

Public Council of Governors Meeting

**Wednesday 19th April 2023 at 6pm
Robens Suite, Guy's Hospital**

COUNCIL OF GOVERNORS
Wednesday 19th April 2023, 6pm – 7.30pm
Robens Suite, Guy's Hospital and MS Teams

A G E N D A

- | | | | |
|----|---|---------------------|--------------------------------------|
| 1. | Welcome and apologies
<i>Charles Alexander</i> | <i>Verbal</i> | 6.00pm |
| 2. | Declarations of interest | <i>Verbal</i> | - |
| 3. | Minutes of previous meeting held on 25 th January 2023 and review of actions from previous meeting | <i>Paper</i> | - |
| 4. | Surgical strategy programme update
<i>Jess Nyman, Placida Ojinnaka</i> | <i>Presentation</i> | 6.05pm |
| 5. | Report from the Nominations Committee
<i>Charles Alexander</i> | <i>Paper</i> | 6.25pm |
| 6. | Reflections on Board of Directors meeting | <i>Verbal</i> | |
| | <ul style="list-style-type: none"> • Chief Executive's report • Industrial action • Apollo programme • Other matters | | 6.45pm
6.55pm
7.00pm
7.05pm |
| 7. | Governors' reports for information | <i>Papers</i> | 7.15pm |
| | <ul style="list-style-type: none"> • Lead Governor's Report
<i>John Powell</i> • Quality and Engagement Working Group: meeting notes 28th March 2023
<i>Leah Mansfield</i> • Strategy, Transformation and Partnership Working Group: meeting notes 4th April 2023
<i>Katie Hamer</i> | | |
| 8. | Any other business | <i>Verbal</i> | 7.25pm |

Date of next meeting: Wednesday 26th July 2023 at 6pm – 7.30pm

COUNCIL OF GOVERNORS

Wednesday 25th January 2023, 6pm – 7.30pm
Governors' Hall, St Thomas' Hospital and MS Teams

Governors present: Victoria Borwick
John Bradbury
Michael Bryan
Mark Boothroyd
Elfy Chevretton
John Clark
Nicola Clark
Peter Harrison

John Hensley
Katherine Hamer
Emily Hickson
Leah Mansfield
Joanna McGillivray
Marianna Masters
Margaret McEvoy

Alison Mould
Roseline Nwaoba
Placida Ojinnaka
John Powell
Mary Stirling
Raksa Tupprasoot
Claire Wills

In attendance: Charles Alexander (Chair)
Ian Abbs
Sarah Austin
Avey Bhatia
Edward Bradshaw (Minutes)
Miranda Brawn
Steven Davies

Jon Findlay
Simon Friend
Alastair Gourlay
Richard Grocott-Mason
Felicity Harvey
Javed Khan

Anita Knowles
Ian Playford
Julie Screenshot
Priya Singh
Simon Steddon
Lawrence Tallon

Members of the public and members of staff

1. Welcome and apologies

- 1.1. The Chair welcomed attendees to the public meeting of the Council of Governors. Apologies had been received from Sally Morgan, John Pelly, Reza Razavi, Sheila Shribman and Steve Weiner, and from the following governors: Jordan Abdi, Serina Aboim, Koku Adomdza, Sarah Addenbrooke, David Al-Basha, Marcia da Costa, Ibrahim Dogus, Sian Flynn, Alan Hall, Trudy Nickels, Rishi Pabary, Lucilla Poston, Mary O'Donovan, Warren Turner, Wisia Wedzicha, Sonia Winifred.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Minutes of the meeting held on 2nd November 2022 and review of actions from the previous meeting

- 3.1. The minutes of the previous meeting were agreed as an accurate record. Both actions from the previous meeting had been completed; these had been to hold separate meetings with governors regarding the critical IT incident and the pathology services at Royal Brompton and Harefield hospitals.

