

# **Public Council of Governors Meeting**

**Wednesday 25<sup>th</sup> January 2023 at 6pm  
Governors' Hall, St Thomas' Hospital**

**COUNCIL OF GOVERNORS**  
**Wednesday 25<sup>th</sup> January 2023, 6pm – 7.30pm**  
**Governors' Hall, St Thomas' Hospital and MS Teams**

**A G E N D A**

- |    |   |               |   |
|----|---|---------------|---|
| 1. | Welcome and apologies<br><i>Charles Alexander</i>   | <i>Verbal</i> | <i>6.00pm</i>                                   |
| 2. | Declarations of interest  | <i>Verbal</i> | -   |
| 3. | Minutes of previous meeting held on 2 <sup>nd</sup> November 2022 and review of actions from previous meeting.  | <i>Paper</i>  | -   |
| 4. | Trust response to industrial action<br><i>Jon Findlay, Avey Bhatia, Simon Steddon</i>   | <i>Verbal</i> | <i>6.05pm</i>                                   |
| 5. | Critical IT incident<br><i>Lawrence Tallon</i>  | <i>Verbal</i> | <i>6.15pm</i>                                   |
| 6. | Patient Transport update<br><i>Devon Allison, Placida Ojinnaka</i>  | <i>Paper</i>  | <i>6.30pm</i>                                   |
| 7. | Reflections on Board of Directors meeting   | <i>Verbal</i> |   |
|    | <ul style="list-style-type: none"> <li>• Chief Executive's report</li> <li>• Trust response to Kirkup Report</li> <li>• Other matters</li> </ul>  |               | <i>6.40pm</i><br><i>6.50pm</i><br><i>7.00pm</i> |
| 8. | Governors' reports for information  | <i>Papers</i> | <i>7.15pm</i>                                   |
|    | <ul style="list-style-type: none"> <li>• Lead Governor's Report<br/><i>John Powell</i></li> <li>• Quality and Engagement Working Group: meeting notes 13<sup>th</sup> December 2022<br/><i>Leah Mansfield</i></li> <li>• Strategy, Transformation and Partnership Working Group: meeting notes 10<sup>th</sup> January 2023<br/><i>Margaret McEvoy</i></li> </ul> |               |   |
| 9. | Any other business  | <i>Verbal</i> | <i>7.25pm</i>                                   |

*Date of next meeting: Wednesday 19<sup>th</sup> April 2023 at 6pm – 7.30pm*

**COUNCIL OF GOVERNORS**

**Wednesday 2<sup>nd</sup> November 2022, 6pm – 7.30pm  
Robens Suite, Guy's Hospital and MS Teams**

<b>Governors present:</b>	Jordan Abdi	Peter Harrison	Rishi Pabary	
	Koku Adomdza	Katherine Hamer	Lucilla Poston	
	Sarah Addenbrooke	Emily Hickson	John Powell	
	Victoria Borwick	Leah Mansfield	Mary Stirling	
	John Bradbury	Joanna McGillivray	Warren Turner	
	Mark Boothroyd	Marianna Masters	Sian Flynn	
	Elfy Chevretton	Margaret McEvoy	Wisla Wedzicha	
	John Clark	Alison Mould	Claire Wills	
	Marcia da Costa	Roseline Nwaoba	Sonia Winifred	
	Alan Hall	Placida Ojinnaka		
	<b>In attendance:</b>	Hugh Taylor (Chair)	Jon Findlay	Ian Playford
		Ian Abbs	Simon Friend	Julie Screaton
Charles Alexander		Alastair Gourlay	Sheila Shribman	
Monica Arora		Richard Grocott-Mason	Priya Singh	
Sarah Austin		Felicity Harvey	Elena Spiteri	
Avey Bhatia		Anita Knowles	Simon Steddon	
Edward Bradshaw		Sally Morgan	Lawrence Tallon	
Jessica Dahlstrom		Jan O'Malley	Steve Weiner	
Steven Davies		John Pelly		

**1. Welcome and apologies**

1.1. The Chair welcomed attendees to the public meeting of the Council of Governors. Apologies had been received from Javed Khan and Sally Morgan, and from the following governors: Serina Aboim, David Al-Basha, Michael Bryan, Nicola Clark, Ibrahim Dogus, John Hensley, Trudy Nickels, Mary O'Donovan and Raksa Tupprasoot.

**2. Declarations of interest**

2.1. Charles Alexander had notified the Chair in advance of the meeting that, although attending as an observer, he would recuse himself from any discussion about the future of paediatric oncology services in London. There were no other declarations of interest.

**3. Minutes of the meeting held on 27<sup>th</sup> July 2022**

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

**4. Reflection on the public Board of Directors meeting**

4.1. The Chair facilitated a question and answer session with governors about topics that had been discussed at the earlier Board of Directors meeting and also covering other general developments.

- 4.2. A number of questions were asked about the increasing number of attendances at the Trust's adult's and children's emergency departments. Most of the increased demand was from 'walk-in' patients rather than ambulance arrivals, and many of these individuals had minor conditions that could have been treated by their local GP. However, it was also noted that an increasing number of patients required specialist mental health support. The Trust was working closely with its primary care partners across Lambeth and Southwark and with partner trusts to help ensure patients received treatment in appropriate settings.
- 4.3. Some governors had provided feedback about their observations from visits to different areas of the Trust, including what they had heard from staff during these visits. All feedback received was shared with the Chief Nurse's office for review and would be circulated to governors going forward. Other questions from governors answered by the Board were about:
- The extent to which delayed discharges was an issue for the Trust. It was confirmed that 22 patients were currently in hospital beds who were fit for discharge, but awaiting an appropriate care package. Whilst patients requiring significant onward care could on occasion wait longer for discharge, the Trust had a good relationship with the social care teams across its local boroughs;
  - The quality and range of staff facilities. Although in recent years the Trust had sought to maximise clinical space through its infrastructure projects, the importance of quality facilities and space for staff was recognised;
  - The role of governors on committees of the Trust Board, and whether this might include the Audit and Risk Committee; and
  - The number of Trust employees accessing the financial assistance programmes.
- 4.4. Governors asked about the status of the proposals for the development of pathology services at Royal Brompton and Harefield hospitals, which had been approved by the Trust's Transformation and Major Programmes Committee in October 2022. The strategic rationale for the proposals – to develop a single approach for all pathology services across the organisation, and to ensure these services could be supported by the Epic electronic health record platform – were explained. The Board did, however, recognise the impact this would have on certain staff groups at Royal Brompton and Harefield hospitals. The issue was acknowledged as a complex one and it was agreed that:
- Details of the proposals would be circulated to governors; and
  - The Chief Executive of the Heart, Lung and Critical Care Clinical Group would meet with governors to fully understand their concerns.

**ACTION: RGM**

## **5. Learning from the critical IT incident**

- 5.1. An overview was provided about the comprehensive set of internal and external reviews that had been commissioned to learn all of the lessons from the recent critical IT incident and to prevent recurrence of similar incidents in the future. In carrying out internal reviews, the Trust was seeking to balance rigour and pace, and the Trust's Freedom to Speak Up Guardian was enabling staff to provide their views about the incident in confidence. It was agreed that the Deputy Chief Executive would meet with the Chair of Staff Side to receive more detailed input into the reviews.
- ACTION: LT**
- 5.2. The Board acknowledged that it had under-estimated the scale, complexity and longevity of the incident in its first few days, and that this meant the Trust's communications to patients, staff and stakeholders – including governors – was not as comprehensive as had been needed. Furthermore, the Board understood that the incident had caused considerable stress to staff and patients, coming on the back of the pandemic, and that the operational impact of the incident had been compounded by the subsequent national cyber-attack which had affected IT systems supporting both emergency and community services.

