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COUNCIL OF GOVERNORS

Meeting to be held on 25th July 2018
6.00pm – 7.30pm, Robens Suite, Guy’s Hospital

AGENDA

1. Welcome, apologies and opening remarks
2. Minutes of meeting held on 25th April 2018 attached (CG/18/14)
3. Matters Arising
4. Reflection session on Board of Directors meeting oral
5. Governor/NED Visiting Programme oral

6. Annual Reports
   Paul Dossett, Partner, Grant Thornton UK LLP
   - 2017-18 External Audit presentation attached (CG/18/15)part
   - 2017-18 Annual Report and Accounts attached (CG/18/15)part

7. The benefits of integrating hospital and community services – our seven year journey presentation
   Angela Dawe

8. Governors’ reports – to note and for information
   1. Lead Governor report oral
      Devon Allison
   2. MeDIC attached (CG/18/16)
      James Palmer
   3. Quality and Engagement attached (CG/18/17)
   4. Service Strategy attached (CG/18/18)

9. Questions and answers – for information attached (CG/18/19)

10. Any other business

11. Date and time of next meeting:
    The meetings will be held on 24 October 2018, Robens Suite, Guy’s Hospital
    Board of Directors meeting 3.45pm – 5.30pm
    Council of Governors meeting 6.00pm – 7.30pm
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Council of Governors

Minutes of the 60th meeting of the Council of Governors held on
Wednesday 25th April in the Robens Suite, Guy's Hospital

Present:
Devon Allison  Noreen Ging
John Balazs  Tom Hoffman
Prof Kevin Burnand  Darren Oldfield
Heather Byron  James Palmer
Anita Campolini  Prof Lucilla Poston
Robert Davidson  Vicky Rogers
John Duncan  Giuseppe Sollazzo
Jonathan Farley  Prof Warren Turner

Apologies:
Dr John Chambers  Mohammed Seedat
Jane Fryer  Sue Slipman
Kate Griffiths-Lambeth  Jenny Stiles
Tony Hulse  Giles Taylor
Anita Macro  Bill Williams
Matthew Patrick  Dr Bryn Williams
Prof John Porter

In Attendance:

Executive Directors:  Non Executive Directors:
Dr Ian Abbs  Girda Niles
Alastair Gourlay  John Pelly
Amanda Pritchard  David Perry
Julie Screaton  Sheila Shribman
Martin Shaw  Priya Singh
Dame Eileen Sills  Sir Hugh Taylor (Chair)
Steve Townsend  Steve Weiner

Other Attendees:
Peter Allanson  Trust Secretary and Head of Corporate Affairs
Adeola Ogunlaja  Membership and Governance Co-ordinator
Welcome, apologies and opening remarks

Council noted that Yvonne Craig-Inskip had stood down as a governor a few months early for personal reasons. She had passed on some helpful thoughts and reflections on her time as a governor.

A number of governors would be leaving the Council at the end of their second term and were thanked for their contributions to its work.

Seven governors at the end of their first term of office were eligible to stand again in the forthcoming election.

Minutes of the meeting held on 24th January 2018

The minutes of the meeting held on 24th January 2018 were approved as a true record.

Matter arising

CG/18/05: Trust Constitution – the Trust Secretary reported that there was no need to change the Constitution following the introduction of the new GDPR to accommodate changes in practice for enrolling staff as Trust members, which would now have to enable them to opt in as opposed to the current arrangement of their opting out. There would be changes to the Trust’s induction arrangements to facilitate this. There was a risk that, if a significant number of people opted out of membership, an additional database would be needed instead of the payroll which was currently used to communicate with staff members.

Reflections session on Board of Directors meeting

The Trust was commended on the encouragement given to staff to report incidents.

The impact of sexual health changes now seemed to have had an impact on patients, especially MSM and it was important to keep this issue on the agenda. The new head of nursing in the service was reported as having observed the issues arising. The Trust would maintain discussions with the local authorities and their directors of public health.

Governors congratulated the Board on the Trust’s exceptional financial performance and the efficiency savings that it had delivered. There were a large number of committees in the Trust. This was kept under review. It was suggested that the nature and complexity of the work of the organisation, especially externally, meant that they were important to its smooth running. The usefulness of committees was kept under regular review. For example, the Trust Management Executive had been reviewed and it way of working changed to improve the use of the time. These principles would be spread to other meetings but it was right to keep these arrangements under review and to ensure a strong process of challenge of committee meetings.

The Council of Governors had a key role to play in this and the Board was grateful for its contribution.
CG/18/16 **Update from Nominations Committee**

Tom Hoffman briefed the Council on the deliberations of the Nominations Committee in relation to reviewing the appointment of Steve Weiner as a Non-Executive Director of the Trust for a second term, and to a proposal that the Chairman’s tenure should be extended for a further two years from 1st February 2019. The Chairman and Steve Weiner left the meeting. Dr Sheila Shribman, Deputy Chair of the Board, who had also chaired the relevant meeting of the Nominations Committee, took over as chair of the meeting at this point.

The Council approved the proposal to offer Steve Weiner a second period of four years with effect from 24th July 2018.

The Council noted the contribution and performance of the Chairman in supporting the Trust and Council of Governors through a period of extraordinary pressure. It agreed that the circumstances described in the paper, particularly those surrounding the discussions with the Royal Brompton and Harefield NHS Foundation Trust were exceptional. The Council agreed to invite the Chairman to serve up to two further years with a review at the end of the first year. The process to recruit a successor should also begin in good time in order to ensure a smooth handover. It was noted that it would not be possible to extend Hugh’s tenure any further. Under the terms of the Trust’s constitution ten years was the absolute maximum period a chairman could serve.

CG/18/17 **Block 9 Update**

Peter Ward, director of healthcare real estate development, (a joint appointment between the Trust and KCL) introduced the proposals for the St Thomas’ Education Centre.

Education was of the heart of these proposals; and one of the aims was to make the centre one of the main European sites for team based education and simulation. The strategy was being developed collaboratively by the Trust and King’s College London.

The site had a number of restrictions including maintaining sight lines between Lambeth Palace and the House of Lords. There would be three phases covering the original Block 9, the extension of the site behind the block and the Prideaux Centre. The extension development would offer conference facilities and Block 9 itself different types of teaching centres.

It was noted that the overall development plan for the St Thomas’ site would add 2mn m2 and by focussing on teaching and med tech would enable international competition. The education centre would provide 6,600 m2 with the first phase delivering 4,100m2. Students had been heavily involved in the development.

Virtual reality would form part of the simulation environment and include “virtual patients” giving opportunities for rare and more difficult procedures using wirelessly enabled mannequins to be used in a ward environment.

The first phase was costed at £45mn which would be shared between the Trust and KCL; the other phases would take the overall cost to ca £120mn. Phase 1 was planned to complete by the end of 2020 and the others by the end of 2022. The OBC for phase 1 was due by the middle of 2018.
The Chief Medical Officer suggested that this was an important development for both organisations and the level of collaboration was high bringing together the management of medical and clinical education.

It was pointed out that small group teaching was well established in the Trust. The strong emphasis on simulation would not remove the need for the involvement of patients which could be more difficult as the Centre was located some way away from the main wards.

It was suggested that for commercial purposes the subsequent phases should include lecture theatres to compare with those on the Guy's site. Collaboration between industry and medicine was at the heart of the future development although the initial stage was intended to replace current provision. There was a real need for a location for medical conferences which did not exist in London. There would be real kudos to the Trust for this to be embedded in the plan.

Governors also questioned whether there was sufficient capacity to develop the IT capabilities in the Trust in the light of other major initiatives even though this would be part of a stepped digital programme.

The Trust was reminded that considerable work had been undertaken for a previous scheme that assessed the commercial possibilities and effective siting of the lecture theatre.

It was suggested that there would be further potential to use the main hospital buildings for teaching. KCL was a fast growing Russell Group university and strongly wanted to compete internationally, attract more, better qualified students and compete internationally which would help to benchmark across the world. This would be supported by the new Centre and inspiration from the Karolinska and other Scandinavian hospitals was contrasted with some of the blue chip US institutions all of which would have lessons for the Trust about the use and sharing of facilities.

It was important that the Trust continued to train local people as part of its commitment to the local community, rooting world class care in the community. There was also scope for offering CPD opportunities as other local facilities available to GPs reduced. The centre would also be available to all Trust staff for training - team based training had to involve Essentia staff who were often locally based and the lowest paid. Finding ways of helping them to develop would be a real benefit from such a centre.

The Council welcomed the work that had been done and the current proposal as outlined was material and welcome progress. The sense of the two organisations working closely together was welcome in fulfilling the potential to exploit the site. The facility should be seen as a community asset and available widely locally. The STP should be encouraged to consider education across the health community as improvements would be a real gain for patients and users. Budgetary constraints were inevitable but there was an appetite for the further phases and the scope for commercial exploitation so that research with investment partners could be viewed across the site alongside its additional commercial potential. The points raised by Governors could be developed as the programme progressed and those particularly interested were encouraged to contribute further.
CG/18/18  Governors’ Reports

Lead Governor Report

Governors had welcomed the new style of accountability session and hoped that it could be developed further for future sessions.

The openness of staff during a ward visit was notable and welcomed with individuals demonstrating the desire for change and innovation. Meeting the Trust’s apprentices had also been encouraging.

The improvement in cancer performance and the establishment of targets on some of the staff survey outputs was welcomed as was the emphasis on complaints handling.