4. Trust response to industrial action

- 4.1. The Board of Directors respected the right of the Trust's staff to be members of trade unions and to strike, and the Trust had worked closely with colleagues from the Royal College of Nursing (RCN) to agree staffing levels and derogations to maintain patient safety during

periods of industrial action. However, the strikes had led to the cancellation of a significant number of elective and outpatient appointments. It was noted that further appointments would be cancelled the following day as a result of industrial action by the Chartered Society of Physiotherapy. Further strike action coordinated by the RCN was also anticipated on 6th and 7th February.

- 4.2. In response to governors' queries it was confirmed that, despite the strikes, the Trust had maintained safe staffing levels in its emergency department and in critical care, and that it had accepted patient diverts to support other hospitals. Following a question from another governor, there was discussed about the causes of the unrest amongst nursing staff.

5. Critical IT incident

- 5.1. The Council of Governors was briefed about the content of the final report into the review of the critical IT incident that had taken place in July 2022. The review had been commissioned to learn all of the lessons from the incident and to prevent recurrence of similar incidents in the future.

- 5.2. An overview was provided of the key findings. The incident had occurred because of the extreme heat on 19th July 2022, but was not caused by any single failure; instead, there were a combination of factors, including sub-optimal cooling systems, ageing technology infrastructure and complex and distributed roles and responsibilities for managing elements of the data centre environment. It was also acknowledged that the Trust's risk management processes did not adequately predict or prevent the incident. Whilst patient experience was significantly impaired during this period, only one case of moderate harm and no cases of serious harm to patients had been identified as a result. The Council of Governors noted that an external review of the incident undertaken by NHS England had reached conclusions that were largely in line with those described in the internal report.

- 5.3. Prompted by questions from governors there was discussion about:

- The processes in place to provide assurance to non-executive directors that the appropriate steps had now been taken to prevent a repeat of the incident;
- The external assurance that the Trust had commissioned to review its risk management arrangements;
- How the new Epic system would rationalise the multiple legacy systems in place and improve digital resilience;
- The Trust's approach to publishing the report;
- How the Trust had fully discharged its duty of candour requirements;
- The Trust's referral of the incident and submission of information to the Information Commissioner's Office; and
- The next steps in delivering the recommendations made in the report, which would be overseen by the executive team and reported to the Trust's Audit and Risk Committee.

- 5.4. Following previous requests there was a further request for the Trust to invite a governor representative to sit on its Audit and Risk Committee. This would be considered by the Chair and reported back at the next meeting.

ACTION: CA

6. Patient transport update

- 6.1. The Trust's former Lead Governor, Devon Allison, gave an overview of the project to improve patient transport services by enabling these vehicles to use bus lanes. This was being taken forward by a working group including a current Guy's and St Thomas' governor and other stakeholders including the Mayor of London's office. The underlying premise was that the quality of patient transport services were directly linked to patient experience, particularly for some of the Trust's most vulnerable patients, including those needing dialysis treatment.

- 6.2. A pilot scheme had started in February 2022 and data had clearly demonstrated a reduction in both missed and patients arriving late for appointments due to improved journey times, with no noticeable impact on London bus speeds or incidents in bus lanes compared to existing data.
- 6.3. Governors and Board directors congratulated those involved for their tenacity in what had been achieved to date. It was held up as an example of how governors could make a huge difference to patient welfare and experience. Further work was needed to consider how to extend the scheme.

7. Reflections on the Board of Directors meeting

- 7.1. The Trust was asked about the outcomes of the work it had been doing with Five X More, a grassroots organisation committed to changing maternal health outcomes for black women in the UK. A written response would be provided after the meeting.

ACTION: AB

- 7.2. Some governors expressed concerns about the implementation of the Epic system in April 2023 in light of the critical IT incident. An overview was provided about the stage gates that the Trust needed to go through to test its readiness for implementation, including through the Apollo Joint Oversight Committee run jointly with King's College Hospital, and attended by governors, non-executives and executives from both organisations. Regular external assurance was also being received to help the Trust identify and manage any risks. Following implementation, significant numbers of Epic experts and 'champions' would be available to support staff, and the Trust had prepared a plan to reduce elective activity to give staff more time to learn to use the system.
- 7.3. There was a query about how the Trust was supporting governors to fulfil their statutory role to hold the non-executive directors to account for the performance of the Trust, with some suggestions about how this could be done differently going forward. There was further discussion about the processes in place for governors to submit questions to the Trust, noting the pressures Trust staff were under and the availability of significant amounts of publicly-available information.

