Guy's and St Thomas' NHS Foundation Trust

Public
Council of Governors Meeting

Wednesday 27th April 2022, 6pm to 7:30pm
Held virtually on MS Teams

Guy's and St Thomas' NHS Foundation Trust

COUNCIL OF GOVERNORS

Wednesday 27th April 2022
6pm – 7.30pm, MS Teams

A G E N D A

1.	Welcome, introductions and apologies *Sir Hugh Taylor*	*Verbal*	*6.00pm*
2.	Declarations of interest	*Verbal*	
3.	Minutes of previous meeting held on 26th January 2022	*Paper*	
4.	Matters arising	*Verbal*	
5.	Reflections on Board of Directors meeting *Sir Hugh Taylor*	*Verbal*	*6.05pm*
6.	Patient communications/My Planned Care *Dr Simon Steddon and Avey Bhatia*	*Presentation*	*6.25pm*
7.	Overseas visitors policy update *Steven Davies*	*Verbal*	*6.45pm*
8.	Nominations Committee: non-executive director appointments *Sir Hugh Taylor*	*Paper*	*6.55pm*
9.	Nominations Committee: terms of reference and membership *Sir Hugh Taylor*	*Paper*	*7.05pm*
10.	New Lead Governor appointment process *Jessica Dahlstrom*	*Paper*	*7.15pm*
11.	Chair succession approach *Dr Sheila Shribman and Jessica Dahlstrom*	*Verbal*	*7.20pm*
12.	Governors' reports for information	*Papers*	*7.25pm*
	12.1 Lead Governor's Report *Heather Byron*		
	12.2 Quality and Engagement Working Group: meeting notes 10th March 2022 *John Powell*		
	12.3 Strategy Transformation and Partnerships Working Group: meeting notes 5th April 2022 *Margaret McEvoy*		
13.	Any other business	*Verbal*	*7.30pm*

Date of next meeting: Wednesday 27th July 2022 at 6pm – 7.30pm

Guy's and St Thomas' NHS Foundation Trust

COUNCIL OF GOVERNORS

Wednesday 26th January 2022, 6pm – 7.30pm
Held virtually via MS Teams

Governors present:	Jordan Abdi	Marcia Da Costa	Mary O'Donovan
	Evelyn Akoto	Annabel Fiddian-Green	Placida Ojinnaka
	John Balazs	Sian Flynn	Rishi Pabary
	Victoria Borwick	John Hensley	John Powell
	Heather Byron	Laura James	Mary Stirling
	John Bradbury	Paula Lewis-Franklin	Warren Turner
	Helena Bridgman	Leah Mansfield	Rachel Williams
	Michael Bryan	Michael Mates	Tim Windle
	Mark Boothroyd	Margaret McEvoy	Christine Yorke
	Elfy Chevretton	Trudy Nickels	
In attendance:	Hugh Taylor (Chair)	Jon Findlay	Jackie Parrott
	Ian Abbs	Simon Friend	John Pelly
	Sarah Austin	Alastair Gourlay	Reza Razavi
	Avey Bhatia	Richard Grocott-Mason	Julie Screaton
	Edward Bradshaw	Felicity Harvey	Sheila Shribman
	Beverley Bryant	Fiona Howgego	Priya Singh
	Rachel Burnham	Javed Khan	Elena Spiteri
	Andrea Carney	Anita Knowles	Simon Steddon
	Paul Cleal	Sarah Maskell	Lawrence Tallon
	Jessica Dahlstrom	Kate Moore	Steve Weiner
	Steven Davies	Sally Morgan	Andrea Williams McKenzie
	Nancy Dickinson	James O'Brien	

1. Welcome and apologies

1.1. The Chair welcomed attendees to the meeting of the Council of Governors. Apologies had been received from Sarah Addenbrooke, Serina Aboim, Martin Bailey, Robert Davidson, Patrick Davies, John Knight, Marianna Masters, Betula Nelson, Lucilla Poston, Ajay Shah, Pravin Shah, Raksa Tupprasoot, Jadwiga Wedzicha and Sonia Winifred.

2. Declarations of interest

2.1. There were no declarations of interest.

3. Minutes of the meeting held on 20th October 2021

3.1. The minutes of the previous meeting were agreed as an accurate record.

4. Matters arising

4.1. Four actions had been recorded at the last meeting, three of which had subsequently been completed. The one outstanding action was related to a letter that governors had received from the 'Lambeth and Southwark Patients Not Passports' group which had asked governors to encourage the Trust to call on the Government to suspend charging and data-sharing in relation to undocumented migrants in the NHS and to properly evaluate the impact of charging on patient care. The Chair explained the work that the Trust was doing in this area and that a full paper would be brought back to the next Council of Governors meeting in April 2022 for governors' consideration.

5. Reflection on public Board of Directors meeting

5.1. Governors thanked the Patient and Public Engagement team for their excellent report to the Board of Directors about the Joint Programme for Patient, Carer & Public Involvement in COVID Recovery. There were questions about how the success of this Programme would be measured and what objectives had been set for London South Bank University, as the Trust's delivery partner. It was explained that objectives had been co-designed with relevant stakeholders and would form part of the contract engagement letter with the University.

5.2. One governor queried how the Trust would ensure patient and public engagement in the Apollo Programme, where some concerns were expressed about the level of human interaction that patients would have once the new Epic system was live. It was confirmed that the Trust would continue to provide face-to-face appointments and telephone access to staff rather than automated helplines. Governors noted the main benefits of the new Epic system and sought clarification about how staff would be trained given the operational pressures. It was confirmed that staff would only have access to the system once fully-trained, and line managers would be held accountable for ensuring their teams had opportunities to undertake the training.

5.3. Another governor asked whether, as the Trust was increasingly working as part of the South East London Integrated Care System (ICS), the ICS leadership was directing the Trust about how to develop its digital strategy. Governors were reminded that the ICS was a partnership of organisations and that a number of the Trust's executive directors were on the ICS leadership team. This included the Chief Digital Information Officer whom, as ICS Digital Lead, was helping to ensure a consistent strategic approach was taken across the system. It was clarified that whilst no pan-system strategy would be developed without the Trust's input, it was also important to listen to the views of partners to ensure a truly collaborative approach.

5.4. A key area of focus for the Trust's Finance, Commercial and Investment Committee was to oversee the development and delivery of plans to optimise commercial opportunities. A concern was expressed that the Trust's commercial ambitions appeared incongruous with its focus on dealing with operational pressures, and assurance was sought that patient care would not be affected as a result. The Chair explained that, at a time when NHS finances were constrained, commercial opportunities represented a good alternative source of income to reinvest into patient care, and that many other successful trusts were taking similar approaches. It was agreed that commercial work would never compromise the delivery of high quality care

for NHS patients, and that the Trust was aware that NHS should not subsidise loss-making commercial activities.

5.5. Further questions were received around the work and governance of the COVID Medicines Delivery Unit (CMDU) and about the resources being invested in supporting staff wellbeing. The Chair stated that some questions had been submitted in advance of the meeting and these would be responded to in writing.

ACTION: EB

6. Acute Provider Collaborative

6.1. The Council of Governors received a presentation on the Acute Provider Collaborative (APC), a partnership of the three acute NHS trusts in south east London: Guy's and St Thomas', King's College Hospital and Lewisham and Greenwich. The purpose of the APC is to more effectively plan, deliver and transform healthcare services across south east London, with a particular focus on ensuring that all patients in the region receive equitable access to healthcare services. Governors heard about how the APC had been developed and noted that in August 2021 national guidance had mandated the formation of inter-trust collaboratives.

6.2. An overview was provided about the APC's key workstreams, which stretched across the whole patient pathway from primary care and referrals to discharge and follow-up. Each workstream was underpinned by the principle to understand and address health inequalities. Governors noted that the APC had already made a positive difference in many areas, including to support a reduction in people waiting over 52 weeks for treatment. Examples were given about other benefits such as 'My Planned Care' – an innovative patient-accessible platform that would support patients to remain at optimal health while they waited for treatment, and also provide advice about likely waiting times.

6.3. Governors were supportive of the APC and of the Trust's role in it. There was discussion about the level of ambition of the APC and how realistic the objectives were. Some concerns were expressed about the pace of the work and about the additional demands being placed on the Trust's staff as a result. Reassurance was provided that the pace was closely linked to what each organisation's workforce could manage. There were questions about whether any work was being done to address the challenge of cancelled appointments and about the risks of expanding the number of patient-initiated follow-ups. It was confirmed that a key objective of the APC was to empower patients to have more control over their follow-up treatment, and that all changes made by the APC were clinically-led to protect patient safety.

6.4. The APC team was thanked for an excellent and informative presentation.

7. Appointment of external auditors

7.1. The Trust's contract with its external auditor, Grant Thornton, ends in July 2022 following the audit of the 2021/22 final accounts. At this stage, Grant Thornton will have been the Trust's external auditors for five years, as the original three-year contract was extended in September 2019 by a further two years. The Council of Governors noted that the current unprecedented demand for audit services and the

capacity of auditors was putting upwards pressures on prices (between 20-50%) and reducing competition, with several situations reported where other NHS audit tenders had attracted one or no applicants for the role.

