

Public Council of Governors Meeting

**Wednesday 2nd November 2022 at 6pm
Roben's Suite, Guy's Hospital**

COUNCIL OF GOVERNORS
Wednesday 2 November 2022, 6pm – 7.30pm
Roben's Suite, Guy's Hospital

A G E N D A

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|-----|--|---------------------|---------------|
| 1. | Welcome and apologies
<i>Sir Hugh Taylor</i> | <i>Verbal</i> | <i>6.00pm</i> |
| 2. | Declarations of interest | <i>Verbal</i> | - |
| 3. | Minutes of previous meeting held on 27 th July 2022 | <i>Paper</i> | - |
| 4. | Reflections on Board of Directors meeting | <i>Verbal</i> | <i>6.05pm</i> |
| 5. | Learning from the critical IT incident
<i>Lawrence Tallon</i> | <i>Presentation</i> | <i>6.35pm</i> |
| 6. | Non-executive director reappointment
<i>Sir Hugh Taylor</i> | <i>Paper</i> | <i>6.50pm</i> |
| 7. | Governor working groups
<i>John Powell</i> | <i>Verbal</i> | <i>7.00pm</i> |
| 8. | Governors' reports for information | <i>Papers</i> | <i>7.15pm</i> |
| 8.1 | Lead Governor's Report
<i>John Powell</i> | | |
| 8.2 | Quality and Engagement Working Group:
meeting notes 27 th September 2022
<i>Leah Mansfield</i> | | |
| 8.3 | Strategy, Transformation and Partnership
Working Group: meeting notes 18 th October 2022
<i>Margaret McEvoy</i> | | |
| 9. | Any other business | <i>Verbal</i> | <i>7.25pm</i> |

Date of next meeting: Wednesday 25th January 2023 at 6pm – 7.30pm

COUNCIL OF GOVERNORS

Wednesday 27th July 2022, 6pm – 7.30pm
Held virtually via MS Teams

Governors present:

Alan Hall	John Hensley	Marianna Masters
Alison Mould	Joanna McGillivray	Margaret McEvoy
Claire Wills	John Bradbury	Sarah Addenbrooke
Emily Hickson	John Clark	Michael Bryan
Laura James	John Powel	Placida Ojinnaka
Leah Mansfield	Jordan Abdi	Mary Stirling
Katherine Hamer	Roseline Nwaoba	Wisla Wedzicha
Nicola Clark	Sian Flynn	Warren Turner
Peter Harrison		

In attendance:

Hugh Taylor (Chair)	Alastair Gourlay	Lawrence Tallon
Ian Abbs	Richard Grocott-Mason	John Pelly
Avey Bhatia	Felicity Harvey	Sarah Clarke
Edward Bradshaw	Reza Razavi	Julie Screamon
Ria Burnett	Anita Knowles	Simon Friend
Sarah Austin	Anita Knowles	Priya Singh
Jessica Dahlstrom	Sarah Maskell	Elena Spiteri
Steven Davies	Sally Morgan	John Balazs
Jon Findlay	Jan O'Malley	

1. Welcome and apologies

- 1.1. The Chair welcomed attendees to the meeting of the Council of Governors. Apologies had been received from Sheila Shribman; Steve Weiner; Marian Ridley; Robert Davidson, Partnership Governor and Serina Aboim, Staff Governor.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Minutes of the meeting held on 27th April 2022

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

4. Matters arising

- 4.1. The Council of Governors noted that the action raised at the previous meeting regarding the findings in the Workforce Race Equality Standards (WRES) report had been completed. It was noted that the issues raised by the Patients not Passports

group had been discussed at the Quality and Engagement Working Group and would be covered under the update from that working group.

- 4.2. The Chair thanked Nominations Committee in Common members for their work on appointing the new Chair, and welcomed the appointment of Charles Alexander who would meet with the Board and Council of Governors in the near future.

5. Reflection on public Board of Directors meeting

- 5.1. The Chair summarised the discussion which had taken place at the preceding Board meeting on the significant problems the Trust had experienced with its IT infrastructure and IT systems in the past week. The Chief Digital Information Officer provided further details about this critical incident and the Council of Governors noted that an external review would be commissioned.
- 5.2. A discussion took place on the risk management processes and the way the risk of overheated IT servers had featured both on national and Trust-level risk registers. This question would be included in the review. Other businesses had also experienced outage as a result of the heat, but the duration of the outage at the Trust was longer than experienced by others.
- 5.3. The Council of Governors emphasised the importance of ensuring that no patient data was lost in the transition from paper records back to electronic records, and Governors suggested involving patients in the updating of their records. An overview was provided of the data back-up procedures in place at the Trust, and it was noted that back-ups happened daily and this back-up data was now being restored.
- 5.4. IT resilience was discussed and following this incident, the possibility of having additional data servers in different locations would be considered. The Trust had informed national regulators including the Care Quality Commission of the critical incident. The communication protocol regarding critical incidents would be reviewed to ensure regular communication to Governors.
- 5.5. Consideration was given to the bullying and harassment statistics included in the Annual Report, and the Chief People Officer outlined the plans in place to ensure mandatory training and development for all those in the Trust with line management responsibilities. This training would include a focus on culture and behaviours, and managing difficult situations. Recruitment and retention was discussed and the importance of being able to offer flexible working was emphasised.

6. GSTT Annual Report and Accounts

- 6.1. Paul Dossett, Grant Thornton (external audit), was present for this item.
- 6.2. The Council of Governors received the Trust's Annual Report and Accounts. It was noted that the audit of the accounts had been completed. Key financial performance data were outlined. The external auditor presented the audit opinion which was an unqualified opinion, which meant the accounts were accurate and contained no material errors. The Value for Money recommendations were also presented.