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. The chairs of these working groups highlighted the quality of the presentations that had been received from Trust staff. Governors were notified that, going forward, they would receive access to the Trust's patient experience outcomes data which was felt to be helpful in enabling governors to assess the perceived quality of the services being provided. Governors were also asked to suggest topics for the next Strategy, Transformation and Partnerships working group meeting in April 2023.

9. Any other business

- 9.1. The next meeting was due to be held on 19th April 2023 and arrangements would be confirmed in due course.

Patient and Public Engagement in the Surgical Strategy

Guy's and St Thomas' NHS Foundation Trust

Presentation for the Council of Governors

19 April 2023



Patient & Public Engagement Surgical Strategy Team

Placida Ojinnaka

Patient and Public Partnership
Steering Group Co-Chair

Stephanie Fraser

Consultant Surgeon, Thoracic Surgery
Steering Group Co-Chair

Naomi Good

Patient and Public Engagement Specialist
PPE Team, Strategy Directorate

Abiola Coker

Patient and Public Partnership
Steering Group Co-Chair

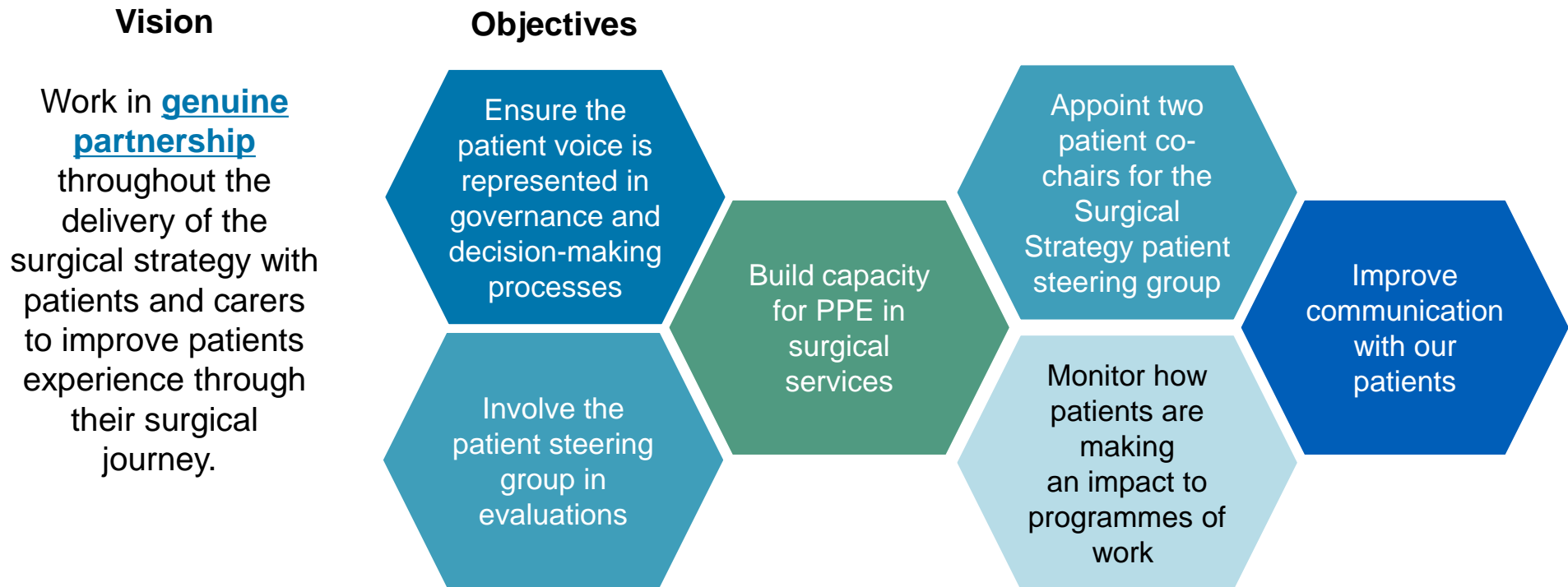
Jessica Nyman

Programme Manager
Surgical Strategy Programme Team

Julia Taddeo

Project Manager
Surgical Strategy Programme Team

Vision & Objectives



Context