- 5.3. Governors sought information about the Trust's ability to respond to incidents caused by extreme weather events. It was confirmed that the Trust maintained a comprehensive series of business continuity plans that were designed to ensure the maintenance of critical services in a range of situations.
- 5.4. The main findings from the reviews into the IT incident would be received by the Audit and Risk Board Committee at its next meeting, and would then be published in a paper to the Trust Board that would be made publicly-available.

## **6. Non-executive director reappointment**

- 6.1. The current appointment of John Pelly, as a Non-Executive Director was due to end on 31 December 2022. The Council of Governors received a recommendation from the Nominations Committee to re-appoint John for a further period of six months to maintain continuity around the Board's audit, risk and annual reporting arrangements during a period of change. It was noted that the new incoming Chair, Charles Alexander, was fully supportive of the proposal.

### **RESOLVED:**

- 6.2. The Council of Governors unanimously approved the recommendation to re-appoint John Pelly for a further six months, to 30 June 2023.

## **7. Governor working groups**

- 7.1. It was agreed to defer this item for initial discussion at an informal governors' meeting, and to bring back proposals to the full Council of Governors in due course.

## **8. Governors' reports for information**

- 8.1. 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.

## **9. Any other business**

- 9.1. On behalf of the whole Council of Governors, the Lead Governor wished the Trust Chairman, Sir Hugh Taylor, a happy and fulfilling retirement and best wishes for the future.
- 9.2. The next meeting was due to be held on 25<sup>th</sup> January 2023 and arrangements would be confirmed in due course.



# GSTT & Transport for London: *New partnership to help patients*

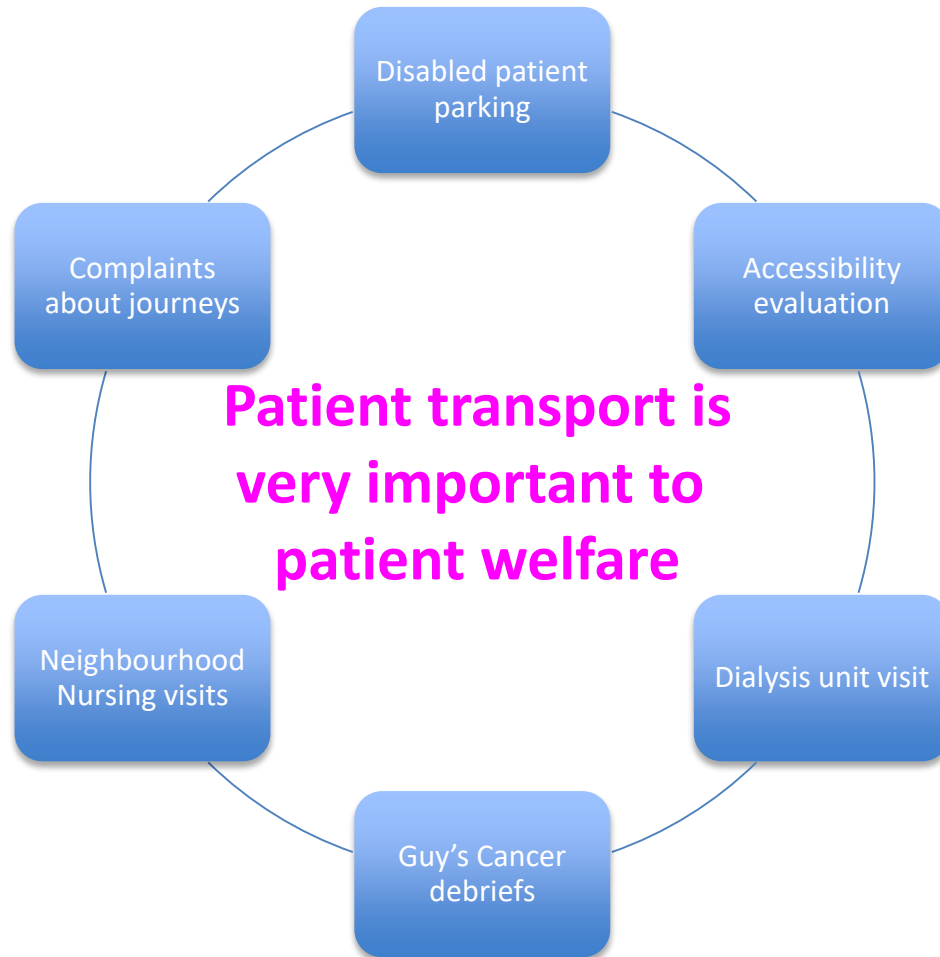
25 January 2023

Devon Allison & Steve Roe



EVERY JOURNEY MATTERS

# Governors' activity focused on patient experience led to discovery



But it wasn't important or even visible to transport policy makers

# People think NHS transport is privileged

But it is not

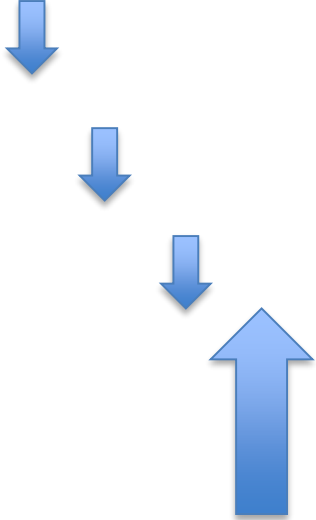
**Flashing blue lights** are needed for access to bus lanes



***In policy, liveried patient transport (“non-blue-light transport”) is classified as ordinary private transport***



# Our 2019 pitch to London government

- If patient transport could use bus lanes...
  - Journey time
  - Missed appointments
  - Cost & pollution
  - **Patient welfare**
  - And there would be little or no impact on bus performance
- 

## Some of the most vulnerable patients

- Rely upon the Trust's patient transport
- Fleet of 140 liveried cars and ambulances
- 25,000 journeys per month
- Many dialysis & cancer patients
- Allowing patient transport into London bus lanes would increase NHS efficiency and boost **patient welfare**
- No-brainer, right?

Not really



2019

2020

2021

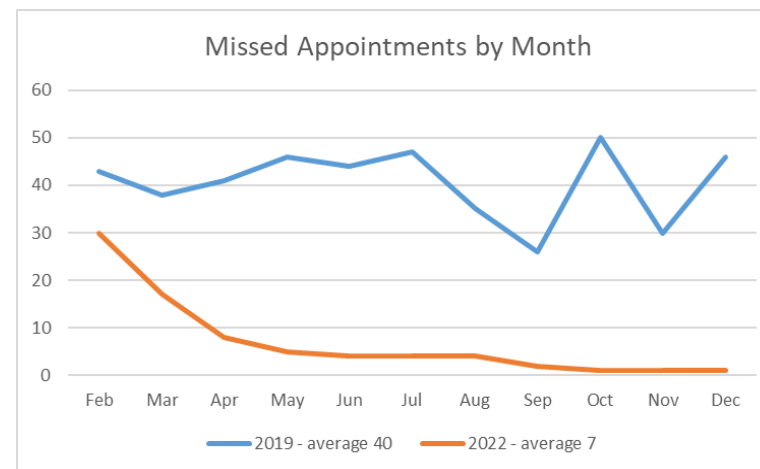
# With a little help from our friends we got by

- UCLH former lead governor Claire Williams
- Southwark Councillor Alice Macdonald
- London Assembly member Florence Eshalomi
- **Deputy Mayor for Transport Heidi Alexander**
- Mayor Sadiq Khan
- TfL top brass and front line managers
- GSTT's BRILLIANT Essentia/transport team
- And we got to "YES"

# GSTT/TfL 12 month “non blue light test” began February 2022

Results showed a reduction in missed + late appointments and improved journey times.