- 6.3. The impact of the merger with Royal Brompton & Harefield on the accounts was outlined. It was noted that the ledgers would be merged later in the current financial year. The possible impact on the current year's performance of potential industrial action was considered, and a discussion took place on the approach to setting the Trust's capital expenditure limit. A further session would be arranged in September for Governors, so that detailed questions on the Annual Report and Accounts could be discussed.
- 6.4. The Chair of the Board and the Chair of the Audit and Risk Committee thanked the finance team, the external auditors and the members of the Audit and Risk Committee for their hard work on the accounts.

7. Women's Health

- 7.1. The Council of Governors received a presentation on the Trust's Women's Health services. The Trust's strategy in this area was outlined and an overview was provided of how the Trust worked with system partners on women's health. The importance of the role of maternal medicine networks was highlighted. The successes, challenges and opportunities for the local service were presented and the approach to supporting staff members going through menopause was outlined. The possibility of offering this service to other local organisation was considered.
- 7.2. A discussion took place on the use of the word "women" in the directorate's name and further consideration would be given to this matter. The importance of engaging with LGBTQ+ patient groups on this was emphasised. Governors also highlighted the recommendations from the "Five X More" working group on maternity services for Black women.
- 7.3. It was noted that some of the areas discussed could be explored further in Governor working groups.

8. Lead Governor Appointment

- 8.1. It was noted that following an election, John Powell had been appointed as Lead Governor. The Chair congratulated John on his new role and thanked the outgoing Lead Governor, Heather Byron, for her hard work and dedication. A handover process had now commenced.

9. Governors' reports for information

- 9.1. The Council of Governors noted the Lead Governor's Report and the notes of the most recent meetings of the Quality and Engagement and Strategy, Transformation and Partnerships working groups. The Quality and Engagement Working Group had met to discuss the issues raised by the Patients not Passports group. Two further points were raised around the impact on clinical staff of the Overseas Visitors policy and the circulation of the report produced by the Trust, and a response to these points would follow in correspondence.

10. Any other business

- 10.1. A specific incident in the dental department was raised by a Governor and would be addressed outside of the meeting.
- 10.2. The next meeting was due to be held on 2nd November 2022 and arrangements would be confirmed in due course.

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

WEDNESDAY 02 NOVEMBER 2022

Title:	Learning the lessons from the IT systems critical incident
Responsible Director:	Lawrence Tallon, Deputy Chief Executive
Contact:	Simon Bampfylde, Head of Major Programmes
Purpose:	To set out the process the Trust is following to learn the lessons from the recent IT critical incident
Strategic priority reference:	TO TREAT AS MANY PATIENTS AS WE CAN, SAFELY; TO CARE FOR AND SUPPORT OUR STAFF; TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	<ul style="list-style-type: none"> • A critical incident was declared due to overheating of the two data centres serving Guy's, St Thomas' and community services during the unprecedented heatwave on 19th July. It was stepped down on 21st September. • In order to learn all of the lessons from this critical incident, a series of closely related internal and external reviews has been commissioned. The Deputy Chief Executive is overseeing and coordinating these reviews on behalf of the Trust Board. • The reviews need to strike an appropriate balance between pace and rigour, and between internal reflection and external scrutiny. The focus is on the identification of errors or improvements that will prevent recurrence of similar incidents in the future. • This has been an extremely difficult incident for the Trust to manage and it has impacted many staff and patients. The reviews are being approached with humility and openness with the intention that we make strenuous efforts to hear from as many staff and patients affected as possible. • The findings from the reviews will be published through a Board paper later in the year.

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Recommendations:	The COUNCIL OF GOVERNORS is asked to: <ol style="list-style-type: none">1. Note the approach to learning lessons from the recent IT critical incident
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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS**

WEDNESDAY 02 NOVEMBER 2022

LEARNING THE LESSONS FROM THE IT SYSTEMS CRITICAL INCIDENT

Presented by Lawrence Tallon, Deputy Chief Executive

Context

1. On 19 July 2022, the two separate data centres at Guy's Hospital and at St Thomas' Hospital suffered catastrophic failures associated with the unprecedented heatwave. This took down most of the clinical IT systems at Guy's and St Thomas' and the related community services. It did not directly affect the Royal Brompton and Harefield hospitals, accept insofar as they provided mutual aid.
2. The loss of these IT systems had an enormous impact on the running of the hospitals and community services, which had to switch to running on paper. The disruption to clinical services had a significant impact on many of our system partners in general practice and other hospitals across South East London.
3. IT systems recovery took longer than originally anticipated and the recovery was complicated by the unrelated cyberattack nationally impacting Adastra and Carenotes systems. The GSTT IT outage was formally stood down as a critical incident on Wednesday 21st September with system recovery largely complete, however there is ongoing work to fully recover all systems and files, and then safely to reconcile all paper notes with the electronic patient records.
4. The impact on our patients and staff from the prolonged nature of this incident and recovery has been significant. There was understandably considerable frustration and concern among clinical and operational teams throughout the Trust, and the process to learn the lessons from the incident is considering how we can best support our staff through the recovery phase.

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5. The Trust has issued and reiterated a full and heartfelt apology for the major, distressing impact of this event on patients, staff and partners.

