeting**

29<sup>th</sup> January 2015, Robens Suite, 29<sup>th</sup> Floor, Guy's Hospital

<b>Board of Directors meeting</b>	3.45 – 5.30pm
<b>Council of Governors meeting</b>	6.00 – 7.30pm

Signed: .....

Date: .....