Average Time on vehicle in mins	0 to 5 miles	5 to 10 miles	10 to 15 miles
% patients in area	57%	28%	9%
Baseline 2019/20	40.9	64.7	83.7
Q1 to 4 Trial Feb to Dec	34.4	56.3	80.3
Reduction	16%	13%	4%



There was no noticeable impact on TfL bus speeds or incidents in Bus Lanes

Results were recorded and benchmarked against pre-covid 2019 data



# Bus lane access - Faster, more predictable journey times



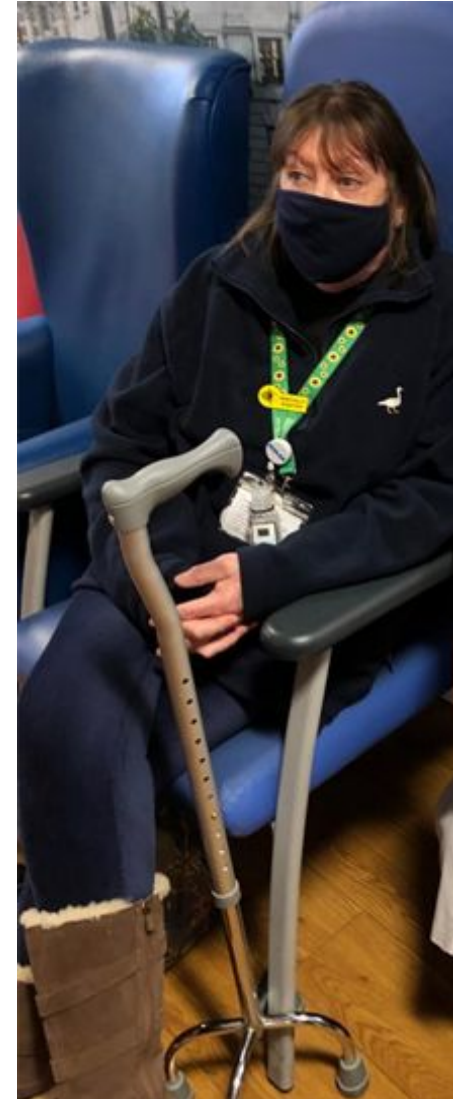
***“We’re not so young any more, sometimes we’re not so quick”***

Now drivers can pick up 3 or 4 people & get them to GSTT on time

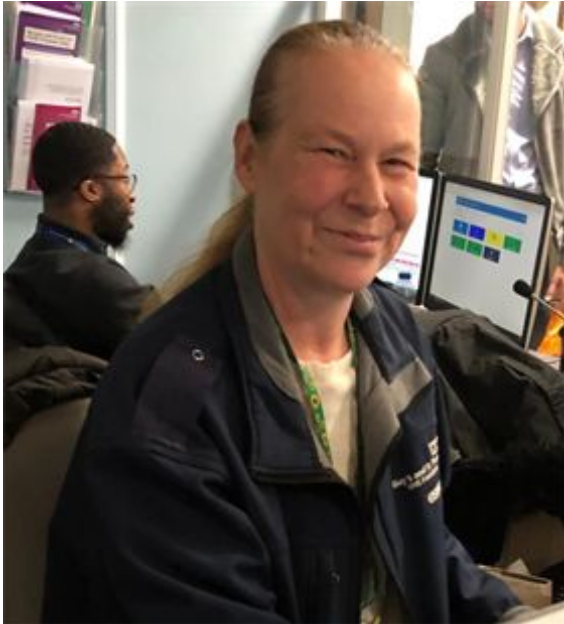
G R Allison, Brixton

When GSTT can use the bus lanes ***“it cuts an hour”*** from an otherwise 2 to 2 ½ hour travel time

Tina Johnson, Abbey Wood



# GSTT experts see the difference



Patients missing time slots, ***“that’s been cut down quite significantly”***

Patient Transport Lounge  
Receptionist Juliet



***“They don’t have to be ready 2-2 ½ hours early... They’re getting home quicker too.”***

Guys and St Thomas’ Driver Gerard.

***“We don’t get stuck in traffic so much”***

Guys and St Thomas’ Driver Russell



# And that's good for their patients



***“Patients need a shorter journey, and less stress. Sometimes they will have a very long day, with other people getting in the car, and maybe long appointments... It can get so stressful.”***

Nurse Claudette



# From successful test to fixed policy

- We need your support to...
- Keep patient transport in the bus lanes
- Convince Southwark (and other boroughs) to participate
- Help manage expansion of policy to other NHS hospitals (start with Trust's partners?)

## Lesson learned: partnerships with benefits

- Some pressures on the NHS in London can be reduced by new kinds of local partnership
- Elected or appointed locally, Governors can help bring opportunities to local authorities
- **Transport: An NHS London pressure amenable to local government action**
- Via transport policy, TfL and London government can (and have) **reduced travel delays for patients**
- And that's just what we all want