Reviews

6. A comprehensive series of reviews has been set up to understand how this incident occurred, how it was managed, what lessons need to be learned and whether further actions need to be taken as a result. The Chief Executive has commissioned a number of internal Trust reviews on behalf of the Board of Directors, which are being complemented with the Trust's full support by reviews commissioned by South East London Integrated Care System and NHS England to ensure objectivity and accountability.
7. These reviews are wide ranging and are employing specialist knowledge and external validation where necessary. Taken together the reviews are covering:
 - (i) the sequence of events and issues that led to the failure of the data centres
 - (ii) the impact on patient care and any potential harm that may have been caused
 - (iii) the impact on our staff and the steps taken to support them
 - (iv) the Trust's preparedness for the failure of the IT data centres and the appropriateness of relevant governance and risk management processes
 - (v) the post-event operational response and communications with patients, staff, system partners and other stakeholders
 - (vi) any further actions that may need to be taken to increase the Trust's resilience to potential extreme weather events in future
8. The overall process of coordinating the reviews and facilitating their presentation to the Board of Directors, Council of Governors and external regulators is being overseen by the Deputy Chief Executive. The findings of the reviews will be brought together in a way that allows them to be considered together and in the round. They will be received initially by the Trust's Audit and Risk Committee and then reported to the Board of Directors, as well as to external bodies where appropriate (e.g. SEL ICB). The outcomes from the Harm Review will be reported to the Quality and Performance committee of the Board.
9. It is crucial that we approach these reviews with considerable humility and openness and that we make strenuous efforts to hear from as many staff, patients and stakeholders affected as possible. There are easily accessible opportunities for patients, staff, system partners and other affected stakeholders to share their views and experiences. In addition to the Freedom to Speak Up

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advocate network the Trust has set up a dedicated inbox (ICTincidentreview@gstt.nhs.uk) that staff can use to share any concerns, information or feedback. Trust wide communications have been issued setting out the approach to learning lessons from the incident and providing details of how staff can get in touch. The review process is also being taken proactively to key staff forums and meetings and the Freedom to Speak Up Guardian has facilitated a series of listening events.

10. In line with the principles of openness and transparency, the Board has stated its intention that the findings from the reviews will be published through a Board paper. The intention is to bring a report with substantive conclusions to the Audit and Risk Board Committee on 30 November 2022.

Recommendation

11. The Council of Governors is asked to note the approach being taken to learning lessons from the recent IT critical incident and that findings will be published through a Board paper later in the year.

NHS CONFIDENTIAL - Appointments

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 02 NOVEMBER 2022

Title:	Non-Executive Director re-appointment
Responsible Director:	Sir Hugh Taylor, Chair
Contact:	Jessica Dahlstrom, Chief of Staff and Director of Corporate Affairs
Purpose:	For the Nominations Committee to recommend to the Council of Governors the re-appointment of John Pelly OBE, Non-Executive Director on the Trust Board, for a further 6 months ending 30 June 2023.
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	<ul style="list-style-type: none"> • John Pelly's first four-year term as a Non-Executive Director at the Trust ended on 31 December 2020. The Council of Governors then supported a recommendation by the Nominations Committee to extend John's term for a further two years, to 31 December 2022. The decision to extend for two, rather than four, years was requested by John himself for personal reasons. • The Nominations Committee recommends that John Pelly is reappointed for a further six months, to 30 June 2023. This is primarily to ensure continuity around the Board's audit, risk and annual reporting arrangements with a new incoming chair. John would be willing to extend his term on this basis, if asked to do so, and the incoming Chair, Charles Alexander, is fully supportive of the proposal.
Recommendation:	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> 1. Approve the re-appointment of John Pelly OBE, Non-Executive Director on the Trust Board, for a period of 6 months ending 30 June 2023.

NHS CONFIDENTIAL - Appointments

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

WEDNESDAY 02 NOVEMBER 2022

PROPOSAL TO RE-APPOINT A NON-EXECUTIVE DIRECTOR

1. Proposal to re-appoint John Pelly OBE

- 1.1. John Pelly was appointed as a Non-Executive Director on the Board of Guy's and St Thomas' NHS Foundation Trust by the Council of Governors in July 2016, and took up his appointment with effect from 1 January 2017.
- 1.2. John qualified as an accountant in 1978 and spent the early part of his career in the commercial sector. He joined the NHS in 1990 as Finance Director of West Lambeth Health Authority, becoming Finance Director of Guy's and St Thomas' NHS Trust on the merger of the two hospitals in 1993. John was subsequently Chief Operating Officer of Guy's and St Thomas' NHS Trust until he took up the position of Chief Executive of Queen Elizabeth Hospital NHS Trust in south London. In 2008 he was appointed Chief Executive of Moorfields Eye Hospital NHS Foundation Trust, a position he held until his retirement from the NHS in November 2015.
- 1.3. John's recent appraisal recognised his outstanding contribution as a Non-Executive Director of the Trust. He has a strong track record of attending and contributing to meetings of the Board and Board committees, and has proved very effective in his role as chair of the Audit and Risk Committee.
- 1.4. At its meeting on 9 December 2020, the Council of Governors approved a recommendation from the Nominations Committee to re-appoint John Pelly for a period of two years ending 31 December 2022. That this extension was for two years rather than the standard four years was at John's own request and due to personal reasons.

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- 1.5. Since his re-appointment, John has played a significant role in supporting the integration of the audit, risk and finance systems of the former Royal Brompton & Harefield NHS Foundation Trust into those of Guy's and St Thomas' following the merger in February 2021. As chair of the Audit and Risk Committee he has also led the non-executive scrutiny of a number of key issues and areas of risk, including the recent critical IT incident and the Board Assurance Framework.
- 1.6. On 1 December 2022 the chairmanship of the Trust will pass from Sir Hugh Taylor, who has been in post since 2011, to Charles Alexander. It is considered prudent that, during this time of change, there is stability in other areas of the organisation and across the wider non-executive director cohort, and continuity in the areas of audit and risk. It is therefore proposed that John's term is extended by a further 6 months, to 30 June 2023.
- 1.7. The Council of Governors is asked to note that John would be willing to extend his term on this basis, if asked to do so, and that Charles Alexander is fully supportive of the proposal.

2. Recommendation

- 2.1. The Nominations Committee recommends that the Council of Governors approve the re-appointment of John Pelly OBE, Non-Executive Director on the Trust Board, for a period of 6 months ending 30 June 2023.