- GSTT's first Surgical Strategy was created in 2021 in response to the urgent issues posed by the covid-19 pandemic.
- When developing the Strategy, we enlisted the help of **patients to provide critical guidance on the top priorities** the Surgical Strategy should address – these are shown on the next page.
- To deliver the Strategy, we established a patient and carer steering group.
- With their support, **we have been able to deliver a number of improvements across our surgical services**, resulting in a better experience for our patients.
- Our focus for 2023 is to **expand on the work already delivered as well as start several new projects** to continue to improve the way surgical services are delivered across the trust.

Surgical Strategy Priorities



Text messaging while you wait pilot



Surgical journey web resource



Streamlined pre-assessment triage



Communication with transport teams



Single point of contact



Peer-support cancer podcast



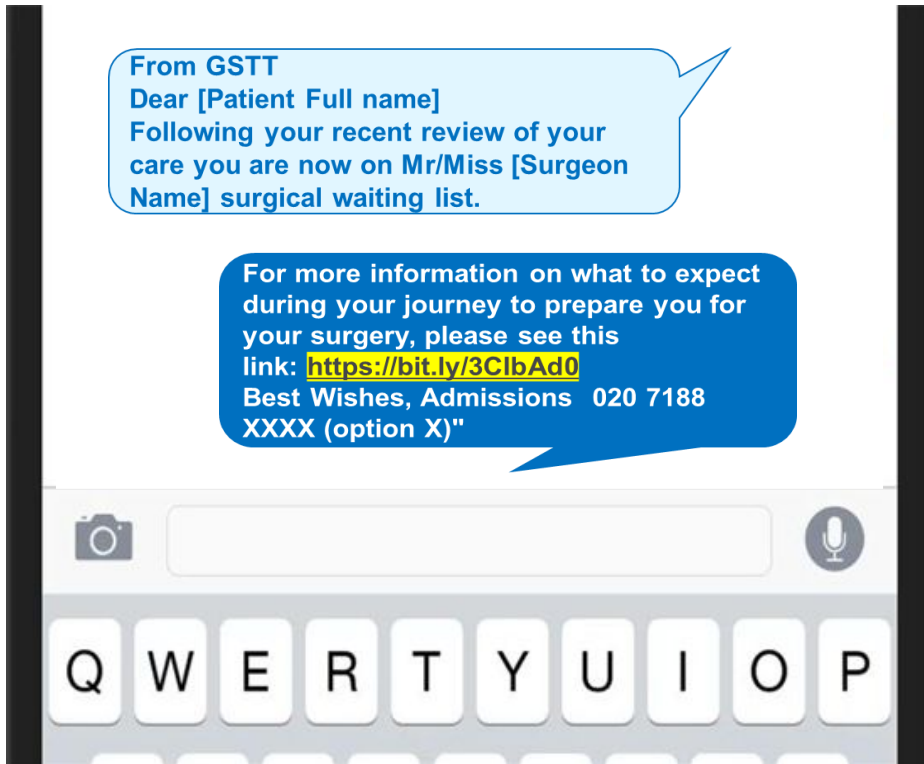
Theatre productivity



Perioperative stratification tool

While you wait

Text messaging



Surgical Journey

Web resource

www.guysandstthomas.nhs.uk/health-information/surgery-at-our-hospitals

How to keep well before surgery

Before you have your treatment, you can take simple steps to improve your physical and mental health. Looking after your health reduces the chance of complications. It also improves your wellbeing now and during your recovery.