# GSTT & Transport for London: *New partnership to help patients*

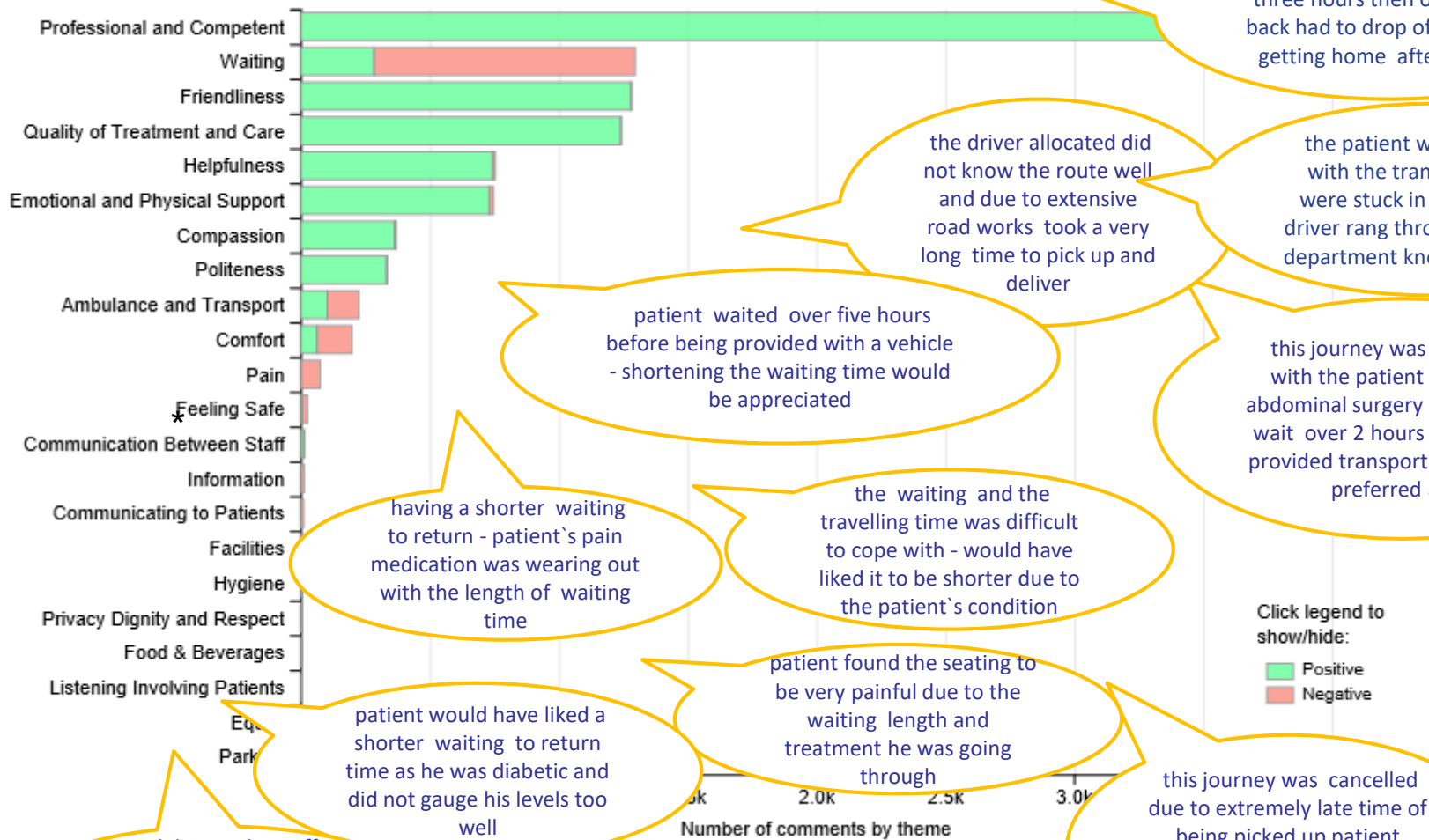
25 January 2023



EVERY JOURNEY MATTERS

# Patient feedback: comments made by patient completing the survey

All Used Categories Pos/Neg Count



the return wait was more like three hours then on the way back had to drop off everyone getting home after 4 hours

the driver allocated did not know the route well and due to extensive road works took a very long time to pick up and deliver

the patient was very happy with the transport as they were stuck in traffic but the driver rang through and let the department know of the delay

patient waited over five hours before being provided with a vehicle - shortening the waiting time would be appreciated

this journey was a discharge with the patient having had abdominal surgery and having to wait over 2 hours before being provided transport - would have preferred a car

having a shorter waiting to return - patient's pain medication was wearing out with the length of waiting time

the waiting and the travelling time was difficult to cope with - would have liked it to be shorter due to the patient's condition

patient found the seating to be very painful due to the waiting length and treatment he was going through

patient would have liked a shorter waiting to return time as he was diabetic and did not gauge his levels too well

this journey was cancelled due to extremely late time of being picked up patient notified the department and will be attending at another date

good drivers the traffic around the hospital was very heavy which delayed the getting to the appointment

transport was excellent the only problem was the sheer volume of traffic which caused the delay

Click legend to show/hide:  
■ Positive  
■ Negative

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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST**  
**COUNCIL OF GOVERNORS**  
**WEDNESDAY 25 JANUARY 2023**

<b>Title:</b>	<b>Lead Governor's Report</b>
<b>Responsible Director:</b>	<b>John Powell, Lead Governor</b>
<b>Contact:</b>	<b>John Powell, Lead Governor</b>
<b>Purpose:</b>	For information
<b>Strategic priority reference:</b>	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
<b>Key Issues Summary:</b>	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.
<b>Recommendations:</b>	The COUNCIL OF GOVERNORS is asked to: 1. <b>Note</b> the Lead Governor's report

**NHS CONFIDENTIAL -**

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST**  
**COUNCIL OF GOVERNORS**  
**WEDNESDAY 25 JANUARY 2023**  
**LEAD GOVERNOR'S REPORT**

- 1.1. As we enter yet another new year I have to say that it comes with me having a slightly different view on life – and, in particular, the Trust and the services it delivers. I am pleased to see that the programme of governor visits to various corners of the Trust has been taken up by some governors although, if time permits, it would be great if more could be undertaken. With the merger now approaching its second anniversary, it is equally important that visits to the Royal Brompton and Harefield hospital sites are included - I personally enjoyed a tour of the Brompton site late last year.
- 1.2. There is no greater litmus test than an up-close and personal experience of both the level of care delivered on the shop floor as well as witnessing how various crises are managed - irrespective of the site. My cardiothoracic surgery in December certainly availed that opportunity, and it has to be said that the level of care delivered was A-star throughout my eight-day stay. Staff were clearly under a lot of operational pressure, but were organised and managed admirably. Then came the first day of nurses' industrial action and a new word was added to many people's vocabulary – 'derogation': the exemption, either of an individual or a whole service, from taking part in strike action in order to maintain patients' safety, and I perceived absolutely no fall in the exceptional level of care being provided.
- 1.3. We have a presentation at the Council of Governors meeting on 25<sup>th</sup> January from former Lead Governor Devon Allison. She has been working hard – even since her two terms on the Council ended – on establishing a transport project that can impact very positively on patient's prompt attendance at appointments as well as reducing journey times. The use of bus lanes by patient transport has been approved by some boroughs but not others, a notable exception being Southwark. Aply assisted by serving governor Placida Ojinnaka it has been an uphill, but ultimately highly successful, task working in collaboration with various local partners to secure agreement, and that work goes on. Providing further support to help progress this work should be a priority over the coming months.
- 1.4. As a Council of Governors we face what is probably one of the most challenging tasks in performing the role of 'critical friend' to one of the biggest NHS trusts in the country. It will therefore be essential that we focus on the most important priorities and not be dragged down into the proverbial weeds. To this end, effective communication between ourselves and with the Trust will be crucial, and I very

**NHS CONFIDENTIAL -**

much hope that, as a Council we can strive to attend meetings this year in person as far as possible, particularly given that hybrid meetings can be difficult to run effectively. On a related issue, given that the merger with Royal Brompton and Harefield took place almost two years ago, it will be important to ensure our Board of Directors, Council of Governors and executive management team are 'present' on those sites, whether in formal meetings or on site visits, to clearly indicate the importance of these hospitals to the Trust's operational business and strategic ambitions. Governors may recall that there were positive discussions at the last Board/Governors 'accountability' meeting about the steps that could be taken to accelerate Harefield Hospital's sense of 'belonging', not least to ensure staff at the hospital feel part of the wider Guy's and St Thomas' family.