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

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Title:	Lead Governor's report
Responsible Director:	John Powell, Lead Governor
Contact:	John Powell
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

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

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**LEAD GOVERNOR'S REPORT
PRESENTED BY JOHN POWELL**

1. Introduction

- 1.1. This is my first Lead Governor's report after the summer elections and follows my report given to the Annual Public Meeting at the end of September. As if that wasn't something of a 'baptism of fire' the plethora of issues that have hit my inbox since taking over from Heather Byron has been quite overwhelming. It has, however, struck me as to how passionate the current cohort of governors are about any number of issues.
- 1.2. Whilst I hope to come to grips with all the concerns governors have and ensure proper opportunities for debate and propositions are offered, I must unfortunately record that I will be out of action for a brief period from November 8th as I undergo major (open heart) surgery at St Thomas' Hospital. However, as soon as I can again navigate a laptop I will ensure 'normal service' is resumed as quickly as possible! So apologies to any correspondents whose messages fail to gain a prompt response.
- 1.3. Before moving on I must record here – as I did in my report to the Annual Public Meeting – our thanks and heartiest good wishes to Sir Hugh Taylor, whose last Board of Directors and Council of Governors meetings these are. At the same time, of course, we look forward to welcoming Charles Alexander as the new Trust Chair with effect from next month.

2. Council of Governors 'post'-Covid

- 2.1. With all public restrictions for Covid-19 lifted there has been a shift back toward some face-to-face meetings, although some online forums remain. It should be noted that the new round of meetings for 2022-23 are the first full round not only since the pandemic, but also since the merger with the Royal Brompton and Harefield. This therefore raises a further variable to the equation of where we should hold future meetings if they are to be in person. Certainly an issue that will need to be discussed and agreed by governors in

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the near future. The first in-person meeting – our 'informal' forum last month attracted an exceptionally weak attendance and so added strength to the need for debate and agreement in the near future.

3. Council of Governors working structure

- 3.1.** I've already mentioned an appetite to review our working groups. The whole GSTT group is so large now it is impossible to scrutinise everything, and such a review is hardly likely to happen overnight. However, we have to start somewhere, and initial steps to discuss/assess what they are currently achieving will begin with the Council of Governors meeting agenda.

4. Current work

- 4.1.** This year has seen our own fair share of elections aside from central government – new governors, a new Lead Governor, and of course a new Trust Chair to name but three. I nevertheless continue to be impressed at how governors have beavered away at existing work streams as well as being the traditional critical friend in the Trust
- 4.2.** Mary Stirling has continued her work on the development of a Nutrition and Hydration Strategy for the Trust. She has met with Emma Stennett, a qualified dietician who is the lead on this. The notes from their last meeting on 14th September has been circulated, with their next get together scheduled for 14th December.
- 4.3.** The IT outage in July is rightly undergoing scrutiny by a working party with governor representation. Clearly there will be lessons to learn, but most importantly any kind of repeat has to be avoided. We look forward to receiving their findings.
- 4.4.** John Hensley has queried the debt recovery programme for UK-based patients as well as those from outside the UK – a tricky subject alongside the agenda shared this year by the 'Patients not Passports' group.
- 4.5.** I mentioned at the Annual Public Meeting the excellent work former Lead Governor Devon Allison along with Placida Ojinnaka undertook to introduce the pilot scheme of patient transport lawfully using bus lanes and the obvious benefits that would bring. It seems Southwark have not fully participated in this project. This will be the subject of ongoing discussion, and a push from public and patient Governors to get Southwark councillors on board seems an eminently sensible suggestion going forward.
- 4.6.** Visits to the Royal Brompton site have been rightly raised as it is 18 months and counting since the merger happened and they are now an integral part of the Trust. A full programme of potential dates still exists for governors to choose and I would certainly

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encourage governor colleagues to schedule a visit. I was personally given a detailed tour by Hospital Director Ross Ellis after an initial chat with the Clinical Group CEO Dr Richard Grocott-Mason. I have to put on record my heartfelt thanks to them and all the staff I met on the visit for their exceptionally warm welcome and honest feedback on their work. Whilst we are a huge Trust now, I was left in no doubt that RBH is a hugely positive addition to the GSTT family. The fact that the general view was that the merger had seen a virtually seamless transition is, I believe, a compliment to all involved.

- 4.7.** I am a great believer, however, that horizons don't end on our own doorstep, and so at the time of writing this report I have scheduled a meeting with my opposite number at King's College Hospital NHS Foundation Trust, Jane Allberry, to get her perspective.
- 4.8.** Finally, concerns have been raised by governors at the Royal Brompton hospital about proposed some changes discussed at the 'Future of Pathology' meeting on 23rd September. Some staff clearly don't feel there has been a full and fair consultation process. This will be a move the Council of Governors will watch closely, although my mind was put at rest to a great degree during my visit to RBH last month with reassurances that appropriate consultation is under way. I am also aware the matter was raised at the Transformation and Major Programmes Board Committee on 5th October, although at the time of writing I had not seen an update. Since this meeting, however, there has been a comprehensive response from the leadership team at RBH which I hope will put many minds to rest.

5. Moving forward

- 5.1.** As if the topics mentioned thus-far in this report are not enough there will be significant challenges ahead this winter for the NHS, and hence GSTT, not least the spectre of industrial action, the ongoing efforts to further reduce the backlog caused by the pandemic, not to mention the continued threats of Covid19 and flu. Whilst we look forward to formally welcoming new Trust Chair, I remain optimistic that my own 'downtime' referred to at 1.2 in this report will be brief and that my term as Lead Governor will resume very quickly.