7.2. On this basis the Trust's Audit and Risk Committee had recommended a direct award to the incumbent external auditors, Grant Thornton, should take place for a further two years due to:

- The need for audit continuity given the implementation of the new finance system in 2022/23 and the forthcoming merger of the Guy's and St Thomas' and Royal Brompton and Harefield Clinical Group finance teams; and

- A delay to the procurement exercise could enable alignment across the Integrated Care System (ICS), allowing the procurement for an ICS-wide external auditor which is likely to be more attractive to potential bidders.

7.3. Governors noted that, in order to ensure that the Trust received the best value from the extension, the charge rates of the existing contract would be reviewed against available procurement frameworks, with the lowest rate chosen. In addition, the Trust would benchmark the audit proposal against peer Trusts to test value for money. In response to requests from governors, further clarity would be sought from Grant Thornton about the diversity of its external audit team.

ACTION: SD

RESOLVED:

7.4. The Council of Governors confirmed the direct award of the external audit contract to Grant Thornton.

8. 2022 Council of Governors election process

8.1. An overview was provided about the process that would be held over the coming months to elect governors into 11 vacancies on the Council of Governors, across staff, patient and public governor constituencies. As in 2021, Civica would be the independent election services provider and the process would be led internally by the Trust's Corporate Affairs team. The Council of Governors noted the timetable and the internal and external communications that were planned. The elections would open on 1 March and results would be declared on Friday 20 May. A key objective of the elections would be to encourage people and staff of all backgrounds to stand for election to help ensure that the voices on the Council of Governors are representative of the diverse communities that the Trust serves, and of its diverse workforce. Further feedback on the process would be requested from members of the Membership Development, Involvement and Communication (MeDIC) working group in February.

9. Nominations Committee report

9.1. The Nominations Committee had recommended to the Council of Governors that Dr Javed Khan, non-executive director at the Trust whose current term was due to end on 25 February 2022, was re-appointed for a further four years. The rationale for this recommendation was set out; it was noted that Dr Khan had previously been a non-

executive director at Royal Brompton and Harefield NHS Foundation Trust, and had been an important point of continuity and expertise as the process of integrating the two trusts and the formation of the clinical groups operating model had taken shape. Since the merger Dr Khan had been an active participant on the Trust's Board of Directors.

RESOLVED:

9.2. The Council of Governors approved the re-appointment of Dr Javed Khan for a period of four years ending 25 February 2026.

10. Governors' reports

10.1. The governors' reports were noted. The Chair of the Strategy, Transformation and Partnerships Working Group had identified an issue with the proximity of these meetings to the public Board meetings; this would be discussed outside the meeting and possible changes made to the meeting timetable.

ACTION: MM, EB

11. Any other business

11.1. There was a final question from governors about the likely impact on staff of the new requirements for vaccination as a condition of deployment. The Trust was in the process of quantifying numbers of affected staff before a more definitive assessment could be made about the clinical impact of the requirements, although the possibility remained that some staff would be dismissed from their jobs as a result. The Chair acknowledged this was a major issue for the Board of Directors, and a highly sensitive one for staff. It was confirmed that south east London had one of the lowest vaccination take-up rates in the country, and that the Trust was impacted by this as many of its staff lived locally.

11.2. The next meeting was due to be held on 27th April 2022 and arrangements would be confirmed in due course.

Patient Safety and Experience

Key Priorities

- Clinical prioritisation process
- Keeping patients: -
  informed
  fit and well
- Minimizing harm
- Areas of concern
- Future focus

Patient Safety and Experience

Clinical Prioritisation Process - Overview

- Currently Royal College of Surgeons P1-4 (procedure-based), but more sophisticated, harm-based, processes in development.
- Also applies to diagnostic pathways, with an outpatient framework in development.
- Patients on elective pathways are prioritised as they are added to the admitted waiting list (target 95%).
- Clearance rates are monitored (at SEL, Trust, Clinical Group and Directorate level) as a means to escalate risk and allocate capacity.
- This allows local ownership, but with effective oversight and management of interdependencies.
- There is individual patient-level tracking on cancer pathways (with escalation of delays).

Patient Safety and Experience

Clinical Prioritisation Process - SEL

- SEL has a ‘risk register for surgical specialties’ based on their estimated clearance rates (i.e. weeks to clear current waiting list based on current numbers of patients and planned capacity at speciality, site and Trust level).
- A RAG rating is given based on clearance rates:
  Green: Projected time taken to clear current waiting list in weeks is 4 or less.
  Amber: Projected time taken to clear current waiting list in weeks is 4-6 weeks.
  Red: Projected time taken to clear current waiting list in weeks is 6+ weeks.
- BAU governance routes are still in place and followed for any adverse or serious incidents.
- Lessons learned are shared through SEL Clinical Senate.

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Patient Safety and Experience

Clinical Prioritisation Process - Priorities

- Assignment of clinical priority is needed for all admitted elective and diagnostic patients.
- Aim for a minimum of 95% of patients with documented priority.
- Ensure that patients are re-reviewed in a timely fashion to determine any change in clinical priority (as well as risk of harm/willingness to accept an offered date).
- Timelines for re-review are set out below:

Clinical Priority	Patients to be treated within	Re-review interval is a maximum of
P1a / P1b	72 hours	n/a
P2 urgent	2 weeks	Weekly
P2	4 weeks	2-weekly
P3	3 months	10 weeks [monthly for cancer pathway P3s – small cohort]
P4	3+ months	20 weeks

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Patient Safety and Experience

Clinical Prioritisation Process - Current GSTT Position

- P scores are assigned to each patient at the point of listing for a procedure.
- The compliance target is 95% (currently 94.7%).
- Clearance rates and total P numbers are monitored, including those considered overdue.
- Bi-weekly error reporting in place, with teams notified if: -
    - P scores are not assigned.
    - P review field requires updating/amending.

- High volumes and need for consistent clinical involvement makes reprioritisation challenging.

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Patient Safety and Experience

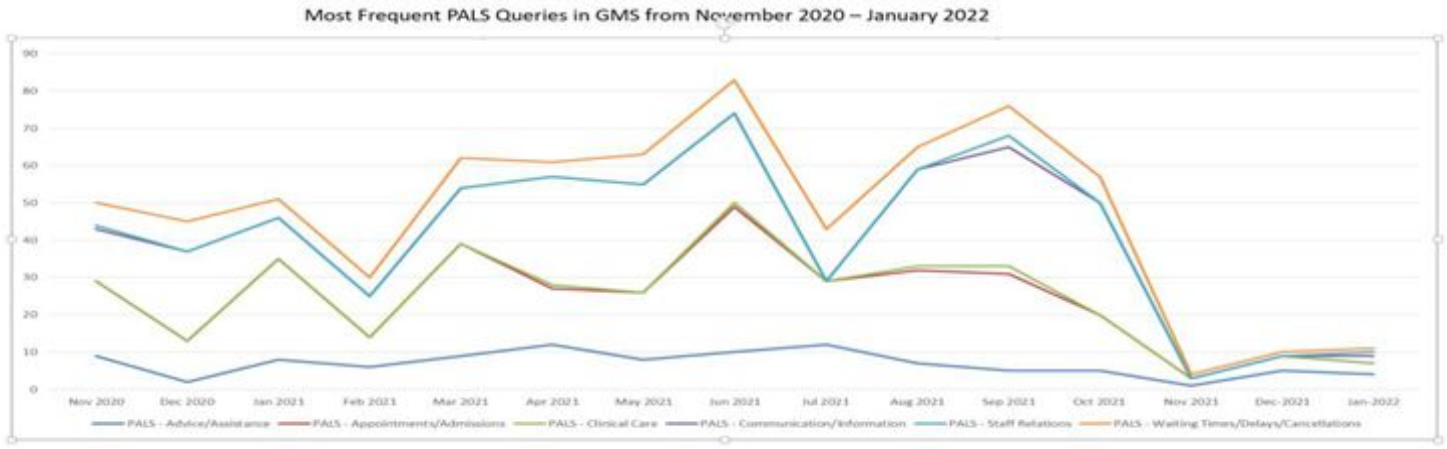
Clinical Prioritisation Process – Next Steps

- Introduce a standardised and sustainable process for the majority of patients (with local adjustments if required).
- Allocate adequate administrative and clinical resource so that timeframes can be met consistently.
- Define what cohorts of patients would benefit the most from review and reprioritisation.
- Ensure sufficient clinical engagement and oversight throughout.
- Develop a set of KPIs that can be measured and tracked in order to offer assurance that the process is embedded and working effectively.
- Provide support with data quality (e.g. PIMS accuracy).