This guide links to information that helps you to:

- [exercise and keep active](#)
- [stop smoking](#)
- [eat well](#)
- [drink less alcohol](#)
- [control your blood pressure](#)
- [get mental health support](#)

You can also get advice and support from a GP or the hospital team caring for you.

While you wait for treatment, it's important to:

- ✓ let us know if your condition changes or [your symptoms get worse](#)
- ✓ tell us if you think you no longer need surgery
- ✓ tell us if your contact details change
- ✓ read our information about [having surgery](#)
- ✓ read our information about [staying in hospital as an inpatient](#)
- ✓ look after your health
- ✓ follow any advice that we give you about how to prepare for surgery
- ✓ go to a clinic if we invite you
- ✓ keep taking your prescribed medicines, unless a GP or hospital doctor have told you not to do this



Key successes & next steps

- **Text messaging while you wait:** pilot showed positive response from patients and a reduction in phone traffic, suggesting patients had the information they needed.
- **Surgical journey web resource:** new webpage live with high levels of engagement from visitors to the page.
- **Streamlined pre-assessment triage:** pre-op questionnaire simplified following input from patients.
- **Peer support cancer podcast:** funding from GSTT charity to develop 10 episodes. Podcast company and patients engaged to begin content development.

Next steps

Expand text messaging service to additional specialities

Orthopaedic centre for excellence

Develop perioperative tool to pilot in summer 2023

Deliver and evaluate peer support cancer podcast by Jan 2024

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 19 APRIL 2023

Title:	Report from the Nominations Committee
Responsible Director:	Charles Alexander, Chairman
Contact:	Edward Bradshaw, Deputy Director of Corporate Affairs
Purpose:	For the Nominations Committee to make a number of recommendations regarding non-executive directors to the Council of Governors
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	<ul style="list-style-type: none"> • In February 2023 the Nominations Committee reviewed and evaluated the balance of skills, knowledge, experience and diversity of the Trust's current non-executive directors, as well as the end dates of those directors' terms, against the risks, challenges and opportunities the Trust is facing. • The Committee decided to commence a process to identify non-executive directors to replace a number of those due to stand down from the Trust Board in 2023, as well as to support the re-appointment of an existing non-executive director. • The recommendations of the Committee are now being put to the full Council of Governors for approval.
Recommendation:	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> 1. Approve the appointment of Dame Pauline Philip as a non-executive director at the Trust for four years from 1 July 2023 to 30 June 2027.

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	<ol style="list-style-type: none"> 2. Approve the appointment of Professor Deirdre Kelly CBE as a non-executive director at the Trust for four years from 24 July 2023 to 23 July 2027. 3. Approve the re-appointment of Simon Friend as a non-executive director at the Trust for a further four years ending 31 July 2027. 4. Support the proposals to seek Board approval for the appointment of Dr Felicity Harvey as Senior Independent Director 5. Note that Professor Reza Razavi will step down from the Trust Board in May 2023 as the nominated non-executive director from King's College London, and the Nominations Committee will shortly commence a process to identify his replacement.
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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 19 APRIL 2023
REPORT FROM THE NOMINATIONS COMMITTEE**

1. Introduction

1.1. The Nominations Committee met on 20th February 2023 to review and evaluate the balance of skills, knowledge, experience and diversity of the Trust's current non-executive directors, as well as the end dates of those directors' terms, together with the Trust's priorities, strategic ambitions and the key challenges it is facing. Committee members concluded that:

- A key priority for the Trust was to reach and sustain pre-pandemic levels of elective care, as well as meeting all national standards and expectations across clinical operations, including urgent and emergency care, cancer and diagnostics;
- The terms of five of the Trust's non-executive directors were due to end between June and October 2023.¹ Whilst Nilkunj Dodhia had already been appointed as a non-executive director from 1st July 2023 the Committee would need to take further steps to ensure the Board remained large enough to provide a balance of skills and experience commensurate with the size and complexity of the Trust.