- 1.5. Moving on, I look forward to hearing the conclusions of the reviews into the critical IT incident that was declared last July, and to receive the report that the Trust has committed to publishing. It is worth acknowledging the prominent role that NHS England have played in overseeing and inputting into the process, which is very reassuring. A further issue of concern to some governors in recent months has been around the plans around the future provision of pathology services at Royal Brompton and Harefield hospitals. This was discussed at the previous Council of Governors meeting on 2<sup>nd</sup> November and by the time we meet on 25<sup>th</sup> January I understand that further discussions with interested governors will have taken place.
- 1.6. Finally I will mention the governors' introductory meeting in December with our new Chair, Charles Alexander, which I was unfortunately unable to attend. I was pleased to hear that there was a good level of attendance and discussion, and I look forward now to a positive working relationship between the Council of Governors and Charles in the weeks and months to come.

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST  
QUALITY AND ENGAGEMENT WORKING GROUP  
TUESDAY 13 DECEMBER 2022**

<b>Title:</b>	<b>Council of Governors Quality and Engagement Working Group Meeting Notes, 13 December 2022</b>
<b>Governor Lead:</b>	<b>Leah Mansfield, Working Group Lead</b>
<b>Contact:</b>	<b>Andrea Carney &amp; Sarah Allen, Working Group Secretariat</b>
<b>Purpose:</b>	For information
<b>Strategic priority reference:</b>	TO TREAT AS MANY PATIENTS AS WE CAN, SAFELY
<b>Key Issues Summary:</b>	<p>A report on the Working Group's discussion on the following:</p> <ul style="list-style-type: none"> <li>• Understanding the patient experience: how we collect feedback and use it to improve the patient experience</li> <li>• Quarterly reports for Patient Experience and Patient and Public Engagement</li> <li>• Format of future meetings - in person or online</li> </ul>
<b>Recommendations:</b>	<p>The GROUP is asked to:</p> <ol style="list-style-type: none"> <li>1. Note the key discussion points at the Quality and Engagement Working Group meeting</li> </ol>



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

**TUESDAY 13 DECEMBER 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 13<sup>th</sup> December 2022.
  - This meeting was attended by: Serena Aboim (Governor), Sarah Allen (Head of Patient Experience ), Victoria Borwick (Public Governor), Andrea Carney (Head of Patient and Public Engagement), Elfy Chevetton (Staff Governor), Sian Vincent Flynn (Staff Governor), Leah Mansfield (QWEG Chair), Marianna Masters (Public Governor), Placida Ojinnaka (Patient Governor), Georgina Parker (Patient Feedback Facilitator), Elena Spiteri (Membership and Governance Coordinator), Mark Tsagli (Patient Experience Specialist), Claire Wills (Staff Governor)
- 1.2 Apologies were received from: Jordan Abdi (Public Governor), Sarah Addenbrooke (Partnership Governor), Marcia De Costa (Public Governor), Priya Singh (Deputy Chair & Non-Executive Director), Mary Stirling (Patient Governor), Professor Warren Turner (Partnership Governor)
- 1.3 Leah Mansfield, Chair of the QEWG welcomed attendees and opened the meeting.

**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:
  - Claire Wills (Staff Governor) had attended the meeting and the minutes would be amended to reflect this accordingly.

- Action relating to 9.2 of minutes - 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.**
- No matters arising from the last meeting.

### **3. Understanding the patient experience: how we collect feedback and use it to improve the patient experience**

3.1 The Head of Patient Experience delivered a presentation to support governors' understanding of:

- The role of the Patient Experience Team
- The sources of and how the Trust gathers regular patient feedback across the Trust
- How feedback is used to improve patients' experience

The presentation covered the role of the Patient Experience Team, the various ways in which feedback is collected and collated in the Trust for the purposes of quality assurance, and translated into quality improvements. The Trust participates in the National Survey programme and also coordinates a local survey programme across all care settings, using the Friends and Family Test (FFT) question and a number of other key patient experience performance indicators in order to monitor and benchmark patient experience across the Trust.

3.2 The report included examples of how patient experience feedback is being used including in Maternity Services, where a comprehensive improvement plan had incorporated themes identified from both the national and local survey feedback and local peer reviews; and work undertaken to address 'Noise at Night' on inpatient wards.

3.3 Each year the Patient Experience Team triangulates patient feedback from a wide range of sources including national and local surveys, PALS concerns, complaints, mystery shops and other activities to identify the areas patients feel we could improve upon the most. Through a prioritisation exercise with staff, patient representative and local stakeholders, the following four areas for improvement were identified as the Trust patient experience priorities for focus on in 2022-23 underpinned by a commitment to better understanding and meeting the needs of our diverse patients:

- Informing patients of waiting times and delays and ensuring they are updated
- Improving patients' experience of contacting the Trust by telephone and getting the response they need.
- Treating patient with kindness and understanding
- Ensuring patients have the information they need to support them throughout their patient journey from their initial appointment to support and care at home

### 3.4 Discussion:

Governors thanked the Head of Patient Experience for the detailed presentation. Governors asked what tools the Trust had for collecting feedback from disabled people. In response, the Head of Patient Experience advised that work was currently being undertaken to develop and pilot accessible tools that can be used across the Trust to capture feedback from people with learning disabilities. Three easy-read surveys with visual supports have been developed with input from service users who helped test comprehension and ease of use, to capture experience of people with LD in the following settings: 1) a visit to a clinic 2) a stay in hospital 3) being seen in a community setting. The question wordings and images have been developed in partnership with a local learning disabilities (LD) group in Lewisham. A training package is also being developed to support staff to collect the feedback with key-word signing. A bespoke tool is also being developed in partnership with South London and Maudsley NHS Foundation Trust (SLAM) to find out what is important to patients who present to the Emergency Department in severe mental distress.

3.5 Governors commented on noticing that in some clinics public facing information clearly provided advice on how to complain or raise a concern but did not provide any visible information on how visitors can provide compliments. In response, the Head of Patient Experience clarified that the Trust definitely wanted to collect both positive feedback on what it is doing well, as well as negative feedback on how to improve in order to build an accurate picture of patient experience. Whilst it is important to support patients to complain should they need to, it is equally important to get the balance right when providing such messaging.

3.6 Governors reflected that often surveys identify areas of patient experience which can be addressed by introducing new patient amenities, for example, aroma therapy in maternity, but bigger changes requiring behavioural change and different ways of working are often much more challenging to implement and sustain. For example, a common theme from PALS concerns was that patients and carers find it difficult contacting departments directly. Governors asked whether different working patterns post-Covid were having any impact on how easy it is for people to contact departments on the telephone. In response, the Head of Patient Experience agreed that ease of contact was a challenge for patients and relatives, and that DNA rates were impacted by patients finding it difficult to get through to someone to manage their appointments, which was neither good for either patients or staff. The Director of Operations was leading on an Administrative Safety Program incorporating looking at this, but it would likely take an amount of time to turn this Trust wide issue around.