It was noted that the Chair of the Health and Social Care Select Committee had proposed a cross party commission on the future of the NHS. Governors would be invited to sign a letter of support if they wished to.

Membership Development, Involvement and Communications Working Group

MEDIC had spent some time planning the upcoming elections; there would be some mobile voting booths and governors were invited to come to the Trust on 6th and 7th June to encourage voting particularly amongst staff.

Cleansing membership data and developing the diversity advocates had taken place. Improving the Governor and membership profile in the GIST needed further work and there was some disappointment that this had not yet happened. Future meetings of the Group would be reviewing work of other Trusts in membership development and involvement.

Quality and Engagement Working Group

Governors noted the report.

Service Strategy Working Group

Governors noted the report.

CG/18/19  Questions and answers

The Council of Governors noted the updated matrix of issues that had been raised including those discussed at the Accountability Session.

CG/18/20  Any other business

There was none.

CG/18/21  Date and time of next meeting

The meetings will be held on 25th July 2018 in the Robens Suite, Guy’s Hospital

Board of Directors meeting 3.45 – 5.30pm
Council of Governors meeting 6.00 – 7.30pm
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<th>This paper is for:</th>
<th>Sponsor:</th>
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<tr>
<td>Decision</td>
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<td>Discussion</td>
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<td>Noting</td>
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| Author:                 |          |
| Reviewed by:            |          |
| CEO*                    |          |
| ED*                     |          |

| Board Committee*        |          |
| TME*                    |          |
| Other*                  | X        |

| Paul Dossett, Partner, Grant Thornton UK LLP |

* Specify
1. Summary

1.1 The 2017-18 external audit of the Trust financial statements and quality report has been completed. The attached Annual Audit Letter summarises the key findings arising from the work that Grant Thornton have carried out at Guy's and St Thomas' NHS Foundation Trust for the year ended 31 March 2018.

1.2 A presentation will be given at the meeting on the key findings.

2. Request to the Council of Governors

2.1 The Council of Governors is asked to note the report.
Your key Grant Thornton team members are:

Paul Dossett
Engagement Lead
T: 020 7728 3180
E: paul.dossett@uk.gt.com

Darren Wells
Engagement Lead
T: 01293 554120
E: Darren.j.wells@uk.gt.com

Jenny Brown
Engagement Lead (Companies)
T: 020 7728 2316
E: jenny.m.brown@uk.gt.com

Emily McKeown
Engagement Manager
T: 020 7728 3091
E: emily.mckeown@uk.gt.com

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2. Audit of the Accounts 5
3. Value for Money conclusion 9
4. Quality Report 11

Appendices
A Reports issued and fees
Executive Summary

Purpose
Our Annual Audit Letter (Letter) summarises the key findings arising from the work that we have carried out at Guy's and St Thomas' NHS Foundation Trust (the Trust) for the year ended 31 March 2018.

This Letter is intended to provide a commentary on the results of our work to the Trust and external stakeholders, and to highlight issues that we wish to draw to the attention of the public. In preparing this Letter, we have followed the National Audit Office (NAO)'s Code of Audit Practice and Auditor Guidance Note (AGN) 07 – 'Auditor Reporting'. We reported the detailed findings from our audit work to the Trust's Audit Committee as those charged with governance in our Audit Findings Report on 23 May 2018.

Respective responsibilities
We have carried out our audit in accordance with the NAO's Code of Audit Practice, which reflects the requirements of the National Health Service Act 2006 (the Act). Our key responsibilities are to:

• give an opinion on the Trust financial statements (section two)
• assess the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money conclusion) (section three).

In our audit of the Trust financial statements, we comply with International Standards on Auditing (UK) (ISAs) and other guidance issued by the NAO.

Our work

| Materiality | We determined materiality for the audit of the Trust's accounts to be £27,000,000, which is 1.91% of the Trust's gross revenue expenditure. |
| Financial Statements opinion | We gave an unqualified opinion on the Trust's financial statements on 24 May 2018. |
| NHS Group consolidation template (WGA) | We also reported on the consistency of the accounts consolidation template provided to NHS England with the audited financial statements. We concluded that these were consistent. |
| Use of statutory powers | We did not identify any matters which required us to exercise our additional statutory powers. |
Executive Summary

Value for Money arrangements
We were satisfied that the Trust put in place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources. We reflected this in our audit report to the Directors of the Trust on 23 May 2018.

Quality Report
We completed a review of the Trust’s Quality Report and issued our report on this on 23 May 2018. We have reported a qualified opinion on the basis that assurance could not be gained that the indicator reporting the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways (RTT) was reasonably stated in all material respects in accordance with the ‘NHS foundation trust annual reporting manual 2017/18’ and supporting guidance.

Certificate
We certify that we have completed the audit of the accounts of Guy’s and St Thomas’ NHS Foundation in accordance with the requirements of the Code of Audit Practice.

Working with the Trust
During the year we have delivered a number of successful outcomes with you:

- An efficient audit – we delivered an efficient audit with you in May, delivering the accounts 6 days before the deadline, releasing your finance team for other work.
- Improved financial processes – we worked with you to raise considerations on your processes including RTT indicators and streamlining your accounts.
- Understanding your operational health – through the value for money conclusion we provided you with assurance on your operational effectiveness.
- Sharing our insight – we provided regular audit committee updates covering best practice. We also shared our thought leadership reports.
- Providing guidance – we provided your teams with guidance on financial accounts and annual reporting

We would like to record our appreciation for the assistance and co-operation provided to us during our audit by the Trust’s staff.

Grant Thornton UK LLP
June 2018
Audit of the Accounts

Our audit approach

Materiality
In our audit of the Trust's financial statements, we use the concept of materiality to determine the nature, timing and extent of our work, and in evaluating the results of our work. We define materiality as the size of the misstatement in the financial statements that would lead a reasonably knowledgeable person to change or influence their economic decisions.

We determined materiality for the audit of the Trust's accounts to be £27,000,000, which is 1.91% of the Trust's gross revenue expenditure. We used this benchmark as, in our view, users of the Trust's financial statements are most interested in where the Trust has spent its revenue in the year.

We set a lower threshold of £300,000, above which we reported errors to the Audit Committee in our Audit Findings Report.

The scope of our audit
Our audit involves obtaining sufficient evidence about the amounts and disclosures in the financial statements to give reasonable assurance that they are free from material misstatement, whether caused by fraud or error. This includes assessing whether:

- the accounting policies are appropriate, have been consistently applied and adequately disclosed;
- the significant accounting estimates made by management are reasonable; and
- the overall presentation of the financial statements gives a true and fair view.

We also read the remainder of the Annual Report to check it is consistent with our understanding of the Trust and with the accounts included in the Annual Report on which we gave our opinion.

We carry out our audit in accordance with ISAs (UK) and the NAO Code of Audit Practice. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Our audit approach was based on a thorough understanding of the Trust's business and is risk based.

We identified key risks and set out overleaf the work we performed in response to these risks and the results of this work.
## Audit of the Accounts

### Key Audit Risks

These are the risks which had the greatest impact on our overall strategy and where we focused more of our work.

<table>
<thead>
<tr>
<th>Risks identified in our audit plan</th>
<th>How we responded to the risk</th>
<th>Findings and conclusions</th>
</tr>
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<tbody>
<tr>
<td><strong>Improper revenue recognition</strong></td>
<td>As part of our audit work we have:</td>
<td>Our audit work did not identify any issues in respect of revenue recognition.</td>
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<tr>
<td>Under ISA (UK) 240 there is a rebuttable presumed risk that revenue may be misstated due to the improper recognition of revenue.</td>
<td>• evaluated the Trust's accounting policy for recognition income from patient care activities for appropriateness;</td>
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<td>Approximately 83% of the Trust's income is from patient care activities and contracts with NHS commissioners. These contracts include the rates for and level of patient care activity to be undertaken by the Trust. The Trust recognises patient care activity income during the year based on the completion of these activities. Patient care activities provided that are additional to those incorporated in these contracts (contract variations) are subject to verification and agreement by the commissioners. As such, there is the risk that income is recognised in the accounts for these additional services that is not subsequently agreed to by the commissioners.</td>
<td>• gained an understanding of the Trust's system for accounting for income from patient care activities and evaluated the design of the associated controls;</td>
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<td>We have identified the occurrence and accuracy of income from contract variations as a risk requiring special audit consideration and a key audit matter for the audit. In addition to this the presumed risks of fraudulent revenue recognition will also apply to non-patient care income.</td>
<td>• for significant contracts, obtained a copy of the signed contract with the commissioner, and confirmed the amounts received agree to the contract and a schedule of variations to that contract; and</td>
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<td>• agreed a sample of the income from additional non-contract activity in the financial statements to any signed contract variations, invoices, and other supporting documentation, such as correspondence from the Trust's commissioners which confirms their agreement to pay for the additional activity and the value of the income.</td>
<td></td>
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<tr>
<td></td>
<td>• agreed a sample of non-patient care income to any signed contract variations, invoices, and other supporting documentation, such as correspondence from suppliers which confirms their agreement to pay the value of the income.</td>
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## Key Audit Risks - continued

These are the risks which had the greatest impact on our overall strategy and where we focused more of our work.