Patient Safety and Experience

Keeping Patients Informed

- My Planned Care – national programme, but part of Surgical Strategy
- Advice and Guidance
- Trust website
- Clinical Nurse Specialist workforce
- Administrative support is vital.
    - Call Centre model – GMS pilot from October 21



The table above shows the sub-subject of PALS relating to variant of each PALS we receive through the year and increase and decrease around **PALS- Appointments/Admission**

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Patient Safety and Experience

My Planned Care Patient Platform

My planned care patient platform is a website which provides information to patients including:

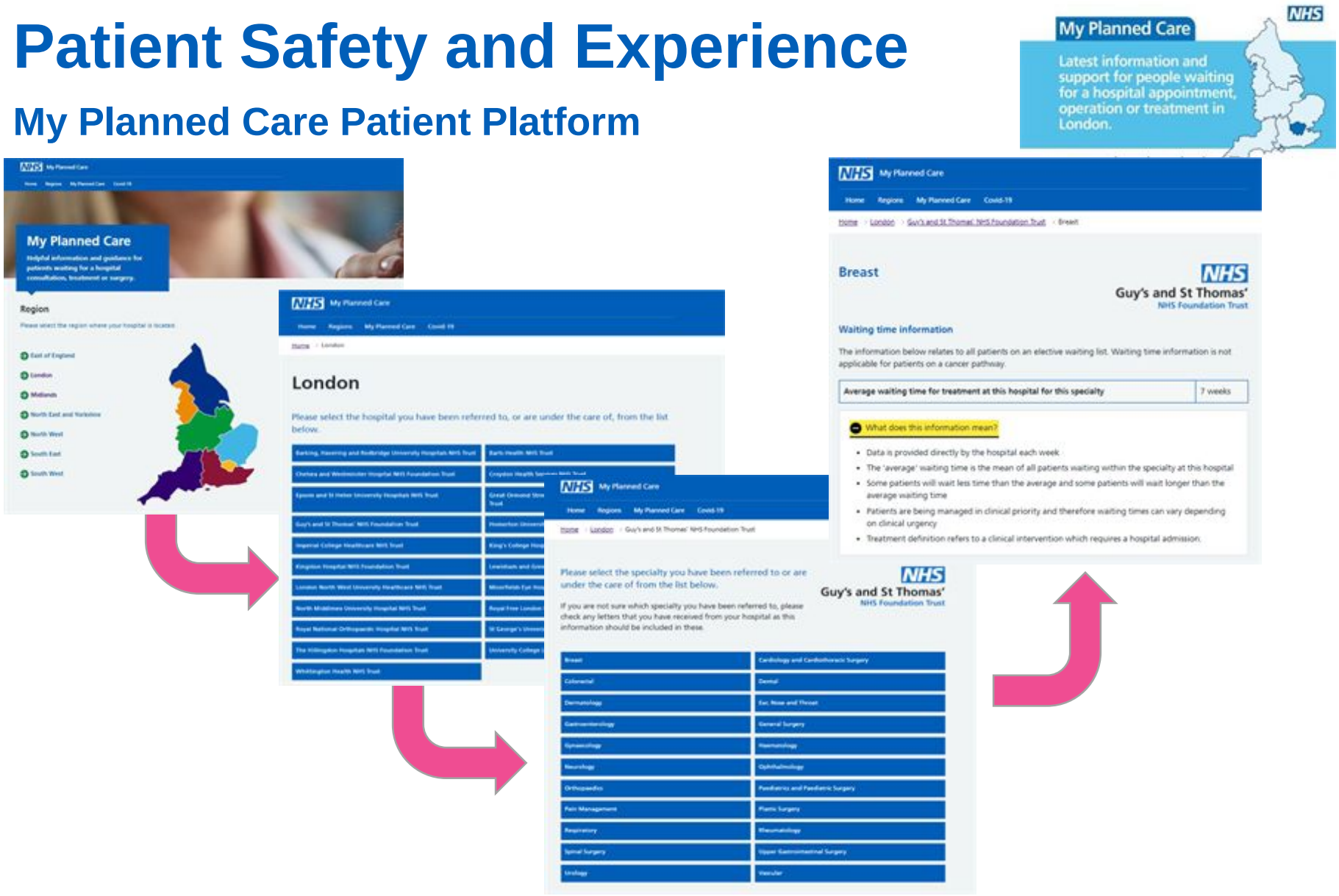
- Looking after your health and wellbeing
- Managing pain
- Signposting for local support
- What to expect and what preparation is required ahead of your appointment/procedure
- Supports health whilst waiting (with an opportunity for bespoke information e.g. Dental and MSK on YouTube)
- Average wait time (currently too generic, but being refined).
- General advice and guidance on COVID-19

The platform will be accessible by GPs to provide transparency on wait times and to provide the opportunity for informed discussions with patients in primary care.

There is an appetite to offer a SEL approach and to use networks to develop standardised clinical information for patients where possible.

Patient Safety and Experience

My Planned Care Patient Platform



Patient Safety and Experience

My Planned Care Patient Platform

Specialty	Procedure code groupings			Patient guidance		
	Drafted & circulated	Clinical review underway	Clinical sign off	Drafted & circulated	Clinical review underway	Clinical sign off
General Surgery	✓	✓	✓	✓	✓	1 further draft outstanding.
Urology	✓	✓	✓	✓	✓	Delay in creation of documents, advised on 07/03 extension needed until 11/03.
Orthopaedics	✓	✓	✓	✓	✓	TKR Guidance complete, work on-going with others. With Network Lead/Clinical Lead for review.
Dental	✓	✓	✓	✓	✓	✓
ENT	✓	✓	✓	✓	In progress	In progress
Ophthalmology	✓	✓	✓	✓	✓	In progress
Gynaecology	✓	✓	✓	✓	✓	In progress

Patient Safety and Experience

Keeping Patients Fit and Well

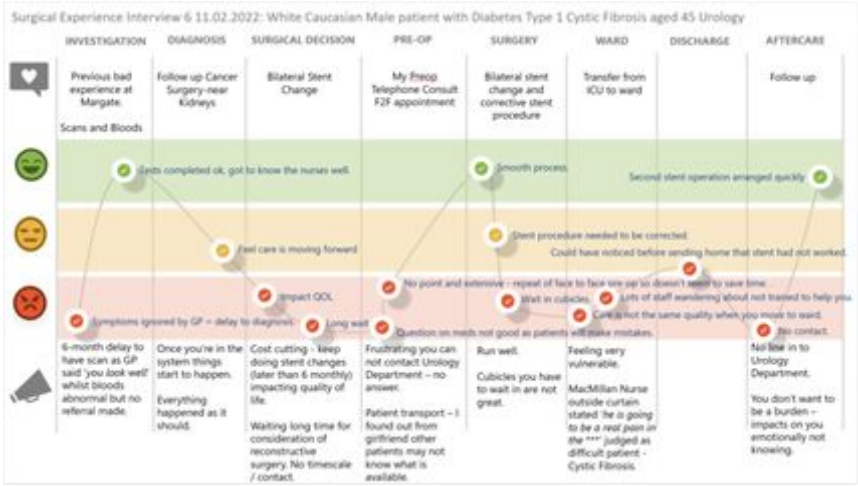
- The Waiting Well Programme – part of My Planned Care
- Bespoke '*pre*habilitation' programmes (e.g. in Thoracic Surgery) to ensure fitness for surgery.
- Data driven prioritisation approach to pre-operative assessment capacity - in development.
- Surgical Strategy looking at whole pathway, particularly interactions with patients and primary care.

The Waiting-Well Programme

The “**Communications while you wait**” workstream within the Trust’s Surgery Strategy is focusing on **how we communicate with our patients**, particularly those waiting for a long time.

Our approach:

- Using the **Experience Based Co-Design principles**,
- Interviewing patients to create **emotional touch point maps**,
- Engaging with the existing patient communications platforms to understand their untapped potential,
- Review existing **patient feedback data** for participating services,



- Culminating in a **Focused Improvement day** on 10th May, with **patient representatives** in the room **alongside our staff** to jointly agree on key improvement activities to implement quick wins at pace and prioritised larger improvements.

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Patient Safety and Experience

Keeping Patients Safe

- Escalation of pathway delays (currently via DATIX).
- All 100+ day patients escalated.
- RCA for delays on cancer pathways (with an aggregated and thematic approach).
- For long waiting patients (90+ weeks) – individual patient level tracking of delays.
- Focus on vulnerable groups; e.g. learning disabilities.
- Collaboration with Primary Care on ‘red flag’ escalations.

Patient Safety and Experience

Concerns

- P1 to P4 categorisation is procedure-based and insensitive.
- Necessary focus on cancer and cardiovascular pathways.
- There are many forms of harm; e.g. Prognosis, Pain, Psychological.
- Current systems, such as DATIX, are reactive, rather than pro-active.
- Patients who are less vocal, or comfortable with web-based tools, may be disadvantaged.
- Patient-level tracking is inadequate for all P2 and P3. Volumes are large and unsophisticated tracking could become a significant burden on clinical teams.
- Clinical re-prioritisation is difficult to achieve at scale.
- Harm reviews tend to escalate more patients than they de-escalate.
- Ambulatory pathways and harm in patients waiting to be seen.