Choose an item. **GUY'S AND ST THOMAS' NHS FOUNDATION TRUST**
QUALITY AND ENGAGEMENT WORKING GROUP
TUESDAY 27 SEPTEMBER 2022

Title:	Council of Governors Quality and Engagement Working Group Meeting Notes, 27 September 2022
Governor Lead:	Leah Mansfield, Working Group Lead
Contact:	Andrea Carney & Sarah Allen, Working Group Secretariat
Purpose:	For information
Strategic priority reference:	TO TREAT AS MANY PATIENTS AS WE CAN, SAFELY
Key Issues Summary:	<p>A report on the Working Group's discussion on the following:</p> <ul style="list-style-type: none"> • Long COVID service development and patient and public engagement • Quality Account: Quality Priorities • National Incident Reporting Framework • Quarterly reports for Patient Experience and Patient and Public Engagement
Recommendations:	<p>The GROUP is asked to:</p> <ol style="list-style-type: none"> 1. Note the key discussion points at the Quality and Engagement Working Group meeting

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

TUESDAY 27 SEPTEMBER 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 Tuesday 27th September 2022.
- This meeting was attended by: Tracy Adams (Senior Trust lead for Quality and Compliance), David Al-Basha (Governor), Victoria Borwick (Public Governor), Elfy Chevetton (Staff Governor), Marcia De Costa (Public Governor), Mary O'Donovan (Public Governor), Anna Grinbergs-Saull (Patient and Public Engagement Specialist), Alan Hall (Governor), Peter Harrison (Governor), Professor Nick Hart (Clinical and academic director Lane Fox respiratory service), Jacky Jones (Deputy Chief Allied Health Professional), Leah Mansfield (QWEG Chair), Ciara McKay, Director of Nursing for Safeguarding Adults, Vulnerable Adults & Patient Experience, Julie Moore (Clinical Lead Physiotherapist for the South East London Long COVID Programme), Mary O'Donovan (Governor), Trudy Nickels (Governor), Placida Ojinnaka (Patient Governor), Rosaline Nwaoba (Governor), Georgina Parker (Patient Feedback Facilitator), Priya Singh (Deputy Chair & Non-Executive Director), Elena Spiteri (Membership and Governance Coordinator), Mark Tsagli (Patient Experience Specialist), Jennifer Turnbull (Deputy Clinical Lead for Physiotherapy), Philippa Yeeles (Patient and Public Engagement Specialist)

1.2 Apologies were received from: Sarah Allen (Head of Patient Experience), Serena Aboim (Governor), Mark Boothroyd (Staff Governor), Andrea Carney (Head of Patient and Public Engagement), Kelly Fisher (Senior Trust lead for Patient Safety), Sian Vincent Flynn (Staff Governor), Naomi Good (Patient and Public Engagement Specialist), Marianna Masters (Public Governor), Alison Mould (Public Governor)

1.3 Leah Mansfield introduced herself as the new Chair of the QWEG and opened the meeting. Ciara McKay, Director of Nursing for Safeguarding Adults, Vulnerable Adults & Patient Experience, introduced herself and advised she was attending in place of Sarah Allen, Head of Patient Experience. LM advised that Anna Grinbergs-Saull, Patient and Public Engagement Specialist, was attending in place of 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 with the following correction.

Matters arising:

Item 3.7 Lewisham and Greenwich framework shared with Jan O'Malley, #Patients,NotPassports.

Item 3.8 Action plan and staff training in progress – an update will come to this group between April to June 2023, as agreed at the last meeting.

3. Agenda Item 3: Long COVID service development and patient and public engagement

3.1 A presentation about the ongoing work to develop the Long COVID service, including insights into how staff and patients have been working together to develop the model of care for Long COVID was delivered jointly by Deputy Chief for Allied Health Professionals; Deputy Clinical Lead for Physiotherapy; Clinical Lead Physiotherapist for the South East London Long COVID Programme; Patient and Public Engagement Specialist and the Clinical and Academic Director Lane for Fox Respiratory Service.

3.2 The group explained the scope of the South East London Long Covid problem, in that an estimated 2.8% (16,739) of the local population who had acute COVID were experiencing self-reported long COVID as of 2 July 2022, with highest prevalence ages between 17-69, with massive social impacts on the lives of those affected.

- 3.3 The comprehensive presentation covered three main areas of work: 1) Lambeth & Southwark Long COVID pathway, which had simplified the patient pathway by creating a single point of access for triage which streamed patients to the most appropriate place for assessment depending on their symptoms; 2) The Joint Programme for Patient, Carer and Public Involvement in COVID Recovery, which is a two-year programme (started 09/2020) to involve patients, carers and the public in ongoing changes and the development of services necessitated by the COVID pandemic, generously funded by Guy's and St Thomas' Charity and King's College Hospital Charity; and 3) the South East London (SEL) Long COVID programme work, which is a UK programme initiative, designed to speed-up the recovery of people living with long COVID in South East London, involving mapping of existing services and a gap analysis of which patients are missing accessing these services. The gap analysis had identified that Black, Asian and minority ethnic groups were under-represented in the population accessing Long Covid services in SEL and that services needed to be inclusive to reach "silent sufferers", with personalised coordinated care closer to home and embedded in the community.
- 3.4 Governors thanked the group for their excellent presentation. They were keen to understand whether there were any concerns about ongoing funding support given that initial two year Joint Programme was funded by Guy's and St Thomas' Charity and King's College Hospital Charity. Responding, the Deputy Chief AHP confirmed that central NHSE funding was guaranteed for 18 months. The point was made that the South East London Long COVID programme is leading the way in the management of Long COVID and the team hopes to provide a blue print for NHS England of sustainable model of delivery, with a workforce plan, that meets the demands of providing support for long term conditions. Future funding is hoped to be secured through this work being a transformational clinical-academic service, data driven and underpinned by research, which is helping to address health inequalities.
- 3.5 Discussion:
Governors asked whether there were any benefits available to people suffering with potential symptoms of Long Covid seeking help sooner. In response, the Deputy Clinical Lead for Physiotherapy spelt out the benefits

available for those seeking early intervention as people suffering from the unpredictable symptoms of Long COVID were impacted across many aspects of their lives and relationships and therefore become increasingly socially isolated from potential sources of support in their day to day lives. The Clinical Lead Physiotherapist for the South East London Long COVID Programme confirmed that a gap analysis undertaken identified that not all patients are coming forward to seek assessment and support. Future plans included more innovative approaches to bringing services to closer to people in the local community and linking in with employers, church and community leaders in SEL to achieve that.