<table>
<thead>
<tr>
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<th>How we responded to the risk</th>
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<tbody>
<tr>
<td><strong>Valuation of property, plant and equipment</strong>&lt;br&gt;The Trust re-values its land and buildings on an annual basis to ensure that carrying value is not materially different from fair value. This represents a significant estimate by management in the accounts.</td>
<td>As part of our audit work we have:&lt;br&gt;• reviewed management’s processes and assumptions for the calculation of the estimate, the instructions issued to valuation experts and the scope of their work;&lt;br&gt;• considered the competence, expertise and objectivity of any management experts used;&lt;br&gt;• reviewed the basis on which the valuation is carried out and challenged any key assumptions;&lt;br&gt;• reviewed and challenged the information used by the valuer to ensure it is robust and consistent with our understanding of the Trust and the Trust’s assets;&lt;br&gt;• tested revaluations made during the year to ensure they are input correctly into the Trust’s asset register</td>
<td>Our audit work did not identify any issues in respect of valuation of property, plant and equipment.</td>
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Audit of the Accounts

Audit opinion
We gave an unqualified opinion on the Trust's financial statements on 23 May 2018, in advance of the national deadline.

Preparation of the accounts
The Trust presented us with draft accounts in accordance with the national deadline, and provided a good set of working papers to support them. The finance team responded promptly and efficiently to our queries during the course of the audit.

Issues arising from the audit of the accounts
We reported the key issues from our audit to the Trust's Audit Committee on 24 May 2018.

Annual Report, including the Annual Governance Statement
We are also required to review the Trust's Annual Report, including the Annual Governance Statement. It provided these on a timely basis with the draft accounts with supporting evidence. We have concluded that the Annual Report is consistent with our knowledge of the organisation and the financial statements.

Whole of Government Accounts (WGA)
We issued a group return to the National Audit Office in respect of Whole of Government Accounts, which did not identify any issues for the group auditor to consider.

Certificate of closure of the audit
We are also required to certify that we have completed the audit of the accounts of Guy's and St Thomas' NHS Foundation Trust in accordance with the requirements of the Code of Audit Practice.
Value for Money conclusion

Background
We carried out our review in accordance with the NAO Code of Audit Practice, following the guidance issued by the NAO in November 2017 which specified the criterion for auditors to evaluate:

In all significant respects, the audited body takes properly informed decisions and deploys resources to achieve planned and sustainable outcomes for taxpayers and local people.

Key findings
Our first step in carrying out our work was to perform a risk assessment and identify the key risks where we concentrated our work.

The key risks we identified and the work we performed are set out overleaf.

As part of our Audit Findings report agreed with the Trust in May 2018, we agreed recommendations to address our findings.

Overall Value for Money conclusion
We are satisfied that in all significant respects the Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2018.
Value for Money conclusion

Significant Value for Money Risks

<table>
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<tr>
<th>Risks identified in our audit plan</th>
<th>How we responded to the risk</th>
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<tbody>
<tr>
<td>Financial sustainability</td>
<td>As part of our work we have undertaken procedures to gain assurance on the following areas:</td>
<td>We reviewed a number of Board documents, including detailed finance reports and discussed financial performance with the Finance Team. In terms of 17/18 we identified a number of key factors. The accounts demonstrate an accounting surplus of £17.7m. This is a very strong performance especially given the wider challenges facing the NHS and the local South East London STP and the challenge of delivering a £99m CIP in year. The Trust slightly over performed against the control total set by NHS Improvement achieving a surplus of £0.5m against a control total of a £3m deficit. There was a small underperformance of STF of £3m in baseline funding although in overall terms the Trust received £28m STF against a plan of £22m. The overall CIP programme delivered £90m against the £99m plan which in a difficult year for the NHS represents a good performance. The Trust has £223m outstanding in capital loans, all repayable in the period 2023 to 2042. The balance sheet shows a strong cash position of £135m. This is extremely important as in a wider NHS context there are many trusts have revenue loans which will need to be funded in year and in many cases refinanced at higher interest costs.</td>
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<td>• Core planning assumptions behind the MTFP and the track record of delivering planned efficiencies.</td>
<td>2018/19 represents a challenging year and has been set a control total of a £34m surplus. This requires delivering of a £90m CIP programme which still includes over £27m that has yet to be formally allocated. The Trust has also identified that many of these savings will not be delivered in the first half of the year and still expects to report a deficit at the end of Q2 before savings are delivered to a large scale in the second half of the year. This major task needs to be put in the context of the significant challenges facing acute hospitals across south-east London and the challenge at the Trust, based on track record, feels like one that can be managed, although recruitment challenges and commissioner funding issues mean that achieving the control total in 2018/19 will be more challenging than prior years. The Board will want to be assured that any significant departure from plan is flagged up and corrective action taken as soon as possible.</td>
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<td>• The governance and progress of key activity under the South East London Sustainability and Transformation Partnership (STP), including back office services integration.</td>
<td>Alongside business as usual the Trust has ambitions capital plans and is at the early stages of significant capital investment. This places additional resources challenges and we note that the Trust has invested in senior resources to manage the scale of work required to delivering business as usual in a £1.5 billion turnover organisation, the increased complexity of partnership working across the STP and planning and management of several hundred millions pounds worth of capital investment.</td>
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<td>• The governance and progress of the large scale capital programme linked to the transfer of operations from the Royal Brompton site.</td>
<td>Taking all of the above into account, we believe the Trust has adequate arrangements in place to mitigate this risk and we have been able to conclude that we should issue an unqualified value for money conclusion.</td>
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Quality Report

The Quality Report

The Quality Report is an annual report to the public from an NHS Foundation Trust about the quality of services it delivers. It allows Foundation Trust Boards and staff to show their commitment to continuous improvement of service quality, and to explain progress to the public.

Scope of work

We carry out an independent assurance engagement on the Trust's Quality Report, following NHS Improvement (NHSI) guidance issued in February 2018. We give an opinion as to whether we have found anything from our work which leads us to believe that:

- the Quality Report is not prepared in line with the criteria specified in the NHS foundation trust annual reporting manual and supporting guidance;
- the Quality Report is not consistent with other information, as specified in the NHSI guidance; and
- the indicators in the Quality Report where we have carried out testing are not compiled in line with the NHS foundation trust annual reporting manual and supporting guidance and do not meet expected dimensions of data quality.

Quality Report Indicator testing

We tested the following indicators:

- percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge
- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
- percentage of patients receiving a VTE assessment

For each indicator tested, we considered the processes used by the Trust to collect data for the indicator. We checked that the indicator presented in the Quality Report reconciled to underlying Trust data. We then tested a sample of cases included in the indicator to check the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation of the indicator was in accordance with the defined indicator definition.

Key messages

- We confirmed that the Quality Report had been prepared in line with the requirements of the NHS foundation trust annual reporting manual and supporting guidance.
- We confirmed that the Quality Report was consistent with the sources specified in the NHSI Guidance.
- We confirmed that the commentary on indicators in the Quality Report was consistent with the reported outcomes.
- Based on the results of our procedures, nothing came to our attention that caused us to believe that the indicators we tested were not reasonably stated in all material respects.

Basis for qualified conclusion

The indicator reporting the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways (RTT) did not meet the six dimensions of data quality in the following respects:

- Accuracy – Our testing identified three errors in the twenty cases tested where either the clock start or clock stop date was incorrectly set. The errors had the effect of both over and understating the data period.
- Validity – Our testing identified an error in one of the twenty cases tested where the referral did not meet the criteria as an eligible patient.
- Relevance – Our testing identified errors in two cases where the reported position was incorrectly classified as a breach/non-breach.

Conclusion

As a result of this we issued a qualified conclusion on the Trust’s Quality Report on 23 May 2018. We have reported a qualified opinion on the basis that assurance could not be gained that the indicator reporting the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways (RTT) was reasonably stated in all material respects in accordance with the ‘NHS foundation trust annual reporting manual 2017/18’ and supporting guidance.
A. Reports issued and fees

We confirm below our final reports issued and fees charged for the audit and provision of non-audit services.

### Reports issued

<table>
<thead>
<tr>
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<td>24 May 2018</td>
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### Fees

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### Fees for non-audit services

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### Non-audit services

- For the purposes of our audit we have made enquiries of all Grant Thornton UK LLP teams providing services to the Trust. The table above summarises all non-audit services which were identified.

- We have considered whether non-audit services might be perceived as a threat to our independence as the Trust’s auditor and have ensured that appropriate safeguards are put in place.

The above non-audit services are consistent with the Trust’s policy on the allotment of non-audit work to your auditor.
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<thead>
<tr>
<th>Category</th>
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1. Summary

1.1 The 2017-18 annual report was laid before Parliament in June 2018. The annual accounts are contained within the annual report from page 99 onwards. The annual accounts were submitted to NHS Improvement on the 25th May in line with the national deadline.

1.2 The annual report and accounts will be tabled at the meeting.

2. Request to the Council of Governors

2.1 To accept the annual accounts on behalf of Guy’s and St Thomas’ NHS Foundation Trust.
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Sponsor: MeDIC Working Group
Author: Adeola Ogunlaja
Reviewed by: James Palmer and Peter Allanson
CEO*
ED*
Board Committee*
TME*
Other*
* Specify
1. Welcome and apologies for absence

The meeting was attended by: Peter Allanson (Trust Secretary and Head of Corporate Affairs); Devon Allison (Lead Governor, Patient); Lisa Doughty (Patient and Public Engagement Specialist); Kate Griffiths-Lambeth (Public Governor); Tony Hulse (Staff Governor); Adeola Ogunlaja (Membership and Governance Co-ordinator); James Palmer (Working Group Lead, Public Governor); Vicky Rogers (Staff Governor).