Patient Safety and Experience

Future Focus

- Make decisions that are more sensitive to overall patient need - based on clinical harm, patient vulnerability *as well as* procedural priority.
- Fluidity of decision-making: nimble reprioritisation when needed.
- Patient involvement through Surgical Strategy work.
- Specific pieces of work
    - More sophisticated documentation, tracking and oversight of harm – identify before it occurs. (Clinical Analytics Programme and Health Catalyst).
    - Prioritisation in ambulatory pathways. Pilot: diabetic eye disease (CITI).

- The best assurance will be our ability to recover activity as quickly as possible.

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Patient Safety and Experience

Future Focus – More Sophisticated Prioritisation

Level of clinical harm	Clinical priority				
	Priority 1a: <24 hrs Priority 1b: <72 hrs	Priority 2: <1 month (urgent and cancer)	Priority 3: <3 months (routine expedited)	Priority 4: >3 months (routine)	Adapt or bespoke investigation/ treatment site/follow up
None	n/a	Stay P2 PTL review by 3 months	Stay P3 PTL review by 6 months	Stay P4 PTL review by 12 months	Adapt or bespoke investigation/ treatment site/follow up
Mild	n/a	Stay P2 PTL review by 3 months	Stay P3 PTL review by 6 months	Stay P4 PTL review by 12 months	Adapt or bespoke investigation/ treatment site/follow up
Moderate	Stay P1 PTL review daily or weekly	Stay P2 PTL review by 1 month	NEW P2 PTL review by 1 month	NEW P3 PTL review by 3 months	Adapt or bespoke investigation/ treatment site/follow up
Severe	NEW P1a PTL Review daily	NEW P1 b PTL review daily or weekly	NEW P2 or P1b PTL review by 1 month	NEW P2 or 1b PTL review by 1 month	Adapt or bespoke investigation/ treatment site/follow up

Fig 1. The standardised matrix, combining priority and clinical harm. PTL = patient tracking list.

Table 1. Summary of clinical harm definitions and how each clinical harm definition can be used to modify the priority category of each patient

Clinical harm rating	Definition	Recommended action(s)
None	Neither current wait nor proposed deferral of investigation or treatment will cause organ damage or alter management	Consider discharging to primary care with appropriate safety netting. If not appropriate, continue with existing Priority category and review pathway annually
Mild	No actual harm caused by current wait but proposed deferral may cause limited harm (no organ damage or change in prognosis but may impact on psychological well-being or functional status)	Consider discharging to primary care with appropriate safety netting. If not appropriate, continue with current Priority category and schedule next event (accounting for time already waited)
Moderate	Current wait has caused mild actual harm or Proposed deferral may cause moderate harm in terms of organ damage, altered prognosis, change in treatment options, reduced functional status, severe pain and/or significant psychological distress	Move up a Priority category (from current category) and schedule next event (accounting for time already waited) Alert patient and GP
Severe	Current wait has caused moderate actual harm or Proposed deferral may cause severe harm in terms of organ damage, altered prognosis, change in treatment options, reduced functional status, severe pain, overwhelming psychological distress, and/or treatment intent changed to palliative/terminal care only	Move up a Priority category (from current category) and consider if harm warrants escalation to P1b Alert patient and GP Ensure active tracking at least weekly

RTT = Referral to Treatment

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NHS CONFIDENTIAL - Appointments

Guy's and St Thomas' NHS Foundation Trust

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 27 APRIL 2022

Title:	**Nominations Committee: Non-Executive Director appointments**
Responsible Director:	**Sir Hugh Taylor, Trust Chair**
Contact:	**Jessica Dahlstrom, Chief of Staff and Director of Corporate Affairs**

Purpose:	For the Nominations Committee to make three recommendations to the Council of Governors regarding the appointment of Non-Executive Directors.
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	• Dr Sheila Shribman's appointment as a Non-Executive Director at the Trust ends on 13 June 2022. The Nominations Committee recommends that Dr Shribman is reappointed for a further and final 12 months. • The Nominations Committee recommends that Ian Playford, currently a Non-Executive Adviser on the Royal Brompton and Harefield Clinical Group Board and a former Non-Executive Director of RBH NHS Foundation Trust, is appointed as a GSTT Non-Executive Director for an initial term of four years. • Steve Weiner's appointment as a Non-Executive Director at the Trust ends on 22 July 2022. The Nominations Committee recommends that Steve is reappointed for a further 12 months, in the interests of continuity in oversight of Apollo and other key Trust programmes and to provide an extended period of transition with his successor. • Appraisals of the Non-Executive Directors have been undertaken by the Trust Chair.
Recommendations:	The COUNCIL OF GOVERNORS is asked to:

NHS CONFIDENTIAL - Appointments

	1. **Approve** the re-appointment of Dr Sheila Shribman, Non-Executive Director on the Trust Board for a period of 12 months ending 13 June 2023 (Appendix 1); **2. Approve** the appointment of Ian Playford as a Non-Executive Director on the Trust Board for an initial term of four years (Appendix 2); and 3. **Approve** the re-appointment of Steve Weiner, Non-Executive Director on the Trust Board for a period of 12 months ending 22 July 2023 (Appendix 3); 4. **Note** that the appraisals of the Trust's Non-Executive Directors have taken place.

NHS CONFIDENTIAL - Appointments

Guy's and St Thomas' NHS Foundation Trust

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 27 APRIL 2022
NOMINATIONS COMMITTEE: NON-EXECUTIVE DIRECTOR APPOINTMENTS

1. Introduction

1.1. In its recent meetings the Nominations Committee has unanimously agreed to make three recommendations to the Council of Governors:

- To extend Dr Sheila Shribman's term of appointment as a Non-Executive Director of the Trust for a further and final 12 months to 13 June 2023 – see Appendix 1;
- To appoint Ian Playford as a Non-Executive Director of the Trust for an initial term of four years – see Appendix 2; and
- To extend Steve Weiner's term of appointment as a Non-Executive Director of the Trust for a further 12 months to 22 July 2023 – see Appendix 3.

1.2. In making these recommendations the Committee envisages there being an extended period of transition from Steve Weiner and Ian Playford as the Non-Executive Director with particular responsibility for oversight of the Trust's transformation and major programmes.

2. Non-Executive Director appraisals

2.1. The Trust Chair has undertaken appraisals of the Non-Executive Directors and the details of these will be shared with the members of the Nominations Committee in due course.

NHS CONFIDENTIAL - Appointments

Guy's and St Thomas' NHS Foundation Trust

Appendix 1: Dr Sheila Shribman – proposed re-appointment as Trust NED

1.1 Dr Sheila Shribman's appointment as a Non-Executive Director (NED) ends on 13 June 2022. Her second four year term of appointment finished in June 2021, but the Council of Governors, on the recommendation of the Nominations Committee, agreed to an extension of her appointment for a further 12 months, as provided for in the Trust's Constitution.

1.2 The principal reasons for that decision – the implications of losing Dr Shribman's support and experience within the Trust and externally, particularly on the children's agenda, during the period of integration with Royal Brompton and Harefield, the work on the planned expansion of the Evelina London Hospital and the continuing review of paediatric oncology services in London – still hold good. Moreover, as our Senior Independent Director, Dr Shribman is supporting the Nominations Committee and the Council of Governors in the process of appointing the Chair's successor, in partnership with her counterpart at King's College Hospital NHS Foundation Trust and its Nominations Committee.

1.3 Dr Shribman has continued to be an active member of the Board. She had been diligent in her attendance at meetings of the Board, the Board committees on which she serves, the Cancer and Surgery Clinical Group Board and the Council of Governors. She is the NED Board champion for maternity, and over the year she provided important assurance to the Board on this issue, drawing on her past experience and the regular monthly meetings with executive colleagues. She has played a key role in steering major strategic developments in paediatric services, including the Trust's positioning in the review paediatric oncology services in London, alongside further progress on the expansion of Evelina London Children's Hospital and the Trust has undoubtedly benefited from her continued close engagement with these issues over the past 12 months.

1.4 In the circumstances there is a strong case for considering a further 12 months extension of Dr Shribman's appointment – the maximum permitted under the Trust's Constitution in normal circumstances. She has indicated that she would be willing to serve for this further period if invited to do so by the Council of Governors. During this period it will be important to give careful consideration to the need for continued, expert non-executive advisory support for the Evelina Women and Children's Clinical Group alongside the overall balance of NED representation on the Trust Board when Dr Shribman stands down.