- 3.6 Governors' mentioned that they were aware some patients experiencing symptoms of Long COVID such as breathlessness are referred to GSTT services for other reasons, but were having difficulty navigating the healthcare appointments system to receive support from the right places. The Deputy Clinical Lead for Physiotherapy responded that the simplified referral process had created a single point of access where referrals were received via the Electronic Patient Record (EPR) and then streamed to the most appropriate service. Furthermore this could be a multi-disciplinary assessment face to face at either GSTT or Kings College Hospital or a telephone assessment by GSTT and then they would be streamed to the most appropriate treatment options, with follow-up at 3 months. Patients receive a message asking them to book an appointment and if they have not done that within two weeks the service would proactively contact patients again to book them in as a failsafe.

The Chair thanked the group for their presentation and there were no further questions.

4. Agenda Item 4a: Quality Account: Quality Priorities

- 4.1 A brief update on Quality Account: Quality Priorities was provided by the Senior Trust lead for Quality and Compliance.

- 4.2 The report provided assurance that the Trust's four quality priorities are being actively progressed Trust-wide. The Trust published its four quality priorities in the Board's 2021/22 Quality Account on the 30 June 2022 and outlined what success will look like;
- Patient safety: The Trust will implement the new national Patient Safety Incident Response Framework and the Patient Safety Incident Response Plan.
 - Patient safety: The Trust will develop a new Trust quality strategy during 2022/23 to ensure readiness for implementation in 2023.
 - Clinical effectiveness: The Trust will develop and implement a ward accreditation programme across the Trust
 - Patient experience: The Trust will implement a new patient resolution complaints process, ensuring a timely response to patient and family feedback to improve experience.
- 4.3 Patient Safety Incident Response Framework (PSIRF) - This was reported as on target for delivery. The PSIRF Project Brief has been finalised and approved at TRAC. A PSIRF Steering Group and PSIRF Working Group were set up in June 2022 to drive the implementation of the framework. A PSIRF Project Plan has been created and approved by the PSIRF Steering Group with a supporting monthly project report for each month – reported to TRAC. Trust-wide patient-related incident data analysis has begun to support and inform our Patient Safety Incident Response Plan (PSIRP). A new Patient Safety Incident Response Policy is being drafted. A Patient Safety Education & Training Plan is being drafted to align with the NHS-wide Patient Safety Syllabus which applies to all NHS employees and will result in staff receiving enhanced patient safety training. Patient Safety Partners have been recruited to represent the patient's voice on all patient safety committees trust-wide.
- 4.4 Quality Strategy - This was reported as at risk for delivery. Discussions on-going whether to produce a separate quality strategy for the trust or to include a quality section within the main trust strategy (this is the preferred option). Trust board discussing strategic aims in September/October which will enable trust Strategy Team to develop clear plan, once determined the quality element will be developed. The Incident

Response Plan based on the data analysis currently in development will provide the basis of the quality strategy to ensure all aligned.

- 4.5 Ward Accreditation – On target for delivery. The ward accreditation reports to the Acutely Ill Patient Committee on a quarterly basis and is in the process of developing the Evelina audits and resolving the early issues in the adult audits. Monthly audits and quality rounds were launched on the 27th June with positive feedback and good staff engagement
- 4.6 Complaints - Were reported as at risk for delivery. Overdue complaints has increased to 250 which is far too high and needs urgent action, with the IT outage having an impact. The Patient Resolution team now fully recruited (2 new starters 29/8/22) and the central team now aligning staff to work direct for specific Clinical Groups. New complaint management process is in place to reduce sign off steps and provide ownership to clinical groups for all standard complaints. Run charts for each group developed and will be shared weekly for progress tracking. Additional interim staff recruited to help clear backlog and complaint number increase. Staff encouraged for early contact and immediate resolution with complainants to improve engagement and experience and to reduce administrative process (improve efficiency).
- 4.7. There were no questions from Governors and the Chair thanked the Lead for the update.

5. Agenda Item 4b: National Incident Reporting Framework

- 5.1 Patient Safety Incident Response Framework (PSIRF) - A brief update on the National Incident Reporting Framework was provided by Tracy Adams (Senior Trust lead for Quality and Compliance), on behalf of Kelly Fisher, Senior Trust lead for Patient Safety who had sent apologies for the meeting. A new project lead and team of Patient Safety Partners (PSPs) have been successfully recruited to support the implementation of the new Framework and the new local risk management system which is currently being procured. An analysis of Trust-wide incident themes and trends has been completed. A Patient Safety Education & Training Plan has been developed to align with the patient safety training needs for PSIRF.

5.2 Mary O'Donovan (Governor) thanked Tracy Adams for the detailed presentation and asked if these papers could be recirculated as she had not received them. There were no further questions from Governors.