Apologies: Heather Byron (Patient Governors); Michael Carden (Head of Media and Corporate Communications); John Chambers (Staff Governor); Jonathan Farley (Patient Governor); Anita Macro (Staff Governor); Girda Niles (Non-Executive Director); Darren Oldfield (Patient Governor); John Porter (Public Governor); Jenny Stiles (Public Governor).

2. Notes of the meeting held on 20th February 2018

The minutes of the meeting held on 20th February 2018 were agreed as a true record of the meeting by all attendees.

3. Matters Arising

There were different recollections regarding whether the use of photographs during the nominations stage of the elections was agreed by the working group at the last meeting. This would be discussed under agenda item number 6, 2018 Council of Governors elections outcome, and a decision would be made for future elections.

The working group noted the changes to the joining process for staff members. Following the introduction of the new General Data Protection Regulation (GDPR) on 25th May 2018, new starters would complete a form opting
in or out of membership during the pre-employment check process. Concerns were raised about the impact this would have on staff membership numbers. A report on the initial impact would be presented at the next meeting.

4. Membership strategy progress

The following updates were given on the progress made on actions of the membership strategy.

The GiST, Governors newsletter

The June 2018 issue of the GiST magazine had been published which included the first membership and governors full page cover. The Membership and Governance Co-ordinator thanked Devon Allison (Lead Governor, Patient) and James Palmer (Working Group Lead, Public Governor) for their support with putting the content together. She suggested using the same page layout for the next issue. The working group agreed.

In the attempt to communicate and engage better with members, there would be a governors’ newsletter added to future mailings of the GiST magazine, to be published three times a year.

Governors would commission a designer and would aim to launch the first edition of the newsletter in August, to be distributed with the August mailing of the GiST. The Membership and Governance Co-ordinator hoped the governors’ newsletter would not get lost amongst other documents being included in the mailing such as the programme for the Annual Public Meeting, the Annual Report Summary and the Chairman’s covering letter. James Palmer (Working Group Lead, Public Governor) agreed though was keen to avoid delaying the first issue. The working group hoped that there would be a way for the newsletter to be visible in the mailing and suggested also handing out the newsletter at the Annual Public Meeting in September.
The working group suggested sending household mailings of the GiST rather than individual mailings to members as this would be more cost effective. The Membership and Governance Co-ordinator would follow this up with Membership Engagement Services.

**Membership data mop-up survey**

A data mop-up survey was sent to members with the June mailing of the GiST magazine to improve the data held for members. The Membership and Governance Co-ordinator informed that the membership office had been receiving a good number of responses from members updating their details, providing their email addresses and also requesting to cancel their membership. With the introduction of GDPR, the activity was especially important to undertake and would be worth repeating annually.

**July 2018 London Pride and Lambeth Country Show**

The Trust would be represented at Black Pride on 8th July and Lambeth Country Show on 21st-22nd July to encourage local people to become members. James Palmer (Working Group Lead, Public Governor) would attend Black Pride to staff the membership stand while DFP had been commissioned to display the membership film in a loop and encourage people to complete membership forms. Governors were encouraged to attend to support the stands if schedules permit.

**Final PPE Strategy, revised policies and patient group analysis**

The updated PPE strategy intended to match and support the Trust’s strategies including care redesign, digital transformation and the work with the Royal Brompton. It also reflected the Trust’s work to meet its obligations on membership and governors. It would be presented to the Board in July.

The Putting Patients First and reimbursement of expenses policies had also been revised. These would align the Trust’s policies with CCG guidance. Electronic transfers direct to bank accounts could now be made for patient
and public participation activities under the updated reimbursement of expenses policy instead of cash payments.

An audit had been undertaken to show patient and stakeholder involvement activities across the Trust. Governors welcomed the list of the 56 patient groups reported across the Trust. The working group agreed that a “meet the governors” session would be a good opportunity for governors to engage with these groups and recruit new members. James Palmer (Working Group Lead, Public Governor) would be the governor lead to drive the event forward. An invitation would be sent to all patient groups, asking them to contact the PPE team if they would like attend the session. The groups would also be added to the list of involvement activities within the Trust for new and existing governors to sign up to.

5. 2018-19 Membership actions – possible ideas

The Membership and Governance Co-ordinator would arrange a sub group meeting to agree 2018-19 actions.

6. 2018 Council of Governors elections outcome

Election turnout figures continue to decline though the Trust trialled a new electoral services provider, Mi-Voice, to manage the 2018 elections. The Trust would ask Mi-Voice what could have been done differently to get better results.

Staff member data would need to be improved for future elections so that the message would reach wider Trust staff. It was also hoped that the new governors newsletter would help with raising awareness with patient and public members.
Concerns were raised about postal ballot delay during the voting stage of the elections. The Membership and Governance Co-ordinator would follow this up with Mi-Voice.

The working group agreed against candidate photos for future elections.

7. 2018 Governors away day plan

Devon Allison (Lead Governor, Patient), Kate Griffiths-Lambeth (Public Governor) and James Palmer’s (Working Group Lead, Public Governor) suggestions for the away day programme had been welcomed. The away day clashed with the Executive Directors meeting on Tuesday 17 July which meant timings may have to change to accommodate the Executive Directors speaking or deputies would be sent to attend on their behalf.

Introductory meetings with the Chairman, Trust Secretary and new governors would be held before the away day.

8. Any other business

Membership survey task and finish group – it was hoped that the membership survey would be sent to members along with the autumn 2018 mailing of the GiST. A task and finish group would be set up to develop the survey. It was agreed that the working group would give final approval before distribution and Yvonne Craig-Inskip’s (Former Public Governor) input would be valued.

Governor/Non-Executive Director visiting programme – a programme was being developed for governors and non-executive directors to visit clinical and non-clinical areas of the Trust for a greater understanding of what they do and to meet staff and patients. Suggestions were made for departments and wards to visit.
Digital – Tony Hulse (Staff Governor) updated the working group on the progress being made on the digital agenda. Meetings had been held with members of the digital team and the drive for improved systems continues.

9. Date of next meeting

The next meeting would take place on Tuesday 13th November 2018.
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Sponsor: Quality and Engagement Working Group

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1. Introduction
This report details the meeting of the Quality and Engagement Working Group which took place on 08th May 2018 at the Education Centre, York Road.

2. Attendance
This meeting was attended by: Sarah Allen (Head of Patient Experience), Devon Allison (Lead Governor), Andrea Carney (Trust Patient and Public Engagement Manager), Jonathan Farley, Misbah Khan (Senior Quality Improvement and Patient Safety Manager), Alison Knox (Deputy Director of Quality and Assurance), Kate Griffiths-Lambeth (Working Group Lead), Jenny Stiles, Mark Tsagli (Patient Experience Facilitator), Fatima Vali (Patient and Public Engagement Specialist)

Apologies were received from: Tom Hoffman, James Palmer, John Porter, Dr. Priya Singh (Non-executive Director)

Notes from the last meeting
The notes were approved as an accurate record of the last meeting.
3. QEWG Work Plan 2018/19: Outcome of Work Planning Session

Following the recent work planning session with governors to identify topics for the coming year, the Head of Patient Experience and the Trust Patient and Public Engagement Manager sent a copy of the notes and themes that were highlighted in this session and governors were invited to identify their priorities for focus in forthcoming meetings.

The Working Group Lead noted that there had only been 2 responses from governors. The findings of the work planning session have informed selection of the following topics that will now form QEWGs 2018-19 work plan:-

- Care Redesign (improvement & transformation) – improving the referral process, better information on discharge, consistent post-operative care
- Digital Strategy and Technology – how the Trust can communicate better with members and the use of digital technology by the Trust
- Quality and Patient Safety – a need for greater understanding about patient safety issues, ‘never event’s, care for vulnerable people, management of single sex accommodation, the Trusts adherence to the WHO surgical safety checklist
- Patient Involvement and Feedback – how we can use feedback to identify areas of improvement, greater patient involvement in areas of care, referencing system from PALs/Complaints
- Health and Well-being – understanding what the Trust us doing to improve staff health and wellbeing, how we care helping with affordable accommodation for staff,

Governors approved the workplan for 2018/19.

In addition, Governors requested a topic on ‘staff well-being’. It was noted that this is likely to be an aspect of discussion on the staff surveys results, which has been previously heard at Council of Governors meetings.