- 3.7 Governors enquired about the recent report following the CQC inspection in Maternity Services and asked what happens to the volume of negative feedback forms received, after the visit. In response, the Head of Patient Experience advised that as she was not directly involved with the inspection visit, she would need to contact the department to find out. **Action:** Head of Patient Experience to check with the head of midwifery what happened to the negative feedback forms since the CQC inspection in Maternity and to provide an update for governors.
- 3.8 Governors reported that following a governor's visit to the Early Pregnancy and Gynaecology Unit (EPAGU) they had seen how staffing was stretched and that phones were not always answered immediately, which was stressful for patients. Staff had asked whether it was possible to have an answer machine, or some sort of call waiting system, to reduce the number of walk-ins. This was an example of how some departments may need tailored solutions, rather than a 'one size fits all' approach. **Action:** Head of Patient Experience would find out how ease of contact was being addressed in the EPAGU.
- 3.9 Referring to the example of a focus group undertaken to understand the experience of people diagnosed with fibromyalgia and how care and treatment for fibromyalgia can be improved, Governors noted that similar focus groups would be informative for other conditions such as endometriosis, which is a condition that some Black women have issues getting diagnosed and treated for. **Action:** Head of Patient Experience would ask the relevant service(s) whether a focus group or study had been undertaken to understand the experience of people being diagnosed and/or treated with endometriosis.
- 3.10 Governors asked whether there was a list of focus groups taking place in the Trust. In response, it was clarified that Focus Groups supported by the patient experience team were generally in response to specific service requests for support to carry out deeper dives into aspects of patient experience on an ad hoc basis, rather than a planned programme of work. Some services also undertake focus Groups without the involvement of the patient experience or patient and public engagement teams. The outputs of focus Groups are reported in the quarterly patient experience reports. It was further clarified that the patient experience team tend to pick up focus groups looking at continuous improvement driven in response to patient-initiated feedback, whereas the patient, public and engagement (PPE) team tended to drive engagement around the Trust's strategic projects.

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

#### **4. Agenda Item 4a: Agenda Item 5a: Patient Experience and Patient and Public Engagement update**

- 4.1 The Patient Experience Report Quarter 2 (Jul – Sept 2022) had been shared in advance of the meeting. The Patient Experience Specialist updated Governors on the following highlights:
- 4.2 Trust performance in the National Maternity Survey 2022: Areas where the Trust performed well included women having enough time to ask questions during antenatal check-up; being asked about their mental health during their antenatal appointment; partners being involved during labour and birth and able to stay as long as they wanted after their birth; women being involved in decisions about care and treatment. Areas for improvement included providing enough information about where women could have their baby; women feeling their midwife/doctor knew enough about their medical history; being given appropriate advice and support at the start of labour; women seeing midwives as much as they wanted on the postnatal ward; more information and signposting to mental health support after having a baby; more help and advice about feeding their baby to be available out of hours.
- 4.3 Friends and Family Test (FFT) – Note: Data reported to NHSE was only available to the end of August 2022 at the time of writing the report.
- FFT results for Outpatients remained at 92% positive experience and 5% for poor/very poor experience throughout July and August. Waiting remains the biggest area of concern for our patients
  - Positive scores for Admitted care remained at 95% positive scores and 2% poor/very poor scores throughout July and August. A review of comments from patients across all our hospital sites highlights staffs' expertise, professionalism and empathy. In terms of areas for improvement noise at night, responsiveness to calls for assistance, delays in administering medication and discharge and poor staff attitude were themes across all 4 hospital sites.
  - In Community Services, patient experience remains very strong with positive scores of 95% and negative scores of 1% or lower throughout July and August. This is a slight decrease in positive scores when compared with quarter 1 but an improvement for negative scores. It should be noted that service in the community have been impacted by a local and then national IT incident throughout the quarter which may have impacted in both experience and staff capacity to collect feedback.
  - Patient transport positive scores of 92% are slightly lower than those achieved during quarter 1, however this increased to 93% in September. There has been some variation in negative scores. Negative scores remained below

2% for the first and third months of the quarter but increased slightly to 3% in the second month. Waiting times for return journeys and assistance from porters on arrival in a number of cases are patients' largest areas of concern.

- PALS Summaries – There had been a 6% decrease in contacts across GSTT and 14% increase in contacts at Royal Brompton and Harefield in Q2 compared to the previous quarter.

4.4 Royal Brompton and Harefield (RBH) - Work to improve patient experience in Q2 included Singing for Breathing workshops to help people with respiratory conditions to manage their breathing, Vocal Beats project which offers personalised singing and beatboxing sessions to 0-25 year olds at RBH and The Royal Marsden NHS Foundation Trust, and online 1-2-1 online music sessions for outpatients who wish to continue developing their skills once back into the community, rb&hArts volunteering programme to help main the patient gardens at Harefield Hospital.

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

## 5. **Agenda Item 4b: Patient Engagement Report**

5.1. The Head of Patient and Public Engagement presented highlights from the Patient Engagement Report (Q3) which was shared in advance of the meeting.

5.2. Joint Programme for Patient, Carer and Public Involvement in COVID-19 Recovery – This is a partnership between Guy's and St Thomas' NHS Foundation Trust (GSTT) including Evelina London Children's Hospital and Royal Brompton and Harefield hospitals (RBH) and King's College Hospital NHS Foundation Trust (KCH). The programme is funded, over two years, by GST Charity and KCH Charity to ensure the involvement of patients, carers, and the public in ongoing changes and the development of services necessitated by the COVID pandemic. The findings of the three project areas have been published in a series of multimedia reports, including easy read versions, video animations and infographics, and links for these were included in the Q2 report. A paper will be brought to the Trust executive to explore how the outputs of the programme can continue to influence and drive change and improvement to services.

- 5.3 Evelina London Children's Hospital Programme - Following the outcome of an earlier review, NHS England is undertaking a process to move the Principal Treatment Centre for children's cancer in South London, which is currently hosted at the Royal Marsden Hospital (RMH). The Evelina PPE Specialist has contributed to the Trust's proposal to transfer the services to Evelina London. This included collating insights and information from Evelina London's patient experience data, patient engagement activities, as well as interviews with patients and families who have received cancer treatment at RMH and treatment for other (often related) conditions at Evelina London.
- 5.4 Apollo Programme (electronic health record) – The Apollo patient panel continues to support activities including designing aspects of the patient applications. In November, the Apollo Steering Group approved a patient experience user testing plan. This plan will help to involve our diverse patient communities by offering different ways for people to take part in user testing, including online and in-person options. This will include pop-up sessions at our hospital and community sites, and locations in our local boroughs. User testing will take place in early 2023, when the apps have been built.
- 5.5 Discussion: There were no questions from Governors and the Chair thanked the Head of Patient and Public Engagement for the update.

## 6. **Agenda Item 5: Governor Updates:**

- 6.1 A Governor's update from the Transformation Meeting noted discussion around the ability to achieve everything the Trust needed to do and the Head of Information Technology (IT) was discussing how to address that.
- 6.2 An update from a governor representative at the Quality and Performance Board Committee meetings emphasised that a significant amount of work had been undertaken by the Trust, with oversight from NHS England, to review the causes and impact on patients and staff of the critical IT incident from summer 2022, and to ensure the incident did not reoccur. NHS England was also undertaking an external review of the same incident. Members of the working group commented on the importance of a thorough communications plan to effectively disseminate the key findings to the Trust's clinical staff.