1.2. As a result of its considerations the Committee agreed:

- To undertake an expedited process to identify at least one suitable candidate to join the Board as a non-executive director, and that it would be necessary to recruit an individual with significant senior experience in the delivery and oversight of clinical operations and performance;
- To recommend to the Council of Governors that Simon Friend was re-appointed to the Trust Board for a further term of four years.

¹ Dr Sheila Shribman (term ends 12 June 2023), John Pelly (term ends 30 June 2023), Steve Weiner (term ends 22 July 2023), Simon Friend (term ends 31 July 2023) and Dr Priya Singh (term ends 31 October 2023).

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- 1.3. This paper sets out the recommendations being made by the Nominations Committee to the Council of Governors as a result of its considerations during its meeting on 20th February 2023, and the subsequent non-executive director recruitment process that has been run during March 2023.

2. Proposal to appoint Dame Pauline Philip as non-executive director

- 2.1. As shown in **Appendix 1**, Dame Pauline Philip is a qualified nurse with extensive experience of working in Board-level roles across the NHS, most prominently as Chief Executive at Luton and Dunstable NHS Foundation Trust, as System lead for the Bedford, Luton and Milton Keynes Sustainability and Transformation Partnership (STP), and as executive director with responsibility for health and safety at the World Health Organisation.
- 2.2. In these roles, Dame Pauline has developed a track record in delivering strategic and operational performance improvement that the Nominations Committee felt would make a real contribution to the Trust. For example, when at Luton and Dunstable Dame Pauline led the turnaround of the organisation, resulting in the Trust delivering all national quality and performance standards within 18 months. She also oversaw the development of a new strategic direction, underpinned by a set of new values and detailed implementation plans that put quality and safety at the core of the Trust's focus. She also oversaw the development of IT transformation and capital estate plans, both of which are topical considerations for Guy's and St Thomas' at the current time.
- 2.3. Most recently Dame Pauline spent six years on NHS England's Board as National Director for Emergency and Elective Care. In this role she worked with the government, other organisations and stakeholders to ensure cross-organisational support for the development of policy, strategy and operational delivery. She attended and presented at Prime Minister stock-take meetings, facilitated extensive citizen and stakeholder engagement and harnessed the contribution of professionals, Royal Colleges, regulatory bodies and international experts to ensure implementation and delivery was informed by innovation and advances in technology and medical science.
- 2.4. Dame Pauline also has a non-executive experience as Chair of Beaumont Hospital, a large academic teaching hospital in Dublin where she has a key role in the development and implementation of effective corporate and clinical governance in the hospital along with ensuring appropriate Board oversight of strategic and operational performance, quality and safety, and as Chair of Lifebox: a global non-profit organisation that aims to make surgery and anaesthesia safer worldwide.
- 2.5. In assessing her application the Nominations Committee felt that Dame Pauline's operational experience could directly help support the Trust's aspirations for improving its elective performance – one of its four key priorities for 2023 – and that her senior role at

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NHS England could be of great benefit to accelerate the Trust's ambitions to work more collaboratively with its external partners. During the interview assurances were also obtained that she would have sufficient time to carry out the role of Trust non-executive director effectively. In the view of the Nominations Committee, Dame Pauline is an ideal candidate to chair the Board's Quality and Performance Committee once Dr Priya Singh completes her second term as non-executive director on 31 October, and that a start date of 1 July 2023 would allow a significant period of handover between the two.

2.6. The Nominations Committee recommends the Council of Governors appoint Dame Pauline Philip as non-executive director on the Trust Board for a period of four years commencing 1 July 2023.