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

6.1 Patient Experience Report Quarter 1 (Apr – June 2022) was shared in advance of the meeting. The Patient Experience Specialist updated Governors on the following highlights:

6.2 Trust performance in the National Adult Inpatient Survey 2021: Areas where the Trust performed well include waiting for admission on a bed, ward environment, keeping in touch with family, dignity and respects and overall experience. Areas for improvement include food, support to keep clean, notice and planning of discharge

6.3 Performance in the National Cancer Survey 2021: Areas for improvement include patients being told sensitively they had cancer, receiving clear information on chemotherapy prior to treatment and being provided information on long term side effects of treatment.

6.4 Friends and Family Test (FFT)

- FFT results 91% positive experience which is a slight decrease compared to the previous quarter, however poor scores have remained at 5% for Outpatients. Waiting remains the biggest area of concern for our patients
- Positive scores for Admitted care ended Q1 at 95% and Poor scores were at 2%. A review of comments from patients across all our hospital sites highlights staffs' expertise, professionalism and empathy. In terms of areas for improvement, patients at Guy's and St Thomas mentioned waits to get a bed on ward and delays to surgery. Delays to discharge and obtaining medication patients identified as an area for improvement across all 4 hospitals sites. Food quality, communication between staff and environmental facilities were also highlighted by patients at the Royal Brompton and Harefield sites.

- Community services - Positive scores of 96% and above for the whole of quarter 1 which is in line with quarter 4. Negative scores have been at 1% or lower throughout the quarter and waiting for an appointment and occasional delays in clinic seem to be the main areas of concern for patients.
- Patient transport positive scores have remained at 93% and above throughout the whole of quarter 1 which is an improvement on the last two months of quarter 4. Waiting times for return journeys and assistance from porters on arrival in a number of cases are patients' largest areas of concern.

6.5 Voluntary Services - The volunteer COVID Recovery Programme has now been completed. Working partnership with the Infection Prevention and Control Team, the Voluntary Services Team have developed and issued all of our volunteers with a quick guide to support them in regards to their understanding of the Non Respiratory and Respiratory pathways and what these mean for their volunteer role. Governors were informed about the Patient and staff experience (PaSE) volunteer role recently advertised to support clinical departments during busy periods with the aim for volunteers to progress onto a paid role.

6.6 PALS Summaries – There had been a 1% decrease in contacts across GSTT and 4% decrease in contacts at Royal Brompton and Harefield in Q1.

Discussion: There were no questions from Governors and the Chair thanked the Patient Experience Specialist for the update

7. **Agenda Item 5b: Patient Engagement Report**

7.1. The Patient and Public Engagement Specialist, presented highlights from the Patient Engagement Report (Q2) which was shared in advance of the meeting.

7.2. It was rewarding to see the draft outputs from the Joint programme for Patients and Carers in Covid Recovery, following a series of workshops over the summer bringing together patients, carers and healthcare professional. London South Bank University (LSBU), has drawn together their findings and

recommendations in a range of formats that include: final reports, animations, videos, graphics and Easy Read versions of selected outputs. All the programme's outputs will be disseminated from October onwards with a focus on influencing and driving change and improvements to patients' care and experiences.

- 7.3 Evelina London Children's Hospital Programme - Following a successful design competition to involve children and young people in developing and informing artwork for the inside of the new Children's Day Treatment Centre building, we are now working with the team of artists to ensure the entries inform the final designs. Also in August and September, three workshops were delivered and an online survey to gather feedback on the health visiting services provided to young parents and those who require additional support, which will be used to shape how we might improve services. In addition to providing useful insights about how to improve, these events highlighted how much people value these services in community.
- 7.4 Discussion: There were no questions from Governors and the Chair thanked the Patient Experience Specialist for the update.

8. Item 8: Governor Updates:

- 8.1 The Chair provided an update from the Heart, Lung and Critical Care Clinical Group. She explained that the main focus recently has been to restore the length of time patients wait for treatment to pre-COVID levels and in particular reducing the number of patients who have been waiting more than 24 months, on which there has been quite a lot of work done and progress made in reducing this. Unfortunately there are still patients in the urgent category who are waiting too long and this was an area of detailed focus. It has been noted however that the trust wide IT outage incident which, combined with the national IT incident relating to the Advance platform, have presented additional challenges in trying to reduce waiting times and accessing information. The Trust is responding to the local incident. The response to the national IT incident is being co-ordinated by NHS England.

9. Agenda Item 8: Any other business

9.1 No the business was raised.

9.2 **Actions:**

To check all governors were sent the papers for Agenda Items Agenda Item 4a: Quality Account: Quality Priorities and 4b: National Incident Reporting Framework and recirculate as required. – **Action completed**

COUNCIL OF GOVERNORS
STRATEGY, TRANSFORMATION AND PARTNERSHIPS WORKING GROUP

Tuesday 18th October 2022
5.30 – 7.00pm, held in the South Committee Room, St Thomas' Hospital

Members Present: Abdi Jordan
Koku Adomdza
Elfy Chevetton
Victoria Borwick
Michael Bryan
Mary Sterling
Raksa Tupprasoot
Claire Wills

Marcia Da Costa
Alan Hall
Katherine Hamer
Margaret McEvoy (Chair)

In attendance: Richard Guest
Jackie Waghorn (item 5)
Elena Spiteri

Steven Davies (items 1-4)
Emma Saunders
Alfie Fielder

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the meeting.
- 1.2. Apologies had been received from John Clark, Roseline Nwaoba, John Powell, Sian Flynn, Jackie Parrott, Felicity Harvey and Steve Weiner.

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 12th July 2022, were approved as a true record. The action log was noted; all actions were in hand.

4. Trust's medium-term financial strategy with a focus on commercial

- 4.1. The presentation slides had been circulated to Group members prior to the meeting.
- 4.2. The Trust's Director of Strategic Finance presented on the ongoing work to develop a medium term financial strategy for the Trust which included:
 - A reminder of NHS key priorities and national financial planning guidance
 - The external drivers of our future financial outlook
 - The key elements of our plan to improve efficiency across the organisation
 - Restrictions on our capital expenditure and our emerging capital plans
 - An update on our commercial activities

- 4.3. The national NHS priorities for 22/23 require continued focus on a large number of priorities which include tackling the elective backlog, supporting the wellbeing of our workforce, and

delivering the Covid vaccination programme. This means that the Trust as a whole remains extremely busy.