- 6.3 A Governor's update from the Quality and Performance Committee meetings in September and November 2022 noted that the main themes were nursing workforce recruitment and retention and staff wellbeing. Poor staff retention and domestic recruitment both remain an issue and international recruitment is need. It is thought the situation is further exacerbated by the cost of living crisis and the availability of affordable accommodation. A two-month assistance package for international recruits had been increased to three months. Around staff wellbeing, there had been discussion about what could be done to support staff on the lowest pay scales who are affected by cost of living. In response, the Trust was offering workshops on how to manage money and signposting staff who may be facing financial challenges to sources of advice and support. Governors' commented that the Trust explore other ways to support staff such as discounted meals at work.
- 6.4 A Governor's update from the Cancer and Surgery Clinical Group meeting highlighted there was good progress in reducing waiting list. Whilst there were still a number of unmet targets, it was encouraging to see the amount of focus on achieving improvements and identifying other small measures which could potentially increase the speed at which patients are seen after referral. The Cancer and Surgery Clinical Group had provided support to the Heart Lung and Critical Care Clinical Group in the procurement of cardiac medical devices at the Royal Brompton Hospital. A patient safety review had been completed. Governors also noted ongoing financial pressures and efforts to maximise productivity and performance.
- 6.5 The Chair provided an update from the Heart, Lung and Critical Care Clinical Group that there is a new clinical research facility at Harefield Hospital, which is the first dedicated facility of its kind.

## 7. **Agenda item 6: Format of future meetings**

- 7.1 Post-pandemic, the vast majority of Trust Board committees have returned to meeting in-person, the same is being offered to governor working groups. The group considered the options to meet in-person or online or a combination of both. The ability to support hybrid (i.e. people can meet in person and online using video conferencing) meetings will depend on the availability of meeting rooms that have suitable technology. Presently meeting rooms were being prioritised for the delivery of Apollo (Epic electronic healthcare record system) staff training. To facilitate future planning, members of the working group were invited to indicate their preferences in the chat window and the Head of Patient and Public Engagement would collate the results. **Action:** Head of Patient and Public Engagement to collate governor preferences for format of future meetings.



## 8. Agenda Item 7: Any other business

8.1 In response to a request from Governors, the Head of Patient and Public Engagement was able to report the key messages shared by the Chief Nursing Officer with staff regarding the upcoming Nursing Strikes on 15th and 20th December. The Trust had continued to liaise with the RCN to agree areas of service that would be derogated (protected from strike action). Plans were in place to ensure the ongoing provision of safe care for patients, including those requiring urgent or emergency care. Unfortunately, some appointments and procedures had been postponed and affected patients have been contacted directly where their appointment needed to be rearranged.

### 8.2 Actions:

- **Action:** Head of Patient Experience to check with the Head of Midwifery what happened to the negative feedback forms since the CQC inspection in Maternity and to provide a response for governors.
- **Action:** Head of Patient Experience would find out how ease of contact was being addressed in the Early Pregnancy and Gynaecology Unit (EPAGU).
- **Action:** Head of Patient Experience would ask the relevant service(s) whether a focus group or study had been undertaken to understand the experience of people being diagnosed and/or treated with endometriosis.
- **Action:** Head of Patient and Public Engagement to collate governor preferences for format of future meetings.

8.3 The Chair thanked everyone for attending and closed the meeting.

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**GUY'S AND ST THOMAS' NHS FOUNDATION UST  
COUNCIL OF GOVERNORS  
WEDNESDAY 25 JANUARY 2023**

<b>Title:</b>	<b>Strategy, Transformation and Partnership Working Group (STPWG)</b>
<b>Governor Lead:</b>	<b>Margaret McEvoy, Public Governor and Chair of STPWG</b>
<b>Contact:</b>	<b>Elena Spiteri, Working group secretariat</b>
<b>Purpose:</b>	For information
<b>Strategic priority reference:</b>	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
<b>Key Issues Summary:</b>	A report on the Working Group's discussion on the following: <ul style="list-style-type: none"> <li>• An update on Training, Education and Development</li> <li>• An update on the Evelina London Women and Children's Strategy</li> </ul>
<b>Recommendations:</b>	The COUNCIL OF GOVERNORS is asked to: <ol style="list-style-type: none"> <li>1. Note the key discussion points at the Strategy, Transformation and Partnership Working Group (STPWG)</li> </ol>

*Strategy, Transformation and Partnership Working Group (STPWG), Tuesday 10 January 2023*

**NHS CONFIDENTIAL - Management**

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST  
COUNCIL OF GOVERNORS  
WEDNESDAY 25 JANUARY 2023**

**Strategy, Transformation and Partnership Working Group (STPWG)**

**PRESENTED BY Margaret McEvoy**

**Members present:** Margaret McEvoy (chair), Jordan Abdi, David Al-Basha, Elfy Chevretton, Victoria Borwick, Michael Bryan, Nicola Clark, John Clark, Marcia De Costa, Alan Hall, Leah Mansfield, Marianna Masters, Alison Mould, Roseline Nwaoba, Mary O'Donovan, Placida Ojinnaka, Mary Stirling, Raksa Tupprasoot, Claire Wills, Sian Flynn

**In attendance:** Jackie Parrott, Emma Saunders, Elena Spiteri, Mags Jubb (for item 4), Jed Nightingale, Anthony Wilkinson (for item 5), David Dutton (for item 4), Gemma Craig (for item 4), Richard Goodwin (for item 4), Wathik El Alami (for item 4)

**Apologies:** Lucilla Poston, Warren Turner, Lawrence Tallon, Felicity Harvey, Steve Weiner.

**1. Welcome, introduction and apologies**

1.1. The Chair welcomed everyone to the **Strategy, Transformation and Partnership Working Group**

**2. Declarations of interest**

2.1. There are no known conflicts of interest

**3. Previous meeting report and matters arising**

3.1. A point was raised from the previous meeting minutes, section 4.8, about the extent of the risk to the Trust financial position from specialised commissioning delegation. The Chair, as well as The Chief Strategy Officer, said they would provide an update under agenda item 6 and the Chief Strategy office said she was happy to present at a future meeting to update.

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3.2. A point was raised from the previous meeting minutes, section 7.2, to ask the Lead Governor for representation at the Audit committee. This had been passed to the Lead Governor.

3.3. The minutes of the previous meeting of the Group, held on Tuesday 18<sup>th</sup> October 2022, were approved as a true record.

### **4. Update on Education, Training and Development**

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

4.2. Mags Jubb, Associate Director of Education presented about the extensive and ongoing work to develop the College of Healthcare (COH), as part of the People Strategy, prioritising:

- Bringing all of the education that occurs internally and externally under one umbrella
- Supporting the Brand as a Centre for Educational excellence
- Expanding on educational potential and a plan for the future
- Building on work that has happened over the years whilst streamlining and consolidating activity
- Three key aims: Promoting Guy's and St Thomas' (GSTT) as a learning organisation, educational support for service delivery and the promotion of education

4.3. The College of Healthcare supports the Trust as a learning organisation including providing education (linked to patient safety), governance of new technology, leadership development, the education faculty and overseeing learning management systems.

4.4. The College of Healthcare also supports service delivery in a number of areas. These orientate around education within the corporate and clinical group structure as well as the design and delivery of education, continuous professional development and workforce development funding. An Alliance of Academies exists to bring together groups to work and learn together. Training the clinical assistant workforce is also supported. The educational response to Trust-wide need promotion of education and learning management systems with equity of access for all staff and an oversight of the number of learners within the Trust within different professions and the educators that oversee them are also provided.

4.5. David Dutton presented on the Statutory and Mandatory Training function who manage staff induction and statutory and mandatory training – a risk-based approach is used with reporting in line with statutory compliance. David outlined that following the pandemic the way training is delivered has changed with a lot of training moving online.