NHS CONFIDENTIAL - Appointments

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NHS Foundation Trust

Appendix 2: Ian Playford – proposed appointment as Trust NED

1.1. In discussing the need to identify a successor to Steve Weiner, whose second period of appointment comes to an end on 22 July 2022, the Committee's attention was drawn to the credentials of Ian Playford, who is currently an Non-Executive Adviser to the Trust having previously been appointed as a Non-Executive Director on the Board of Royal Brompton & Harefield NHS Foundation Trust in April 2020. Following the merger with Guy's and St Thomas', Ian has attended the boards of the Cancer and Surgery Clinical Group as well as the Royal Brompton and Harefield Clinical Group and he has also attended a number of other Trust Board and Committee meetings.

1.2. Prior to joining the Board of Royal Brompton & Harefield NHS Foundation Trust, Ian had been a Non-Executive Director for six years on the Board of HM Courts & Tribunals Service. He also served for a period as a Non-Executive Director at Queen Victoria Hospital NHS Foundation Trust in East Grinstead.

1.3. Ian brings valuable expertise and experience particularly in the areas of property, investment and system transformation. He has been a senior executive with over thirty years' experience across the public and private sectors, including as Group Property Director of Kingfisher PLC where he set the strategy for their capital investment programme and their retail and distribution portfolio of 1,000 stores across 10 countries, and more latterly as Interim CEO of the Government Property Agency (GPA) which he was asked by the Cabinet office to set up and lead to own and manage Central Government's £3bn office, warehouse and science estate. He has developed and executed strategies for the investment and development of capital across Europe, Russia and China, and his core skills are in understanding the whole system and effecting the strategic and system transformations to deliver growth and improved outcomes.

1.4. Ian has indicated to the Chair his interest in being considered for a full Non-Executive Director position. He met and was 'interviewed' by the Nominations Committee on 20 April 2022 which led to the Committee unanimously recommending his appointment to the Council of Governors, with a view to succeeding Steve Weiner, as lead NED for oversight of the Trust's transformation and major programmes, over a period of transition.

NHS CONFIDENTIAL - Appointments

Guy's and St Thomas' NHS Foundation Trust

Appendix 3: Steve Weiner – proposed re-appointment as Trust NED

1.1 Steve Weiner was appointed as a Non-Executive Director (NED) on the Trust Board on 23 July 2014. His second four-year term of appointment ends on 22 July 2022.

1.2 Steve was previously a senior executive at Unilever working in their Finance team, most latterly as Financial Controller of the Group company, having brought a breadth of business, financial, strategic and operational experience to the Board. He has extensive experience in making operational and commercial decisions involving large budgets and complex financial constraints and in leading and developing multicultural teams.

1.3 At the Trust Steve chaired the Audit and Risk Committee until the end of 2018. He now effectively and rigorously chairs the Transformation and Major Programmes Board Committee, which oversees delivery of the Trust's six major programmes (including Apollo, Pathology and the Evelina Expansion Programme) as well as a broad range of wider transformation initiatives to help improve the quality of patient care. He is also a regular contributor to other Board Committees.

1.4 Steve also joined the Board of King's College Hospital NHS Foundation Trust as a Non-Executive Director in 2020 and has helped to oversee greater collaboration and partnership working between the two trusts. As governors are aware, the two trusts are also engaged in several major programmes of work together, including the Pathology and the Apollo programmes.

1.5 In its recent meeting, members of the Nominations Committee strongly expressed their desire for the Trust to retain Steve's skills and experience for a further period, alongside his proposed successor, in particular so that he can continue to oversee the Apollo Programme and the Epic system 'go live' in April 2023. The Committee therefore unanimously agreed to recommend to the Council of Governors that they exercise their constitutional discretion to approve the reappointment of Steve for a further 12 months, thereby enabling an extended period of transition with his proposed successor.

NHS CONFIDENTIAL - Appointments

Guy's and St Thomas' NHS Foundation Trust

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 27 APRIL 2022

Title:	**Nominations Committee: terms of reference and membership**
Responsible Director:	**Sir Hugh Taylor, Trust Chair**
Contact:	**Jessica Dahlstrom, Chief of Staff and Director of Corporate Affairs**

Purpose:	To propose a refreshed terms of reference and membership for the Nominations Committee
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	• The current Nominations Committee terms of reference dates from September 2011 and requires a refresh. The Committee recommends that a revised terms of reference is now adopted. • Following elections across the staff and the public governor constituencies, it is recommended that Dr Elfy Chevretton and Margaret McEvoy are appointed to the Nominations Committee.
Recommendations:	The COUNCIL OF GOVERNORS is asked to: 1. **Approve** the revised terms of reference for the Nominations Committee (Appendix 1); and 2. **Approve** the appointments of Dr Elfy Chevretton and Margaret McEvoy to the Nominations Committee.

NHS CONFIDENTIAL - Appointments

Guy's and St Thomas' NHS Foundation Trust

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 27 APRIL 2022
NOMINATIONS COMMITTEE: TERMS OF REFERENCE AND MEMBERSHIP

1. Introduction

1.1. The current terms of reference for the Nominations Committee date from September 2011 and therefore require a refresh to ensure they remain fit for purpose. The Committee will play a crucial role over the coming months in supporting the appointment of a new Chair and so it is particularly important that its terms of reference accurately describe the responsibilities the Committee needs to discharge.

1.2. The main changes that are proposed in the updated terms of reference (set out in Appendix 1) are as follows:

- More clearly setting out the Committee's duties and key responsibilities;
- Introducing a defined period of time that members can serve on the Committee and clarify the arrangements for seeking new members;
- Clarifying the number of members needed for a meeting of the Committee to be valid; and
- Introducing a clause formally enabling the Committee to deal with business in correspondence.

1.3. The Council of Governors is asked to note that members of the Nominations Committee have provided input into the updated terms of reference.

2. Nominations Committee appointments

2.1. In early 2022 two seats on the Nominations Committee lay vacant as a result of the departure of two governors from the staff and public constituencies of the Council of Governors. In early 2022 two elections were run whereby all staff governors and all public governors were asked to nominate themselves to sit on the Committee. In each case only one self-nomination was received, from Dr Elfy Chevretton (staff) and Margaret McEvoy (public). Accordingly, these governors have been appointed directly into the vacant seats on the Committee.

2.2. As per Section 4.6 of Annex 2 of the Trust Constitution the Council of Governors is therefore now asked to approve these appointments

3. Recommendations

3.1. The Council of Governors is asked to:

- **Approve** the revised terms of reference for the Nominations Committee (Appendix 1); and
- **Approve** the appointments of Dr Elfy Chevretton and Margaret McEvoy to the Nominations Committee.

NHS CONFIDENTIAL - Appointments

Appendix 1: Nominations Committee – revised terms of reference

COUNCIL OF GOVERNORS
NOMINATIONS COMMITTEE
Terms of Reference

1. AUTHORITY

1.1 The Nominations Committee (the Committee) is constituted as a standing committee of the Council of Governors. The Committee is authorised by the Council of Governors to act within its terms of reference.

1.2 The Standing Orders of the Council of Governors, as far as they are applicable, shall apply to meetings of the Committee. In the event of conflict between the provisions of these terms of reference and the Standing Orders, the provisions of the Standing Orders shall take precedence.

1.3 The Committee has the authority to seek any information it requires from any employee of the Trust in order to perform its duties and to obtain external advice on any matters within its terms of reference.

2 PURPOSE

2.1 The purpose of the Committee is to be responsible to the Council of Governors for:

- The appointment, reappointment, retention and removal of the Chair or Deputy Chair and non-executive directors;
- The remuneration, allowances and conditions of service for the Chair and Deputy Chair and non-executive directors; and
- The oversight of the appraisal system for the Chair and Deputy Chair and non-executive directors.

2.2 In discharging these responsibilities the Committee will make recommendations to the Council of Governors; the Committee does not in itself have decision-making powers.

3 DUTIES

3.1 The Committee's general duties will be to:

- Consider the succession planning for the Chairman, and non-executive directors, taking into account the challenges and opportunities facing the Trust, and the skills and expertise that are needed on the Board in the future;
- Make recommendations to the Council of Governors about the re-appointment of any non-executive director at the end of their specified term of office, having given due regard to their performance and ability to continue to perform adequately in the light of the knowledge, skills and experience required at the time re-appointment is to be made;
- Consider any matters relating to the potential removal of any non-executive director, including the Trust Chair, taking into account relevant legislation;
- Receive, on behalf of the Council of Governors, reports on the process and outcome of appraisal of the Chairman and non-executive directors.
- Determine the remuneration of the Chairman, and non-executive directors, taking into account guidance or requirements from regulatory bodies;

- Provide advice to the Council of Governors on levels of remuneration for the Chairman and other non-executive directors; and
- Receive reports on behalf of the Council of Governors on the process and outcome of appraisal for the Chairman and non-executive directors;

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

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

4 MEMBERSHIP & ATTENDANCE

4.1 The Committee will be chaired by the Trust Chair unless the Committee is discussing the appraisal, remuneration or appointment of the Trust Chair, in which case the Chair shall not be present during the discussion and the Committee shall be chaired as provided for by a deputy as set out in sections 3.14 and 3.15 of the Standing Orders of the Council of Governors.[1]

4.2 The other members of the Committee will be one governor from each of the governor constituencies in the Trust Constitution: staff, patient, public and partnership. Other members may be co-opted onto the Committee in certain situations, subject to the agreement of the Chair and all other Committee members.