**Action:** Trust Patient and Public Engagement Manager to forward this request to the Head of Corporate Affairs
4. Patient Safety: Learning from Patient Safety Incidents

The Deputy Director of Quality & Assurance and Senior Quality Improvement and Patient Safety Manager presented on learning from patient safety incidents, including never events and the process for learning from them. The presentation highlighted the following:

- Under NHS England, the NHS is mandated to “help create the safest, highest quality health and care service.” This also positively highlighted in the NHS Five Year Forward View.
- Between April 2017 - March 2018 there were 21,268 patient related incidents reported in GSTT.
- Majority of these incidents were either no harm, low or moderate harm indicating that learning is taking place across the Trust.
- GSTT is the 4th highest reporting Trust from NRLS data indicating that we have an open responsive culture and staff confidence in feeling listened and valued.
- The top 5 Directorates reporting patient related incidents during April 2017 – March 2018 were:
  - Acute Medicine,
  - Oncology and Haematology,
  - Women’s Services,
  - Perioperative, Critical Care and Pain
  - Community Adult.
- The top 5 categories for patient related incidents during this period were:
  - Medication,
  - Implementation of care or ongoing monitoring/review,
  - Access, appointments, admissions, transfer and discharge
  - Accident that may result in personal injury
  - Treatment and intervention
- 83 serious incidents of total patient related incidents were reported during this period, mainly due to treatment delays, diagnostic incident including delays and surgical/invasive procedure incidents.
• 10 never events of total patient related incidents were reported during this period, with 4 incidents due to a retained foreign object
• All serious and never events are reported to the commissioners, and a comprehensive detailed investigation is carried out with a final report given back to the commissioners and the family/patient involved.
• We have a Duty of Candour which is a legal requirement referring to the clear and honest communication that must take place with patients and their families and carers if they suffer moderate harm or above during care. An apology is offered and information we know at every given stage is provided, with contact details and an explanation of the next steps.
• Immediate support is also offered for staff and the family from the day the incident is reported.
• A number of learning areas have emerged from the serious and never events with themes around:
  o Cardiac arrest calls – piloted scripted questions for cardiac and other emergency calls to ensure the location of the emergency can be easily located
  o Patient transfers – patient numbers to be generated for all patients being transferred from another hospital to record advice and actions
  o Falls – ‘Nurse in bay’ pilot continues. Lanyard cards introduced to staff and changes made to prescribing of hypnotics.

Governors welcomed the presentation and asked:
• How GSTT’s patient reported incident rates, particularly serious events and never events compare with other Trusts?
  o The Deputy Director of Quality & Assurance highlighted that a new system is in progress which will allow the Trust to compare itself with other Trusts in this way
• What sort of support is given to a patient/relative when a serious or never event is reported?
  o The Deputy Director of Quality & Assurance explained that this varies depending on the sort of incident reported. For example, if it’s a death then the bereavement team are involved or a psychologist depending on the level of support required.

Action: Presentation slides to be circulated to all Governors.
5. Quality Strategy

The Deputy Director of Quality and Assurance presented back the 4 overarching strategic quality goals prioritised following consultation with stakeholders. They are:

- Enable staff to deliver outstanding and inclusive patient and carer experience at every contact
  - care for the dying and their families/carers
  - deliver sensitive care to our most vulnerable patients and those with mental health issues
  - staff feel valued, supported and safe
  - patient co-production and design

- Prevent avoidable harm and premature death and deliver internationally benchmarked best outcomes
  - reducing harms
  - infection prevention and control (including Sepsis prevention)
  - preventing poor health (making every contact count)

- Deliver the best available evidence based care and reduce variation
  - patient access to treatment
  - medicines optimisation
  - age and place appropriate care

- Ensure effective governance supporting continuous improvement
  - learning from outcomes
  - making it easier to do the right thing
  - learning from deaths
  - research from pre-natal to end of life
  - supporting our journey out outstanding
6. Patient Experience (PE) Report Update

The Head of Patient Experience summarised some of the highlights from Quarter 4 (December 2017 – February 2018) report including:

- The National Maternity Survey 2017 benchmarking report compares well with both London and Shelford Group peers. Areas of strength include:
  - women having skin to skin contact with their baby after birth
  - women not being left alone at any time that worries them and getting the help they needed
  - women and their partners being involved in the decisions about their care
  - confidence and trust in staff
- There are a number of areas for improvement predominantly related to women’s experience of antenatal and community postnatal care. A new Director is due to start in post, and as part of this, an action plan will be created to address the areas for improvement.
- The National Inpatient Survey 2017 indicates our performance to have remained stable since the previous survey in 2016. We have made statistically significant improvement in relation to availability of information for patients on how to raise a concern.
- Performance is statistically significantly worse in a small number of areas including noise at night, choice of food and patients discharge being delayed more than an hour.
- Compared with other Trusts that the Picker Institute surveys, we are significantly better in a number of areas including clarity of communication and involving patients in the decisions of their care.
- Friends and Family Test 2016-17 Inpatient recommend and not recommend scores remain strong, however response rates have dipped slightly which we are working on. Our recommended scores are in line with the national average and slightly better than the regional average.
• Friends and Family Test 2016-17 recommend and not recommend scores were lower than national and regional averages in November. Building works to create a new emergency floor and very high attendance rates during this period are contributing factors. However scores improved in December and January and when compared with Shelford Trusts, our scores are towards the upper half of the group, and our January response rate would put us on the top of the group.
• Friends and Family Test 2016-17 Outpatient and Transport scores are slightly below the national average mainly due to not keeping patients informed of waiting times.
• Friends and Family Test 2016-17 Community Services scores are in line with both national and regional recommend and not recommend scores.
• Friends and Family Test 2016-17 maternity scores are consistent and continue to be strong. The not recommend score for postnatal was however much lower than regional and national averages with free text comments highlighting concerns around noise, high temperatures of the ward, instances of staff being rude and problems obtaining pain relief on occasion.

• Information provided to patients about how long to wait remain a challenge for the Trust. A toolkit is being developed to support teams in developing consistent messaging in relation to waiting time updates.

The Head of Patient Experience also highlighted the agreed patient experience priorities for 2017/18. Working in partnership with colleagues the priorities taken forward are:

• Improving patients and carers contact with the Trust and the response they receive.
• Ensure patients have adequate rest and sleep during their stay at the Trust. This involves continuing to promote the sleep packs as well as rolling out visual patient bedside stickers to help remind staff to keep noise at a minimum
• Keeping patients informed and updated on waiting times in clinics
• Providing patients and their families with information to support self-care and knowing who to contact if they have a concern. This includes piloting a contact card which tells you what to do if you want to change your appointment or contact a department
Governors welcomed and applauded the pilot of rolling out foldable, wallet sized contact cards.

7. Patient and Public Engagement (PPE) Update

The Trust Patient and Public Engagement Manager summarised the key points of the update report, noting:

- Annual Patient and Public Engagement Impact Audit is underway. Directorates have been asked to complete their audits by mid-May. The annual report will be presented to TME in June and the Board of Directors in July to provide them with assurance that we are meeting our legal duty to involve and to demonstrate the impact of PPE on the Trust’s work.
- The final draft of the refreshed Trust PPE Strategy was presented to the PPE Strategy Steering Group in March. The final strategy will be published in early Summer 2018.
- The development of the feasibility study for the possible partnership with Royal Brompton and Harefield NHS has been approved the Programme Group and now going through the Boards. The partnership would encompass cardiovascular and respiratory services for all ages, from foetus through to old age for both common and rare conditions. The involvement and support of Governors will continue to be important to this.
- The Trust Patient and Public Engagement Manager also summarised the findings of the Call Quality Assessments of pain management for Q4 2017/18, which highlighted a slight deterioration in performance, particularly around promptly giving information or offering action and being more patient with controlled attitude and showing empathy. The feedback has been shared with the team and an actions have been taken in response.
The Lead Governor asked whether the Trust is doing any engagement with patients to check how people like being communicated to digitally e.g text messaging and changes to their appointment and highlighted the need for greater patient engagement in the digital agenda more broadly. It was noted that the messages that patients received are often quite long and may not suit some mobile phone users.

- The Trust Patient and Public Engagement Manager highlighted that there has been some early work, but more work is needed to better understand this. Patient and public engagement will form part of the Trusts E-HR Transformation Plan. In the meantime, the PPE Team are supporting colleagues to review the patient experience of existing digital solution, including Self-Check-In/Call Forward, the use of Skype for patient consultations.

**Action:** Governors to continue to highlight the need for patient participation in the Trusts’ digital transformation programme.

8. Reports from committees (those attended by Governors)

The following notes highlight governor’s feedback from the committee they are members of.

**Quality and Performance Committee**
In view of time restrictions a report was not tabled, but the group was informed that the recent meeting covered a significant number of issues including the use of theatres for children.

**Adult Local Services Committee**
*No notes tabled*

**Children’s Services Committee**
*No notes tabled*

**End of Life Care Committee**
*No notes tabled*
9. Any other business

The Head of Patient Experience and the Trust Patient and Public Engagement Manager thanked the Working Group Lead on behalf of the group for her efforts in supporting the group’s work and leading the meetings. The Working Group Lead was thanked for her time and commitment, as she comes to the end of her term as a Governor in July. The Working Group Lead stated that it had been a pleasure working with and for the group and wished all the very best for the future.

10. Date of next meeting

Tuesday 25th September 2018, Education Centre, York Road.
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1. Attendees:

Giles Taylor (SSWG Lead), James Palmer, John Porter, Jenny Stiles, Bryn Williams, Vicky Rogers, Kate Griffiths-Lambeth and Giuseppe Sollazzo.

Martin Shaw (Director of Finance), Jackie Parrott (Director of Strategy) and Dan Price (Strategy Manager) attended from Guy’s and St Thomas’.

Apologies were received from John Pelly, Ian Abbs, Devon Allison, Darren Oldfield, John Chambers, John Duncan, Anita Macro, and Lucilla Poston.

2. Notes of the previous meeting and matters arising

2.1 The notes of the meeting held on the 16th of January were approved as a true record.

3. Business planning 2018/19

3.1 Martin Shaw set out to the Governors that the presentation was covering a still changing position as the Trust moved towards its final submission to the regulators at the end of the month and the end year results for 2017/18 weren’t finalised yet. The Trust’s operational plan for the year was to hit a £3M deficit target. At month 11 the Trust thought it might exceed the control total by £6M but actually it looks like we will only beat the target by £0.5M which means the Trust will receive less incentive money from the Sustainability and Transformation Fund (STF). We think we will receive about £3M worth of STF funding. The final position is that we are likely to have a small surplus and a bigger one once we receive the incentive monies. To do this the Trust has achieved £99M in savings over the year. We haven’t been given monies for hitting our access targets, only for hitting our financial targets. If this changes it will be reported at the public Board meeting at the end of April.