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- 4.6. Gemma Craig updated on the work the clinical education team cover. The team oversees clinical inductions for nursing and midwifery and related roles as well as all pre-registered nursing and midwifery students alongside the Chief Nursing Office. Other activities include supporting the development of un-registered clinical staff, including care certificates and the development of individuals throughout their career to become registered. The team also support Continuous Professional Development (CPD).
- 4.7. The Trust's clinical workforce has been growing in line with increasing activity, a trend experienced nationally. Vacancies nationally and in the Trust are increasing due to a number of factors including the removal of the nursing bursary in 2017. Recruiting and retaining nursing and midwifery staff is therefore a national and local priority. The NHS People Plan and the NHS Long Term plan play a part in this to help tackle the current challenge, e.g. by making roles attractive for the future workforce.
- 4.8. The Trust has a number of schemes underway including new routes into recruitment and widening participation projects to make roles accessible. A number of initiatives such as an award-winning buddy programme for healthcare support workers, apprenticeships and a focus on health and wellbeing are managed in the Trust.
- 4.9. Wathik El Alami presented the work of the Medical Education team. The team support the multispecialty undergraduate and postgraduate medical workforce, which is primarily funded by Health Education England (HEE). The linked School of Improvement allows medical staff to improve their clinical acumen and non-technical skills. The team continually work to address challenges by working collaboratively and placing the value of education at the heart including:
- Ensuring all staff are trained appropriately to give the best level of care, with recruitment and retention at the forefront
  - Continued progression and learning to help keep people feeling valued and providing the best care for patients
  - Wellbeing of patients and staff with non-technical skills to improve staff satisfaction and ensure day to day interactions are positive
- 4.10. The ethos behind the aims is to provide the best level of education to all staff and promote curiosity and independence of thought within a structured framework that supports all staff.
- 4.11. During questions and discussion, the following points were raised:
- There are real opportunities to work further with local councils and governors on the widening participation work, such as further promoting careers in schools, championing and role modelling healthcare careers in local communities.  
**Action: Jo Young would link with interested governors to discuss further opportunities to widen participation locally with a report back to the working group.**

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- The importance of evaluating the impact of education with a question about how the Trust Board is assured about the impact of training and education. The team highlighted that evaluation is fundamental and always considered, including patient outcomes and patient satisfaction and evaluation of mandatory training through an annual training survey as well as pre and post course evaluation

### **5. Evelina London Women and Children Strategy**

- 5.1. The presentation slides had been circulated to the Group prior to the meeting.
- 5.2. Anthony Wilkinson, Senior Strategy Manager for Evelina London Women and Children presented the Evelina strategy work.
- 5.3. Key statistics over the past decade show that activity has grown significantly during this time (with a slight dip during the pandemic). The Evelina London Children's Hospital treats around 100,000 children and young people per year with a clinical network that covers 1.5 million children. Women's services deliver around 6,000 babies per year and deliver approximately 40,000 gynaecology appointments.
- 5.4. Local and emergency children's hospital service activity is primarily from South East London. Specialised service activity is from the whole of London, South East England and wider. Women's service activity is predominantly from Lambeth and Southwark with more specialised services for London and beyond.
- 5.5. The number of staff that work for Evelina London has increased over the last decade in order to meet growing demand and activity. This is in part due to the integration with Women's services and the merger with the Royal Brompton and Harefield. There is a focus on ensuring that the equality, diversity and inclusion of staff is consistent across all roles.
- 5.6. The previous Evelina strategy ran from 2017-2022 and this focussed on Children's services, with an emphasis on developing specialist Children's services within the network and in the hospital itself, whilst strengthening local community services and advancing research.
- 5.7. The new strategy will build on what has come before. The integration with Women's services and merger with Brompton and Harefield, as well as the pandemic, will feed into the focus for the new strategy. Working effectively with partners and in partnerships is also very important. The variety of methods used to engage all constituents as well as a number of engagement

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activities involving patients, parents and families have helped form the development of the next stages of the new strategy.

5.8. Six strategic priorities were outlined:

- Specialist Women's and Children's services to provide high quality specialist services that patients and families need as close to home as possible
- Population Health and tackling health inequalities involving partnerships, working especially with the Integrated Care System (ICS) which is key for delivery
- Seamless care to join up services across the hospital, community and potentially beyond to make sure pathways work well
- Our People reflect that Evelina is an excellent place to work and build a career
- Cutting edge research was a key priority in the previous strategy. This remains just as important in order to build on the excellent work that teams have done over the last decade or so to place Evelina as one of the leading institutions for research within the NHS and provide a way to look to the future of care
- Life-course approach to help with the transition to adults and potentially plan for end of life care being delivered in the most appropriate and caring way

5.9. There are six strategic enablers:

- Patients and families at the centre is about involvement with patients and how they can be involved in their own care
- Digital care and analytics with a focus on Apollo and better utilising data to understand patients and their needs
- Collaborating with partners to achieve shared goals and maximise impact
- Getting the fundamentals right orientates around productivity and improvement, ensuring there is constant learning and an effort for constant improvement
- Estates is to ensure correct infrastructure and facilities are available to underpin the care patients expect
- Sustainability is about financial stability and diversifying income to support service delivery where possible

5.10. The team are still engaging upon the strategy in parallel with delivery planning on how best to deliver and ensure the greatest impact from the strategy.

5.11. During questions and discussion, the following points were raised:

- Following the merger with the Royal Brompton and Harefield, integrating children's services is a priority. The Children's Hospital Programme is managing the planning to bring key services together on one site. Jon Findlay, Chief Operating Officer has recently become the Senior Responsible Officer. There will be a phased approach and the programme is also

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driven by the need for capacity for growth in demand and any other strategic developments in children's services. Current constraints on NHS capital is a key challenge.

- The group noted that the overarching Trust strategy is also in development and will align with Clinical Group strategies as part of coherent approach across the Trust.
- Addressing key population health issues, such as childhood obesity is important. The Evelina London team work with colleagues at Lambeth Together, Partnership Southwark, King's Health Partners and as part of the Integrated Care System on these topics. The reduction in local authority funding is a challenge for some services.

### 6. Report updates for committees attended by Governors

6.1. Margaret McEvoy updated the group on the Finance and Investment Committee held on the 14<sup>th</sup> December with discussions orientating around the current financial and capital programme. Margaret updated that:

- NHS England have decided not to delegate specialised commissioning responsibilities to the Integrated Care Boards (ICBs) until 2024. However it is planned that South East and South West London will become national pathfinder pilots in 2023/24. The board are keeping the implications of this, including any financial risks to the Trust under review.
- There are constraints on the Trust capital programmes given the Capital Departmental Expenditure Limit which is set at national level. The Board discussed the need to balance maintenance requirements with the need for new facilities being mindful of implications for patient care. The Apollo programme capital investment was significant and the go-live in April was a major focus across the Trust. A five-year plan was in development to enable prioritisation of capital spending.

### 7. Any other business

7.1. Governors discussed the future format of the meeting and agreed that hybrid meetings – in person with an option to join virtually – was preferable.

7.2. Several governors expressed that they would like to visit the Royal Brompton and Harefield Hospital sites.

**Action: The Trust would work with Governors to arrange for Governors to visit Royal Brompton and Harefield Hospital sites**

*The next Strategy, Transformation and Partnership Working Group meeting will be held on Tuesday 4<sup>th</sup> April 2023 at 5:30pm-7:30pm.*