4.3 Meetings of the Committee will be valid with the Trust Chair or their nominated deputy and a minimum of three other members.

4.4 In accordance with section 8.1 the Director of Corporate Affairs and up to one other member of their team may be in attendance to facilitate and minute meetings of the Committee.

4.5 Other individuals may be invited to attend for all or part of any meeting, as and when required.

5 APPOINTMENT OF MEMBERS

5.1 Members of the Committee, other than the Trust Chair, will serve for a period of three years. They will be eligible at the end of that period for one further and final term.

[1] https://www.guysandstthomas.nhs.uk/resources/membership/trust-constitution.pdf

5.2 When there is a vacancy on the Committee for a public, patient or staff governor representative, governors in that constituency will be asked to self-nominate themselves to stand for the seat by sending a short statement of suitability to the Trust's Corporate Affairs team. Where there is only one nomination, that individual will be appointed directly. Where there is more than one nomination, a private vote facilitated by Corporate Affairs will be held amongst the governors within that constituency. The Council of Governors will then be asked to approve the preferred candidate at a subsequent meeting or in correspondence.

5.3 When there is a vacancy on the Committee for a partnership governor representative, this individual will be appointed directly by the Trust Chair.

6 FREQUENCY OF MEETINGS

6.1 Meetings will be held as and when required to enable the Committee to fulfil its duties.

6.2 The Committee may decide to take items by correspondence. In such cases, members will be given no less than three working days to respond, and the items will be formally noted at the following meeting of the Committee and recorded in the minutes.

6. REPORTING

6.1. The Committee shall report to the Council of Governors by means of reports setting out the matters discussed and the Committee's recommendations.

7. CONFIDENTIALITY

7.1. A member of the Committee shall not disclose any matter dealt with by, or brought before, the Committee without its permission until the Committee has reported on the matter to the Council of Governors or has otherwise concluded the matter.

7.2. Irrespective of the provisions of section 7.1, a member of the Committee shall not disclose any matter if the Committee or the Council of Governors resolves that it is confidential. Where a member is uncertain about releasing information, they should seek advice from the Director of Corporate Affairs.

8. AGENDA, PAPERS AND MINUTES

8.1. Corporate Affairs will provide administrative support to the Committee.

8.2. The agenda and supporting papers will be sent to Committee members and attendees no later than two clear days before the meeting.

8.3. The minutes of the proceedings of a meeting shall be drafted and submitted to members following the meeting, and issued for approval at the subsequent meeting.

9. REVIEW

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

NHS CONFIDENTIAL - Appointments

Guy's and St Thomas' NHS Foundation Trust

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 27 APRIL 2022

Title:	**New Lead Governor Appointment Process**
Responsible Director:	**Jessica Dahlstrom, Chief of Staff and Director of Corporate Affairs**
Contact:	**Edward Bradshaw, Deputy Director of Corporate Affairs**

Purpose:	To provide an overview of the process for appointing a new Lead Governor
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	• The current Lead Governor, Heather Byron, was elected to the position in January 2020. Her second term as a governor comes to an end on 22 August 2022. A new Lead Governor will therefore be required. • The paper sets out the approach that will be adopted to appointing a new Lead Governor. This approach is aligned to the requirements of the Trust's Constitution.
Recommendations:	The COUNCIL OF GOVERNORS is asked to: 1. **Note** the proposed approach to the appointment of a new lead governor set out in this paper.

NHS CONFIDENTIAL - Appointments

Guy's and St Thomas' NHS Foundation Trust

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 27 APRIL 2022
NEW LEAD GOVERNOR APPOINTMENT PROCESS

1. Introduction

1.1. The current Lead Governor, Heather Byron, was elected to the position in January 2020. Her second term as a governor comes to an end on 22 August 2022. A new Lead Governor will therefore be required. This paper sets out the approach to electing a new Lead Governor.

2. Lead Governor Role

2.1. The role of the Lead Governor is as a key liaison point between the Trust and the Council of Governors, and a representative of the wider Council of Governors in certain situations, for example at the Annual Public Meeting. A role overview and person specification for the Lead Governor is set out in **Appendix** 1; this includes reference to the duties in the Trust Constitution.

2.2. Only elected governors will be able to stand for election as Lead Governor.

3. Approach

3.1. Section 8.18 of the Trust's Constitution sets out the approach towards appointing a new Lead Governor. This is:

- The public Council of Governors meeting on 27 July 2022 will be the 'Appointment Meeting';

- Any governor who, at 27 July 2022, has at least one year of their term remaining and wishes to stand for appointment as Lead Governor may nominate themselves by giving notice to the Chair (via corporateaffairs@gstt.nhs.uk) no later than midnight on Sunday 17 July 2022;
- If only one nomination has been received, that person shall be confirmed as Lead Governor at the Appointment Meeting;
- If more than one nomination has been received the Corporate Affairs team will circulate details of all nominations to the Council of Governors on Monday 18 July 2022. Governors will be asked to vote by paper ballot to be received by post by Tuesday 26 July;
- If there is an equality of votes, the tied nominees shall draw lots to decide which of them shall be chosen;
- The result will be announced at the Appointment Meeting on 27 July 2022; and
- If no nomination has been received the office shall lie vacant until the next Appointment Meeting.

3.2. To support governors in identifying a new Lead Governor, all governors who wish to nominate themselves for election as Lead Governor will be asked to submit a short personal statement (no more than 200 words) describing why they wish to be considered.

3.3. The Trust's Corporate Affairs team will remind all elected governors of the process in good time ahead of the Appointment Meeting.

4. Further details

4.1. The Council of Governors is also asked to note other relevant details from the Constitution:

- The Lead Governor shall hold office until the results are announced of the next election after their appointment;
- If no election is held within one calendar year of the incumbent Lead Governor's appointment (as is likely to be the case in 2022-23), the Lead Governor shall hold office for one year;

- The serving Lead Governor may nominate themselves for re-appointment as long as they will have at least one year of their term as a Governor remaining after the next Appointment Meeting;
- The Lead Governor may resign from the office at any time by giving written notice to the Chair, and shall cease to hold the office immediately if they cease to be a Governor or if they become leader of any working group of the Council of Governors.
- If a Lead Governor ceases to hold office during their term, the second- placed nominee in the last ballot for the office shall be offered the opportunity to assume the vacant office for the unexpired balance of the retiring Lead Governor's term. If that candidate does not agree to fill the vacancy it will then be offered to the third-placed nominee and so on until the vacancy is filled. If no candidate is available or willing to fill the vacancy, the office shall remain vacant until the next Appointment Meeting.

5. Recommendations

5.1. The Council of Governors is asked to **note** this paper.

NHS CONFIDENTIAL - Appointments

Appendix 1

Guy's and St Thomas' NHS Foundation Trust
Lead Governor – role overview and person specification

The role

The Lead Governor acts as a key liaison point between the Trust and the Council of Governors to help ensure the smooth running of Council of Governor business. The Lead Governor is also required by the Trust's regulator (NHS Improvement) as the main point of contact between governors and NHS Improvement where communication via the Trust or Trust Chair may not be appropriate.

The Lead Governor's main duties are set out in section 8.18.11 of the Trust Constitution and are as follows:

- Facilitating communication between Governors and members of the Board of Directors;
- Assisting the Chairman in settling the agenda for meetings of the Council of Governors and other meetings involving Governors;
- Chairing the Council of Governors when required to do so by the Standing Orders;
- Contributing to the appraisal of the Chairman in such manner and to such extent as the person conducting the appraisal may see fit;
- Initiating proceedings to remove a Governor where circumstances set out in the Constitution for removal have arisen;
- Liaising, as appropriate, with councils of governors for other NHS foundation trusts, and
- Such other duties as may be approved by the Governors.

In practice, the duties above have evolved to include other tasks such as:

- Speaking on behalf of the Council of Governors at certain meetings or events, such as the Annual Public Meeting;
- Chairing informal governor-only meetings;
- Meeting regularly with the Trust Chair and Trust Corporate Affairs team to maintain and improve the support provided to the Council of Governors;
- Acting as a point of contact for any Governor wishing to raise matters with the Trust Chair in the event that a Governor may not wish to do so directly;
- Leading the governors in fulfilling their statutory duties such as holding Non-Executive Directors to account and communicating with the Trust's membership;
- Consulting with governors and co-ordinating responses on issues relating to the Council of Governors and activities of governors; and
- Updating governors as appropriate on relevant matters taken up on their behalf.