3.2 The control total for 2018/19 was set at the same time as the 2017/18 control total and the Trust has been asked to move from the underlying deficit of £3M to a breakeven position. This would require the Trust to
save £95M for 2018/19. As the planning round has moved on the control total has been moved to £2.7M. If the Trust can hit that new target then the Trust would receive £31.1M in STF funding. Some of the financial changes in the system have made this more challenging, particularly being expected to not benefit from the reduction in the CNST premium, which we are discussing with the regulators to try and retain the benefit.

3.3 The revised changes mean that the Trust is looking for £92M in savings in 2018/19. At the first submission of business plans from the directorates the Trust had a £65M gap, but after subsequent iterations the gap has reduced to £30M. The Board agreed to accept the control total because they didn’t want to accept the remaining gap between the business plans and the control total and lose out on the opportunity to secure the STF funding.

3.4 The Trust is expecting the challenge to be difficult. Martin is personally taking on £10M of that saving to try and take that out of the balance sheet. If there are areas that are externally identified as expensive in comparison to others then we will explore whether that are opportunities for further savings there. When we do this then more often than not the benefit to be gained revolves around redeploying staff so the benefits are not necessarily seen in the current financial year. The Trust is always interested in identifying opportunities that will improve the quality of services and save money for the Trust simultaneously.

3.5 The Trust still believes that it is not fully reflecting the complexity of our patients in our coding so that will be one element the Trust looks at to close the gap. That may be challenged by purchasers but we will allow the directorates to benefit from any coding improvement and if that doesn’t go through, and then deal with the cost centrally. Another option the Trust is looking at is disposing of community properties that we don’t use and removing the revenue cost if rented, or gaining the capital benefit if owned. Even after these ideas and other Fit for the Future elements the gap remains at around £16M currently. Last year the gap at this point was £20M.

3.6 The Trust is still creating the processes around the savings targets. We’ve introduced central controls on non-pay to support getting the budget to break-even. We are trying to take the tension out of the gap to encourage people to keep close to achieving their targets. Martin noted that we compare favourably with many other organisations and the most important thing is that the staff continue to get through the activity as
demand and acuity is increasing. When directorates are struggling we try and support them and the Trust takes the view that 15,000 staff looking for savings ideas are going to do better than a few people trying to solve the problem centrally.

During questions and discussion the following was highlighted:

- The Governors asked how cost improvement proposals were tested for clinical quality and safety impact. Martin said it was unlikely that a clinical directorate management team would put forward anything that could adversely impact quality and safety in the first place. But Eileen Sills and Ian Abbs review all the cost pressures to ensure that not funding them wouldn’t have an adverse impact on quality and safety. This includes looking at staffing levels relative to the acuity and demand on the service.
- The cost pressures constitute items like the full year effect of planned recruitment and responding to increases in acuity and demand for services. There is also the consideration that we’re planning for £41M of growth, at a cost of £22M. The executives are considering what the additional pressure that might add on the services too.
- The £99M figure is what the Trust would have to earn in addition or save on current outturn to meet the Trust’s control total. The Trust is trying to use the STF funding for investment in an Electronic Health Record (EHR), and there are also opportunities emerging from the Royal Brompton Partnership.
- If purchasers default on their payments for work legitimately undertaken then it has been agreed that the Trust will go into deficit. The key issue is agreeing a cost and volume contract for any growth, now that commissioners have agreed to purchase the same amount as our outturn for this year. One of the issues is there isn’t the visibility in the system on everyone knowing their position so people are cautious and working with estimates.
- The Trust doesn’t give up on bad debt, which currently in the tens of millions. Anything that hasn’t been paid for in over six months after billing then the Trust makes a provision for it.
- The EHR has lots of potential to help the Trust, but the Trust is not expecting the EHR to just do that by itself. The transformation plan being developed around it will help deliver savings, but importantly deliver quality and safety benefits and use data.
• Commercial income has increased by £4-5M to £21M this year. For 2018/19 there is an additional £5M in directorate plans. The Trust's commercial interests like Essentia Trading Limited and Viapath are both viable and building to the position when dividends will be forthcoming. Improving our commercial income is part of our long term financial strategy within the wider Strategy Refresh.

4. Trust strategy refresh

4.1 Jackie Parrot set out to the Governors that the aim of this presentation was to update them on where the Strategy Refresh and to seek Governors thoughts on our proposed updates to the Trust’s vision. Jackie reminded the Governors of the approach the Trust took in developing its 2014 strategy. In 2014 the Trust had taken the decision not to pursue the merger with Kings College Hospital and South London and Maudsley and so since the Trust’s strategy was the King’s Health Partners clinical strategy needed to develop a new approach. The 2014 strategy had the four priorities of Cancer, Cardiovascular, Children’s and Community services underpinned by a five year strategy.

4.2 Since then there has been lots of change within the Trust and in the external environment. These changes have included the introduction of Sustainability and Transformation Partnerships, Sustainability and Transformation Funding, control totals, the Five Year Forward View, Vanguard programme, the King’s Health Partners programmes with Cardiovascular and the Royal Brompton. The Board asked for a refresh to take into account these changes, and to move the strategy from solely a clinical strategy to an organisational strategy.

4.3 Jackie highlighted that since the 2014 strategy the Trust has achieved a lot including major builds like the Cancer treatment centre and the emergency department and governance changes like the creation of the Evelina Strategic Business Unit and sustained success of initiatives like the funding of the Biomedical
Research Centre. All of these initiatives have happened in the context of reducing budgets and increasing demand.

4.4 Jackie gave an outline of the Strategy process so far which has included engaging the organisation which produced a series of themes. These were further developed and resulted in a strategic framework which was taken to the Board in March and signed off there. Directorates are currently produced a summary of their vision for their directorate and the contribution to the Trust’s overarching strategy.

4.5 Jackie provided an overview of the Trust’s new strategic framework and the supporting sections. The mission and values from the previous strategy continue. We have set out a number of challenges for the Trust including our workforce, diversifying our income, how do we best work with partners and meet the increases in demand. The framework also highlights a number of attributes that the Trust believes puts the organisation in a position to be excellent.

4.6 This means that for many of the services we’re going to look at how we can increasingly integrate services and that for many services our work with networks across big geographies will grow. Guy’s will continue to focus on complex planned care and be a major site for Cancer. St Thomas’ will have a bigger focus on the cardiovascular institute and the Evelina. We are also intending that Guy’s becomes a biotech site building off the Guy’s tower developments and St Thomas’ becomes a medtech site.

4.7 The Trust is working with Chris North, a branding specialist, to do a focused piece of work on what the Trust’s vision should be as the view has been that this needs to change. Subject to the outcome of that piece of work we might put a few options to staff to see what they think. The Trust is considering whether a strapline approach meet the requirement of the Trust better than the current version.
During questions and discussion the following was highlighted:

- That engagement of members hasn’t been considered in the communications and engagement section and that the Strategy team will give it some consideration on how best to do this.
- A piece of work is underway now to develop both the communication and implementation plan.
- That the Strategy team would also consider how the London Devolution agenda would feed into the Trust strategy.
- On the proposals for the Trust’s vision the Governors indicated they thought that ‘we care’ might be considered exclusionary, ‘exceptional care, exceptional people’ is more of a statement than an aspirational vision and that ‘Advancing healthcare for all’ is forward looking, inclusive and it was good that it included healthcare as part of the vision.
- How the development company would be used to fund our ambitions for our estates.

5. Any other business

5.1 There was no further business and the next meeting was confirmed for 3rd of July 2018, 5.30pm to 7pm in the Belvedere suite at York Road. As Giles’ last meeting as lead of the Service Strategy Working Group the members thanked him for his time.
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<th>25th July 2018</th>
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1. Summary

This report provides a list of queries which have been raised by governors. Answers are included or are ongoing and will be provided to governors once available. We would like to encourage governors to continue to raise questions.

**Note:** Governors are asked to send any queries to the Membership and Governance Co-ordinator or Peter Allanson and not directly to directorates. We will log questions and ensure they are properly handled.