4.4. The Director of Strategic Finance set out a number of fundamental changes to the financial regime within which the Trust operates:

- Before the pandemic the NHS operated a 'Payment by Results' model in which the Trust's income was determined by the level of activity it delivered
- Through the pandemic the Trust was paid on a 'block contract' which provided the Trust a defined income not dependent on the level of activity delivered
- In the future we will have a system based model in which our local Integrated Care System (ICS) in South East London will receive an income which is allocated across providers within the system on the basis of need, and the ICS will be required to achieve financial balance
- The Health and Care Act 2022 has imposed a legal Capital Expenditure Limit (CDEL) of £110m annually on the Trust
- The NHS budget is fixed to 2024/25 and funding for Covid related activities will decrease over that period (whilst some of the costs remain)

4.5. The Trust is delivering less activity at a greater cost than pre-pandemic. Taken together with the financial context, this means that the Trust must focus on improving productivity across the organisation to continue to be financially sustainable.

4.6. The new capital restrictions mean that we must prioritise capital spending going forward. The only way to spend above the CDEL limit is to sell assets to generate cash or to generate cash through philanthropy.

4.7. The Trust undertakes commercial activities in order to further fund its ability to deliver NHS activities. The income from these commercial activities is relatively small compared to our total income. Our commercial activities include:

- Providing private patient activity
- Managing our estates portfolio for commercial income
- Partnerships with the private sector which generate income
- Commercialising innovation of care and medical technology within the Trust

4.8. During questions and discussion the following points were clarified:

- The South East London Integrated Care System brings together the health and care organisations in the system and now has a statutory Board which will be responsible for achieving financial balance across the system
- Our capital expenditure limit does not include VAT
- Our future cash availability is expected to be relatively flat given the financial context outlined above i.e. block contracts and productivity plans
- Our private patient activity does not restrict our NHS activity – in contrast, we encourage our consultant workforce to deliver their private practice at the Trust as this generates incomes for the Trust that contribute to funding the delivery of NHS activity
- Our private patient activity has returned to pre-pandemic levels
- There was a discussion about the appropriate use of our estate include the possibility of generating income for capital spend through sale of certain estate. It was proposed to have a future agenda item on estates use.
- A significant risk to our future financial position is the devolution of specialised commissioning to Integrated Care Systems as this represents a large proportion of our income. The impact of this devolution is still unclear but it is a risk that continues to be monitored by the Trust.

- **Action:** The Director of Strategic Finance responded to a set of written questions and these responses will be provided in writing for members who were unable to attend.

5. Update on the Mental Health Education Strategy

5.1. The presentation slides for the item were circulated in advance

5.2. The Trust Lead for Mental Health presented the ongoing work on the Mental Health Education Strategy which included:

- A summary of the local and national context for Mental Health services and the concept of 'parity of esteem' as set out in the national Mental Health strategy in 2011
- The current mental health education requirements for acute hospitals
- The options for the model of delivery for mental health education within the Trust
- The next steps for the strategy

5.3. The Trust Lead for Mental Health set out some data to demonstrate the prevalence of mental health conditions and their impact on overall health and wellbeing. There is a clear relationship between mental health and physical health and as such many patients treated in acute hospitals will have mental health needs that must also be met.

5.4. There is currently no mandated mental health training requirements for acute hospital staff. There is training available from organisations such as Health Education England, but there is no regulatory oversight of this currently and so it is not possible to track what training has been delivered to what staff across the Trust.

5.5. There are three options for delivering mental health training within the Trust.

- Option 1: Procure external training provision from a recognised provider. This is likely to be high cost particularly if the Trust were to procure a bespoke training programme.
- Option 2: Provide the training through internal resource. There are a number of models that we could pursue through this option:
 - Option 2a: A 'train the trainer' model in which an expert trainer trains internal staff to become trainers themselves who then train further staff and trainers
 - Option 2b: A small central training team who design and deliver the training across the organisation
 - Option 2c: A hybrid model
- Option 3: A combination of external and internal provision

5.6. The key next step for the strategy is to agree the preferred model and identify funding for delivery.

5.7. During questions and discussion the following points were clarified:

- Illegal drug use does impact on mental health presentations and the Trust works with the local authorities who commission local services to reduce drug use
- The strategy is Trust wide, however Evelina London Women's and Children have an existing programme through HEE and so there is a need to confirm whether that clinical group want to be included in the delivery of this strategy
- We have good working relations with South London and Maudsley NHS Foundation Trust which is our local mental health provider.
- We have good working relations with local authorities, particularly Lambeth council. Much of this work relates to suicide prevention.

- Our Trust health and wellbeing team do significant work to support the mental health of our staff.

6. Report updates for committees attended by Governors

- 6.1. There was an update on the Finance, Commercial and Investment committee. The update confirmed that there was a clear financial plan in place for the remainder of the financial year with a focus on financial discipline and productivity

7. Any Other Business

- 7.1. A question was raised about the process for raising issues and topics for discussion at Governors meetings and ensuring the right Trust staff are at the meeting to support the discussion. The Group discussed the right approach for bringing items for discussion. Members are free to ask the Working Group Chairs and Lead Governor to add items to meeting agendas and are encouraged to do so.
- 7.2. A question was raised about governor attendance at the Audit committee. **Action:** It was suggested that Members make a request to the Lead Governor who allocates governor roles.

The next meeting of the Committee would take place at Tuesday 10th January 2023