NHS CONFIDENTIAL - Appointments

Person specification

To be able to fulfil this role effectively, the Lead Governor will have:

- The confidence of governor colleagues and members of the Board of Directors;
- The ability to influence and negotiate, and present well-reasoned arguments;
- Excellent interpersonal skills including listening skills and the ability to exercise good judgement, compassion and objectivity
- A willingness to set aside their own view in favour of finding a settled Assembly decision, and ensuring that individual issues are not taken forward as the Assembly view;
- The ability to ensure that the Council of Governors adheres to the Trust's values;
- The ability to challenge constructively;
- The ability to chair both large and small meetings effectively;
- An understanding of the Trust's constitution, the local, regional and wider NHS strategic landscape and the general aims and ambitions of the Trust;
- An understanding about the role of NHSE/I, the basis on which NHSE/I may take regulatory action and the Trust's relationship with NHSE/I;
- Sufficient time to dedicate to the role, in addition to other governor responsibilities

Any governor wishing to be considered for this role will be required to relinquish other responsibilities such as chair of any working group.

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 27 APRIL 2022

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

Purpose:	For information
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	A report from the Lead Governor to acknowledge what the Governors have achieved over the last three months and to outline plans for the next three months.
Recommendations:	The COUNCIL OF GOVERNORS is asked to: 1. Note the Lead Governor's Report

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

WEDNESDAY 27 APRIL 2022

LEAD GOVERNOR'S REPORT

PRESENTED BY HEATHER BYRON

1. Welcome

It is so lovely to see the weather turning towards spring and the uplift in mood that brings. It is also wonderful to start to see several of the Trust's Clinical Group meetings returning to an 'in person' format – I know that governor colleagues who have managed to start to return to the Trust setting are finding that really energising.

Whether we are engaging in person or over screens, I continue to be grateful to colleagues for bringing such good perspective, challenge and curiosity to our meetings. As formats blend and we start to adapt to our 'new normal' to govern the Trust, it's important we keep a keen eye on what is important to support and constructively challenge our Board. It also brings a new opportunity for us to continue to consider how we can engage with those we represent and I know that MeDIC has this as a topic that is key for the coming months.

2. Elections

Our Council of Governors election process is well underway and again we have had a really positive response to the self-nomination process. We have a number of colleagues who are standing for re-election, as well as many new faces presenting. Every seat that is open for election this summer is being contended and it is great to see that there is such appetite to get involved and be part of the future of the Trust. As a reminder of the remaining key milestones:

- 22nd April: Voting opens
- 18th May: Voting closes
- 20th May: Results announced

I encourage all of you to vote for your constituency when voting opens.

3. Non-executive director (NED) Reviews & Appointments

As you will see from this quarter's papers, the Nominations Committee has been busy. We had a very valuable session with Sir Hugh as part of the NED appraisal process and were not at all surprised to hear the glowing reviews for each of our NEDs. We are very fortunate to have the NEDs supporting GSTT that we do, and the Nominations Committee was very supportive of the feedback we heard.

The Nominations Committee has been considering the options for some of our NEDs whose terms of office expire this year. Clearly it is imperative to ensure the important work these NEDs are undertaking can be continued, but I want to reassure colleagues that the discussions in the Committee are thorough and careful consideration is given before any proposal is made. It is important that reappointment is not a 'default' approach as ultimately no one is indispensable. You will read the recommendations of the Committee regarding NED reappointments in these papers, together with a further recommendation about a new substantive NED appointment following a meeting Committee members had with Ian Playford this week. The Committee was really impressed with his capital projects and real estate experience and feel he will bring a strong commercial lens in this space – something that we are certainly excited to see yield positive outcomes.

4. Chair Succession

The other activity that has kept myself and the Nominations Committee busy since our last meeting are discussions and planning around the Chair succession. For those of you who were able to join the meeting we had 7th April, I hope you found that to be a useful and transparent update to the kinds of questions that are being surfaced, and I'm sure you will also welcome the verbal update that is planned at today's meeting.

5. Governors Away Day

Just a reminder that after two years we have an in-person Governors Away Day planned for the afternoon of June 14th. Even if all we did was spend four hours catching up it would be lovely, but we are also shaping up a great agenda which we will share with you in due course. We are also hoping that any newly-elected governors may also be able to join us.

We have tried to vary the location for the Away Day to move it to somewhere other than the St. Thomas' or Guy's campus, but due to covid distancing restrictions still being in place across all hospital sites, there is no location that has sufficient space to allow 30+ of us in a room with appropriate distancing. So we will have the meeting in the Roben's Suite at Guy's, but want to reassure you that we are continuing to look at how we can diversify where we meet and get some familiarity with the Royal Brompton & Harefield hospitals as well as GSTT community locations.

If you don't have the away day in your diary, please let Corporate Affairs know and they can forward it to you again.

Guy's and St Thomas' NHS Foundation Trust

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
QUALITY AND ENGAGEMENT WORKING GROUP
THURSDAY 10 MARCH 2022

Title:	**Council of Governors Quality and Engagement Working Group Meeting Notes, 10 March 2022**
Governor Lead:	**John Powell, Working Group Lead**
Contact:	**Andrea Carney & Sarah Allen, Working Group Secretariat**

Purpose:	For information
Strategic priority reference:	TO TREAT AS MANY PATIENTS AS WE CAN, SAFELY
Key Issues Summary:	A report on the Working Group's discussion on the following: • Patient and public participation in the Apollo programme • Quarterly reports for Patient Experience and Patient and Public Engagement
Recommendations:	The GROUP is asked to: 1. Note the key discussion points at the Quality and Engagement Working Group meeting

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

THURSDAY 10 MARCH 2022

QUALITY AND ENGAGEMENT WORKING GROUP MEETING NOTES

PRESENTED FOR INFORMATION

1. Introduction

1.1. This paper provides notes from the Council of Governors Quality and Engagement Working Group meeting held via Microsoft Teams on Thursday 10th March 2022.

1.2. This meeting was attended by: Serena Aboim (Staff Governor), Evelyn Akoto (Public Governor), Sarah Allen (Head of Patient Experience), Mark Boothroyd (Public Governor), Helena Bridgman (Associate Governor), Heather Byron (Patient Governor), Elfy Chevretton (Staff Governor), Nancy Dickinson (Corporate Governance and Membership Manager), Paula Franklin–Lewis (Public Governor), Naomi Good (Patient and Public Engagement Specialist), Anna Grinbergs-Saull (Patient and Public Engagement Specialist), Laura James (Staff Governor), Leah Mansfield (Patient Governor), Marianna Masters (Public Governor), Margaret McEvoy (Public Governor), Trudy Nickels (Public Governor), Placida Ojinnaka (Patient Governor), John Powell (QEWG Chair), Holly Salisbury (Engagement Manager & Change Manager for Corporate Services), Priya Singh (Non-Executive Director), Mark Tsagli (Patient Experience Specialist).

Apologies were received from: Marcia Da Costa (Public Governor), Victoria Borwick (Public Governor), Sian Vincent Flynn (Staff Governor), Andrea Carney (Head of Patient and Public Engagement).

2. Agenda Item 2: Notes from the last meeting

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

3. Agenda Item 3: Patient participation in the Apollo Programme

3.1. The Engagement Manager and Change Manager on the Trust's electronic healthcare records programme (Apollo) and Patient Engagement Specialist updated Governors on how patients and the public continue to be involved in the Apollo programme. Governors noted:

- The Apollo electronic health records system will be launched in 2023 and is hoped will solve many of the current challenges for patients, carers and staff in accessing and managing health records and appointments effectively.
- The importance of ensuring patients, families and carers are involved in all the phases of the programme.
- Patients, family members and carers have been involved in the programme in two ways; as Patient Influencers or Lead Patient Influencers.
    - Patient Influencers; currently the programme has 47 Patient Influencers and Lead Patient Influencers supporting the programme, representing a variety of demographic backgrounds; including targeted recruitment for those facing health inequalities, digital confidence challenges, and younger patients from the Evelina.
- The key deliverables of the electronic records system include a Patient Portal (MyChart) and Welcome Kiosk:
    - Patients will be able to access MyChart patient portal via an app or web browser to enable them self - manage many aspects of their healthcare records, including scheduling and cancelling appointments.
    - Additional proxy access feature enables sharing of records by the patient to others such as family members or carers.
    - Welcome Kiosk to be located in outpatient areas to enable patient self-check-in or update key contact information as well as helping facilitate wayfinding.
- The programme is being delivered in 4 stages, with patients expected to support and be involved in all stages
    - Direction - staff and patient views on the different technical decisions that need to be made.

- Testing – Making sure the technology works for patients and is it easy to use.
- Communications & Training - How we let patients know what we are doing, and how can we support them to access the technology.
- Implementation – final deployment of the portal
- The team also shared further detail on learnings from the current 'Direction' stage of the project, including workshops carried out on how to handle the communication, address accessibility issues, digital poverty, proxy access, accessing records, and sharing test results in MyChart.
    - Other areas of learning include end of like care planning, awareness of the need to ensure cultural differences in presenting information in My Chart are done sensitively, including levels of proxy access that can be given to families.