2. Request to the Council of Governors

The Council of Governors is invited to note the report.
## 3. Detail/Commentary

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<tr>
<td>The GSTT Governors wish to know whether any GSTT or Community staff has lost their jobs as a result of the Home Office policy requiring employers to confirm residency rights, now widely referred to as the 'Windrush scandal', and if they have, what steps are being taken to rectify the situation for those employees?</td>
<td>18/0023 2018-06-07 Devon Allison</td>
<td>We do not record any dismissals through this category, but we have no record of appeals on that basis. 2018-07-03</td>
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<td>Is the Trust aware of any applicants who might have been denied employment for the same reasons?</td>
<td>18/0022 2018-06-07 Devon Allison</td>
<td>Similarly, we would not know of any applicants that had been denied employment on that basis but I can confirm that no offers of employment have been withdrawn due to right to work status. 2018-07-03</td>
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<td>The organisation seems to work in a hierarchical way, could this be unhelpful when thinking about the future and changes/ transformation?</td>
<td>18/0021 2018-02-21</td>
<td>The organisational structure has been given a considerable amount of careful thought over the past three years as we have started to move into a ‘group-like’ structure. The main purpose of the shift towards the Strategic Business Unit model, starting with the Evelina London, was to move decision-making closer to the front-line so that the organisation can become more agile and respond to the significant transformation agenda. The next phase of the SBUs was discussed at Trust Management Executive on</td>
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<td>What impact will the technology of tomorrow (AI/robotics) have on the staff of today?</td>
<td>18/0020 2018-02-21</td>
<td>Data, Technology &amp; Information (DT&amp;i) continue to track and engage with technological advances, from Gartner Hype cycles, trade articles, Industry demonstrations and research. This thought leadership informs the refreshing of the Digital, Technology and Information strategies. The use of these technologies is already occurring beyond the bounds of traditional IT, in medical and pharmaceutical equipment. The Trust deploys robotics live today in Pharmacy, and theatres and we will continue to explore how they can help in other areas. This will be supported by the necessary change and transformation activity to ensure maximum impact is seen across the Trust. Artificial Intelligence (AI) is an area we have already started to look into through exploring with industry and research partners. Different ways data can help with the delivery of care throughout the Trust (Care Re-Design – is an example). We are also looking into how the industry can help accelerate our maturity. It is expected that EHR will significantly help our ability to use data moving forward.</td>
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<td>2018-05-31</td>
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<td>Does the digital committee focus enough on current IT issues?</td>
<td>18/0019 2018-02-21</td>
<td>Chief Digital Information Officer and DT&amp;I Senior Leadership Team provide an Operational update to the 16 May 18 Digital Committee, these are planned as routine updates twice a year, and follows on from the update in Dec 17. The Agenda is re-focussed to provide an operational and current issues at these meetings, over the routine strategic updates and decisions that the Digital Committee focusses upon across its agenda. These operational updates focussed on key issues and the DT&amp;i strategy to address through a series of taskforces looking to stabilise services. The Committee received updates on and discussed the improvements to Wi-Fi (Wireless point refresh); Networks (replacing end of life equipment and reconfiguring for reliability); Monitoring (now monitoring key applications to predict and address issues); Cyber security (responses and plans to the reviews on risk and capability); Desktop Services (addressing Windows10 usability and optimization) and Mobile devices (progressing usability and use). DT&amp;i also shared their Directorate scorecard across all KPIs and performance.</td>
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<td>How can we get our IT people out into clinical services so the requirements of EHR are better understood?</td>
<td>18/0018 2018-02-21</td>
<td>EHR requirements will not be gathered by sending IT people out in to clinical services to better understand requirements. The approach we intend to take is to a) set up structures and forums that will allow clinical services colleagues</td>
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<td>How are we going to manage the transformation associated with EHR/IT implementation?</td>
<td>18/0017 2018-02-21</td>
<td>Alongside the Outline business case for the EHR, the trust has created a transformation plan which aims to realise our vision for the future. The costs of that plan were considered and ratified alongside the EHR OBC and we are now moving into implementation. The transformation plan brings together our existing resources and initiatives, coordinating them around a single agenda and dovetailing with the IT implementation.</td>
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<td>How aware do you think the Trust is to the level of change that is required to achieve the current agenda and the level of effort it will take?</td>
<td>18/0016 2018-02-21</td>
<td>Our Team Brief system, senior leadership conferences and listening exercises help ensure we are well connected to staff providing frontline services. However, we know there is more to do to ensure we are agile enough to respond to the changing world we live in. Technology will be a key driver of change and the implementation of a new EHR will require a large transformation programme that is currently in development.</td>
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<td>How equipped are we to manage the cultural change needed to effectively implement EHR?</td>
<td>18/0015 2018-02-21</td>
<td>The size of programme and cultural change that EHR requires has not been undertaken by the Trust before and therefore needs careful</td>
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"Council of Governors, 25th July 2018
Questions and answers"
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<td>Are the clinical outcomes we achieve visible enough and do we have the focus we should?</td>
<td>18/0014 2018-02-21</td>
<td>Increasingly in recent years there has been a focus on transparency and publishing more clinical data, both in terms of outcomes but also around incidents and lessons learnt. As a Trust we report positively and we report to the Board through quality &amp; performance committee our clinical performance on a range of things, from our pressure ulcer rate, falls with harm, hospital acquired infections and our mortality rates. We have as a Trust supported the national requirements to publish some clinical outcome data, but in doing so we are conscious it must be accurate but also presented in a way that is meaningful, accurate and responsible, so that members of the public can use it in the right way.</td>
<td>2018-05-31</td>
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<td>How do we balance the pressure to focus less on long term follow up of our patients with the push to see new</td>
<td>18/0013 2018-02-21</td>
<td>Our clinicians will only discharge back to the GP when it is clinically appropriate to do so. There are very few patients who have or require long term follow up.</td>
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<td>cases - doesn't this reduce access to meaningful outcome data of what matters to patients?</td>
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<td>term - life long follow up and this has always been the case. Therefore in terms of meaningful outcome data this has and will continue to be a challenge until we have one integrated clinical record 2018-05-31</td>
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<td>How well are the governors able to hold the NEDs to account - does the Council of Governors do its job effectively?</td>
<td>18/0012 2018-02-21</td>
<td>We are always looking for suggestions from governors about what we can do differently to support them to discharge their duties more effectively. Currently we encourage all governors to attend public Board meetings, include governors in Board Committee meetings, hold accountability sessions twice a year and support three working groups. We will be putting together a programme of visits within the Trust for NEDs and governors. To the extent that the Trust continues to be financially successful, to have a good reputation for quality and service and an effective board regularly looking at risk, strategy, culture and patient experience I hope that suggests that we have got the make up, calibre and quality of the Board team right and as the governors recruit and appraise the non execs, we can conclude that in this respect, the governors are doing an effective job. 2018-05-31</td>
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<td>Would informal meetings with Governors and the NEDs be useful?</td>
<td>18/0011 2018-02-21</td>
<td>This is not something we’ve done though other trusts facilitate this type of encounter. Overall, we think there are enough opportunities for</td>
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<td>governors to observe and interact with directors at board meetings, committees, council and working group sessions. Our accountability sessions are different to what any other trust does and we will continue to work on their format so that they provide a more effective platform for discussion. 2018-05-31</td>
<td>18/0010 2018-02-21</td>
<td>The Nominations Committee has worked closely with us to make sure that we have a Board that is diverse, capable and balanced – the non executives and executives sit together as a unitary group each with an individual and distinctive voice. How each and every vacancy is to be filled is agreed with the Nominations Committee and the person specification adjusted accordingly. We generally use external recruitment advisers to help to search out the right people. There are some new people around the board table and it always takes some time for the group to reform itself after any change but we feel that it is working well and will be a powerful, supportive and challenging group – everybody is willing to ask questions and seek assurance. This is an important group in a large organisation – we think we have the right balance at the moment to move the Trust forward in powerful ways that will be good for our patients and local residents. 2018-05-31</td>
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<td>What is the overall strategy of the Trust and do the NEDs have an impact on the strategy? Is there a forum where NEDs get briefed on the strategies of the Trust?</td>
<td>18/0009 2018-02-21</td>
<td>As governors may recall, in addition to the quarterly public meetings, the Board meets “in committee” several times a year and has 2 away days every year 1 day in March and 2 days in September. The bulk of these events are dedicated to longer term plans and ideas. Some matters develop, others do not and there are also opportunistic possibilities that present themselves. Some of our commercial activities are strategic and innovative – the recently announced agreement with Johnson and Johnson to modernise orthopaedics and improve quality and purchasing is an example – and are developed privately until they can be shared more widely and there is NED involvement. The Chairman has a small group of executive and non executive colleagues who meet from time to time to talk about strategy so overall there are ample opportunities for NEDs to be involved and influential in the strategic arena. 2018-05-31</td>
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<td>Do you think, as a Board, that the Trust is doing enough long term planning (10/20 year plans)?</td>
<td>18/0008 2018-02-21</td>
<td>We will be launching our strategy refresh in July. Whilst this concentrates on the next few years there is a huge amount of work going on around planning what the estate might look like to support care in the next 10-15 years – we shared this with governors at a recent Council meeting and will continue to do so over the next couple of years. The scale of ambition is huge and our delivery plans are innovative. In the</td>
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<td>context of the clinical and academic ambitions of the Trust, an estate development strategy has been developed in conjunction with King’s College London (KCL) and the Guys and St Thomas’ Charity that will facilitate the delivery of that strategy over the next 15 to 20 years, subject to financing being available. This strategy was approved by the Trust Board in March 2018. At St Thomas’, in partnership with KCL, we will be refurbishing the building known as Block 9 to create a comprehensive education and training centre within the next 5 years. Our ambition for the expansion of the Evelina London Children’s Hospital will also involve the construction of a new building adjacent to the existing building within a five year period. In the longer term, in support of our partnership agreement with Royal Brompton and Harefield NHS Trust and our strategy to improve our cardiovascular service with King’s College Hospital, we are developing estate plans that will see the replacement of Gassiot House within a 10 year timeframe. At Guy’s, our clinical and academic strategy focuses on cancer and cell regeneration. The Estate development plan for Guy’s involves the demolition and reprovision of Borough Wing, which is at the end of its useful life, and the construction of taller buildings on the site which, in conjunction with KCL, will enable biomedical research.</td>
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<td>Why don't we focus more on research and education and not just clinical services when looking at strategy and performance - how do we measure research performance?</td>
<td>18/0007 2018-02-21</td>
<td>We can assure governors that the Board does focus on research and education, as we focus on Clinical Quality and performance, as part of the Boards commitment to the tripartite agenda. As an academic foundation trust this tripartite agenda of commitment to excellence clinical care, research and education underpins our strategic and tactical plan. Specifically, in research we have made major investments with our university partners in the creation of infrastructure both on the Guys and St Thomas’ campuses to facilitate world class research. This is recognised in our relationship with NIHR from whom we have received considerable funding both for BRC and other NIHR Infrastructure. The commitment to research is not only an Infrastructure development. In addition to capital investment we have made significant investment to support our workforce to undertake research, a commitment that has been recognised by many by the awards for academic appointment within the university for NHS consultants. In education, we have committed considerable investment to enhance education delivery on both campuses. Importantly the Trust is</td>
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| Essentia doesn't seem to be talked about a lot at Board level, would like the NEDs to ask more about this area - understanding the roles and the differences between Essentia core services and Essentia TL would be helpful | 18/0006 2018-02-21       | Essentia is the Capital, Estates and Facilities Directorate in the Trust providing services ranging from catering, cleaning, transport and portering, to building, engineering, capital planning and asset management, as a dedicated in-house resource. The name “Essentia” was adopted in 2012, emphasising the essential services we provide to the acute sites and across the community for GSTT and other Trusts. Our purpose is focused on creating the best possible patient environment and supporting the best possible patient care. We provide quarterly updates to the Board of Directors through:  
• the Quality & Performance Committee which primarily focuses on performance of Essentia services against agreed KPIs and allows Essentia the opportunity to highlight issues that may have had an adverse impact on performance.  
• the Corporate Management Committee where on a quarterly basis an update is provided on progress with capital projects currently underway and the investment strategy which |                                            | 2018-05-31       |
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<td>We appear to be very acute focused - why don't we discuss community services more?</td>
<td>18/0005 2018-02-21</td>
<td>primarily is about how the Estate may be configured in the future to ensure it is fit for purpose and aligned to advances in clinical and research activity. Essentia Trading Limited is a wholly owned subsidiary of Guy’s and St Thomas’ NHS FT and was created in response to demand from other NHS trusts and public sector organisations seeking advice in how to become more efficient and more effective. It employs approximately 60 members of staff and turns over about £7m, this has increased each year since its creation and all profits are provided back to Guy’s and St Thomas’ NHS FT. Essentia Trading also makes a contribution to the revenue plan that Essentia has to deliver and by doing so, it protects the quality of services currently being provided by Essentia at Guy’s &amp; St Thomas’ NHS FT. 2018-05-31</td>
<td>From an adult perspective, community services are discussed at the Adult Local Services Committee which includes three governors in its membership. The minutes are shared with the Board. Local services and integration are a key strategic priority for the Trust and there have been occasions when governor working groups have had presentations on community services. If governors would like to hear more about</td>
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<td>Are we doing enough about succession planning for EDs and senior managers?</td>
<td>18/0004 2018-02-21</td>
<td>The Leadership and Management framework allows the Trust to identify and develop potential future leaders and senior managers to fill business critical positions in the short and long term. Succession planning is a crucial issue not just for senior managers but also for a pipeline for business critical roles. We have developed a leadership and development programme available for operational leaders band 7-8a, non clinical and clinical leaders to support this and we are building on this in 2018/19 with the development of the Operational Excellence programme. We have focussed on team development in our senior roles with our Leading for the Future programme. With the exception of clinical senior roles, until the recent appointment of the CEO we have traditionally recruited externally for key</td>
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community services, we are very happy to attend appropriate meetings. We are currently working towards a presentation at the July public board/council of governors meeting. Similarly, Children’s Community Services are regularly discussed at the Evelina London Board, which 2 governors attend. Integrated local child health services are one of Evelina London’s four strategic priorities, and there are a range of initiatives supporting this, including our contribution to partnership programmes in Lambeth & Southwark. 2018-05-31
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<td>Executive posts due to the stretch in requirement, however the development of the Strategic Business Units and the requirement for different leadership capabilities has meant that we are currently considering our approach to talent management at senior levels and are approaching this with other members of the Association of Health and Care Provider Groups and working closely with NHSI and the Leadership Academy.</td>
<td>18/0003 2018-02-21</td>
<td>To ensure we can continue to deliver services to our patients and populations, we need to both retain and develop our existing staff as well as ensuring that we continue to recruit new people. We undertook some research on what different generational groups want from work found that our younger workforce want more of a portfolio and flexible career. We are therefore trying to think differently about job design and career paths as well as building better links with our communities and schools so we get more local people into employment.</td>
<td>18/0003 2018-02-21</td>
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<td>How do we prepare for the workforce of tomorrow?</td>
<td>18/0003 2018-02-21</td>
<td>We get intelligence from the annual NHS staff survey, the quarterly Friends and Family test. We are launching 'Big Conversation' this month with a focus on diversity and inclusion. Our staff survey is full census every year to allow directorates to specifically take responsibility for their own staff and hear from them.</td>
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<td>How do we obtain staff views - how is the resilience of all staff groups (but particularly those in less visible areas) assessed and supported at a time of unrelenting pressure?</td>
<td>18/0002 2018-02-21</td>
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<td>What options are there to address the affordable housing issue for our staff - many of whom travel long distances to work here - what collective response could be offered in partnership with others?</td>
<td>18/0001 2018-02-21</td>
<td>Up Guardian also play a vital role. We are currently exploring how we 'test the silence' with different staff groups and undertake temperature tests without overwhelming the staff, who already fill in between 4 and 6 surveys per year. 2018-05-31</td>
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<td>I wonder whether the below is something we can support either as a CoG or raise up to the Children's Services committee given it has impacted the clinical process and patients?</td>
<td>16/0016 2016-07-28 (Heather Byron)</td>
<td>The Trust has 324 room available for nurses and AHPs to occupy on short term leases to support recruitment. We offer interest free loan rental deposit loans to nurses and AHP staff (around 20 have taken up the offer). We have discussed with Estates a longer term strategy and discussions have taken place with developers within Lambeth &amp; Southwark to have an allocation of units within the current new housing developments. The developers are keen to work in partnership on this. We are also working with Corporation of London to develop ideas to provide affordable homes on land owned by the Trust in the community. 2018-05-31</td>
<td>Further update has been sought.</td>
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service that is in place for the prompt delivery of newborn screening / monitoring blood spot tests. Whilst this hasn't yet a systemic problem, talking to the lab and the dietitians, there have been a number of incidents which clearly causes concern both from the perspective of delay to patients on results but also any potential risk / harm resulting from tests which do not arrive or can't be read in the lab.

**Context / Risk:** It is hard to quantify the scale of late delivery of the risk to newborns / patients as the lab never knows exactly how many newborn screening / monitoring blood tests are being sent in. However, we know the implications of a late results, especially in the newborn screening where in many of the conditions being screened for require immediate intervention / treatment. It's concerning that we may not receive a sample and isn't clear whether there are robust processes in place across the community network to identify promptly if a newborn test results hadn't been returned and therefore a further test taken. I fear, just in terms of assurance with regards to delays in NBBS after birth, the national “fail safe” system does provide some reassurance and ensure if a sample is mislaid or significantly delayed a baby would have a repeat sample taken in a timely way. I will look into the other issues raised with the teams involved and will feedback progress around these points.

Thank you again for sharing this with us.

(26-08-2016)
more often than not, it would be missed for some time, which could have medical and/or quality of life implications.

**Whats next:** There are a number of things which could happen to support the labs in dealing with the problem so that the service becomes reliable and they are spending valuable time chasing RM.

- develop a simple, consistent escalation process to Royal Mail (admin driven not lab driven) so that we are consistent in our escalations and have a clearer audit behind us of the issues encountered (this could be a simple form on the portal for example)
- as part of the wider Royal Mail relationship drive some escalation discussions (the sense is that in isolation this isn't 'important enough' to deal with by the RM.
- review whether Royal Mail is the right partner to be responsible for the delivery of such important blood samples or whether a commercial

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*Council of Governors, 25th July 2018*

*Questions and answers*
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I am very happy to support any next steps, but wanted to share with you for your guidance as to whether this is something we are at liberty to raise awareness to and have the possibility to help resolve?

Governors understand, from documentation released at Board Committee meetings, that Consultants are helping to identify cost improvement opportunities for FY 2016/17 and that Lord Carter has similarly identified savings opportunities. Could the Board outline the nature of these opportunities and give some understanding of the impact they would have on the operation of the FT.

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<td>16/0011 2016-06-22 (John Porter)</td>
<td>The Trust commissioned PWC, following a tender process, to perform a six week diagnostic study to identify and quantify in year savings opportunities for the Trust in 2016/17. The report shows a number of cost saving opportunities over and above existing savings schemes. PWC and the Carter team have provided benchmark data demonstrating potential efficiency savings for the Trust when compared to other similar service providers. This output forms part of the continuing cost improvement plan.</td>
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<td>The CEO says that there is a programme of work underway by the Medical Director to address &quot;hospital at night concerns&quot;. What progress I wonder? I realise how difficult it is to control events at night in a busy hospital, but I have had recent experience of unnecessary noise at night in the wards</td>
<td>2014-04-29</td>
<td>Hospital at Night is about the clinical operating model for looking after patients out of hours. We are currently looking at the future clinical model that will be required at GSTT and the implications this will have for our workforce, given activity changes and the anticipated shift towards a 24/7 care model at a national level.</td>
<td>A further response/update has been sought.</td>
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