3.2. Governor discussion:

Governors welcomed the presentation and raised a number of questions:

- To understand the difference between the patient portals currently in use in many GP Surgeries and the Apollo system. Responding, the Engagement Manager and Patient Engagement Specialist took turns to share some of the additional benefits including the ability of staff to access and share records on a singular system from both patients of GSTT and Kings Hospital, enabling the provision of holistic care for patients.
- Governors highlighted the need to carry out more targeted interventions to ensure a closer demographic representation on the panel, particularly from underrepresented groups; not only limited to ethnicity, but also on income levels and levels of education.
- Understanding how elderly population and those who cannot, or do not want to use the system will have to adapt. It was clarified that the traditional methods of accessing healthcare system will still be available with the option for family/ friends to support or access this on behalf of the patient.
- Challenges of obtaining a representative sample based on ethnicity; the project team is hoping the easing of restrictions will enable them hold in-person engaging sessions to with the hard-to-reach patients. Governors were encouraged to share any contacts they had with the project team.

- Governors sought assurance on was whether failures/challenges of the digital system could potentially dissuade patients from engaging with this and whether there will be continuous training and monitoring for staff.
- Governors were also keen to know how Apollo will integrate with the Primary Care. The team confirmed this was being looked into and at an exploratory stage, but it was also clarified that the Local Care Record and London Care Records information gets shared with primary care team.

4. Agenda Item 4: Quality Priorities update

- Head of Quality, Improvement and Patient Safety could not be available for this meeting.

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

5.1. Patient Experience Report Q1 was shared in advance of the meeting. The Head of Patient Experience updated Governors on the following:

- National Children and Young People's Survey 2020 – positive survey results from both Evelina and Royal Brompton and Harefield.
- Friend and Family Test scores:
  - Outpatients' results improved on the previous quarter – contacting the Trust and waiting time information remain the main challenges. Ongoing work in the Outpatient Transformation Programme on keeping patients informed about waiting time and contacting the Trust. Impact of COVID on cancellations and delayed outpatient appointments reflected in some of the comments received from patients. Improvements also needed in aspects of virtual appointments.

  - A&E performance reflective of operational pressures in Quarter 3 (October to December) and its impact on patients' experience. Longer waits for patients continues to be the main challenges for patients.
  - Maternity services – Community Postnatal scores remain strong but there were some challenges with Hospital Postnatal scores. Scores for Labour and Birth remain stable. Women finding a bed on arrival were some of the challenges a due the increase in births during the last quarter.
  - Community FFT remains strong and Patient Transport scores stable.
- Similar challenges seen on virtual appointment and waiting times for Outpatients in RBH.
- Patient Transport; Governors were informed of significant progress in talks with Transport for London for hospital transport to use the local bus lanes. A pilot has been started on this. The QEWG Lead acknowledged the sustained efforts of one of the previous QEWG Leads who led on this.
- Governors were also updated on ongoing patient experience improvement projects:
  - Work to understand patients' experience on the Vaccine programme.
  - Cardiovascular team's work on contacting issues.
  - RBH introduced a 'peaceful night' pledge around noise at night and Activity Coordinator position.
  - Virtual Visiting programme continues with the rise of Omicron.
  - PALS contacts still on the rise and themes mainly around communication, similar to what we are seeing in surveys.
  - Volunteers are returning and the Voluntary Services team working with departments for a safe return for them.

In discussion, Governors recognised that response rates tend to be low for settings of care that recorded the worst performances and wanted to understand what the team is doing to improve on response rates. In response, the Head of Patient Experience assured the group of continued focus of

the Patient Experience team in exploring ways to continue to make surveys more accessible for patients including trialling the use of volunteers to help administer surveys.

Governors also wanted to know the impact the absence of volunteers have had on the Trust since the pandemic. It was further clarified that volunteers were scaled down during the pandemic, but a number of areas still had volunteers supporting work such as the Vaccine Centre, Cancer Centre, and Elderly care wards which all continued to benefit from the services of volunteers.

The Patient and Public Engagement (PPE) Update was shared in advance of the meeting. The Patient Engagement Specialist summarised the key patient and public engagement activities between December 2021 and February 2022:

- Joint Programme for Patient, Carer, and Public Involvement in COVID -19 Recovery - work is underway with London South Bank University to deliver the three projects within the programme. Desk research carried out ready. Link to this circulated with the papers for this meeting.
- KHP Cardiovascular and Respiratory Partnership — a report on the findings from workshops exploring the views of patients, carers and families on children's heart and lung care and adult congenital heart services expected to be published early 2022.
- Cancer Strategy and Surgical Strategy - The PPE team continues to support the cancer strategy refresh and the development and implementation of the surgical strategy, ensuring that patients families and carers are involved in shaping and planning their delivery.

Further details on these and other programmes of work were included in the papers circulated ahead of the meeting.

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

6.1. Quality and Performance Committee (QPC): No report circulated

6.2. Royal Brompton & Harefield Clinical Group Board – Report circulated

Governors Representative in attendance highlighted a few issues and achievements in the circulated report;

- Concerns raised about IT systems of Pharmacy and GPs not aligned and impacting on patients' experiences of getting medication post - discharge. It was noted that assurances have been given that this is being looked into.
- A serious incident ward which occurred with a ward staffed by agency staff had been noted. This has been immediately addressed and a policy has been put in place to prevent reoccurrence.
- Excellent performance of RBH in the 2020 Children and Young People's survey.
- 120 international nurses recently recruited.
- Imaging Centre up and running and delivered on time and under budget.

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

- Places available for Governors on retender of feedback system and patient experience priorities to be held on the 29th March.

Action: Circulate information on retender exercise to Governors

Guy's and St Thomas' NHS Foundation Trust

COUNCIL OF GOVERNORS
STRATEGY, TRANSFORMATION AND PARTNERSHIPS WORKING WORKING GROUP
Tuesday 5th April 2022
5.30 – 7.00pm, held virtually via MS Teams

Governors in attendance:	Margaret McEvoy (Chair)	Mary Stirling
	Christina York	Paula Lewis-Franklin
	Elfy Chevretton	John Balazs
	Evelyn Akoto	John Hensley
	Leah Mansfield	Jordan Abdi
		Sian Flynn
Trust staff in attendance:	Jackie Parrott	Lindsay Jones
	Steve Weiner	Elena Spiteri
Trust Staff for Item 6:	Chris Spellman	

1. Welcome and Apologies

1.1. The Chair welcomed colleagues to the meeting of the Strategy, Transformation and Partnership Working Group (the Group).

1.2. Apologies had been received from Helena Bridgman, Annabel Fiddian-Green, Lawrence Tallon. Felicity Harvey, Marcia Da Costa, Betula Nelson and Edward Bradshaw.

2. Declarations of Interest

2.1. There were no declarations of interest.

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

3.1. The minutes of the previous meeting of the Group, held on Tuesday 11th January 2022, were approved as a true record. The action log was noted; all actions were in hand.

4. NHS policy and legislation update

4.1. The briefing slides had been circulated to Group members prior the meeting.

4.2. The Group received an overview of NHS policy and legislation including:
- Summary of the Health and Care Bill
- Integration White Paper
- What does it all mean for GSTT

4.3. Deputy Strategy Director explained that the Health and Care Bill introduces new measures to promote and enable collaboration in health and care. It focuses largely on the NHS in England and seeks to put into law the main elements of the government's Integration and Innovation white paper, published earlier this year. The Bill will remove existing competition rules and

formalise ICSs (integrated care systems) as commissioners of local NHS services. It would also provide enhanced powers for the Secretary of State. She outlined what it means for Guy's and St Thomas NHS Foundation Trust's finances. Clinical Commissioning Group (CCG) funding will become ICS funding – so there will be no direct income changes to the trust when ICSs go live. She explained that SE London and NW London are the trusts 'home' ICSs but the trust serves much wider populations. Of trust NHS income in 2020-21 36% was from SE London CCG and 3% was from NW London CCG.

4.4. During questions and discussion the following was highlighted:

- how SE London ICS Partners and NW London ICS are going to take a joint approach to implementing a 5 year system plan which takes account of their shared populations

5. The Centre for Innovation, Transformation and Improvement (CITI)

5.1. The background briefing slides had been circulated to Group members prior the meeting.

5.2. The Group received a presentation covering:

- The external and internal drivers for establishing CITI
- The services and functions that have been brought together in CITI
- Example innovation, improvement and transformation projects currently being delivered across the Trust
- How CITI supports across the project lifecycle and prioritises projects for support
- CITI plans for patient and public engagement

5.3. Members were keen to understand how the CITI function operated to support across the entire Trust including the RBH sites.

5.4. Additional information was also provided on the steps taken to ensure that projects had a positive impact on equalities and were not creating issues of digital exclusion.

6. Any other business

6.1. All members were asked to provide suggestions for future agenda items.

The next meeting would be held on Tuesday 12th July 2022 at 5:30pm – 7pm.