3. Proposal to appoint Professor Deirdre Kelly CBE as non-executive director

- 3.1. Professor Kelly's CV is set out in **Appendix 2**. She has substantial board experience as an executive and a non-executive director in healthcare, professional, voluntary and civic settings with extensive knowledge of the NHS, clinical, research and regulatory experience, and an international professional reputation for achievement.
- 3.2. She is Professor of Paediatric Hepatology at the University of Birmingham and Consultant Paediatric Hepatologist at Birmingham Women's and Children's Hospital NHS Foundation Trust. She trained in both adult and paediatric gastroenterology and hepatology and set up the Paediatric Liver Unit at Birmingham Women's and Children's Hospital which provides a national and international service for children with liver failure and undergoing liver transplantation, focused on family centres care which has transformed survival and outcome for these children.
- 3.3. Professor Kelly has considerable non-executive experience on the boards of a number of healthcare bodies including the Care Quality Commission, the General Medical Council, NHS Blood and Transplant, the Health Research Authority and the Royal Wolverhampton NHS Trust. In these roles she helped the organisations develop their values and strategies and engage with key stakeholders and partners. Whilst at the CQC she resolved the difficulties of merging three organisations with a reduced budget which the Nominations Committee considered particularly relevant to a role at Guy's and St Thomas'. As interim Chair of London Ethics Advisory Group she worked with the London Senate and NHS England's London regional team across five Integrated Care Systems to learn from the ethical issues raised by the pandemic.

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3.4. It is the view of the Nominations Committee that Professor Kelly's considerable paediatric experience means she would be a worthy successor to Dr Sheila Shribman when she leaves the Trust Board in June 2023, and that such expertise is vital to supporting the Trust's ongoing commitment to paediatric care, medicine and research.

3.5. The Nominations Committee recommends the Council of Governors appoint Professor Deirdre Kelly CBE as non-executive director on the Trust Board for a period of four years commencing 1 July 2023.

4. Proposal to re-appoint Simon Friend as non-executive director

4.1. Simon Friend was appointed as a non-executive director of the Royal Brompton and Harefield NHS Foundation Trust Board of Directors on 1 August 2017. Following the merger with Guy's and St Thomas' on 1 February 2021, the Council of Governors appointed Simon as a non-executive director on the Board of the newly-merged organisation.

4.2. At this stage it was also agreed by the Council of Governors that Simon's appointment would run until the end of his previous term at the Royal Brompton and Harefield NHS Foundation Trust, 31 July 2023, and that following this he would be eligible for a second term of up to four years, subject to the agreement of the Council of Governors. The reasons for recommending the re-appointment of Simon Friend are set out below.

4.3. Simon was a chartered accountant and partner at PricewaterhouseCoopers LLP (PwC), where his career spanned more than 30 years. He has a depth of expertise in finance and audit, as well as a thorough understanding of governance across a range of sectors, technical rigour and board experience at the highest level. In addition to his work at the Trust, Simon is also:

- Trustee at Jewish Care, a charity providing residential and day care facilities
- A member of council at the Royal Academy of Arts
- Non-executive director of Bevan Brittan LLP a national law firm
- Non-executive director of Otsuka Pharmaceutical Europe Limited

4.4. Simon supported the Royal Brompton and Harefield NHS Foundation Trust in navigating the merger with Guy's and St Thomas' in February 2021. Since then, he has been an important point of continuity and expertise as the process of integrating the two trusts and the formation of the clinical group operating model has taken shape. As the integration of the two trusts continues to embed and the benefits of the merger are realised, it will be vital to retain continuity of leadership at the Trust.

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- 4.5. Simon has also been an active participant on the Trust's Board of Directors. He has chaired the Board's Finance, Commercial and Investment Committee since it was established in July 2021, and has helped to put in place a more structured approach to Board oversight of the Trust's financial position, as well as advising on the development of its commercial and private patient strategies which will enable the Trust to generate an increased amount of non-NHS income to reinvest into patient care, thereby helping to mitigate the financial challenges currently present across the NHS sector and beyond.
- 4.6. More recently, Simon has sat on the Apollo Joint Oversight Committee and has played an important part in the Board-level scrutiny of the programme that will result in the implementation of the Epic electronic health record system in October 2023. Simon is the most active of all the non-executive directors in undertaking site visits across different parts of the Trust's hospitals and community sites, and in providing feedback on his findings to relevant staff and at the Quality and Performance Board Committee.
- 4.7. The Chair has reviewed his predecessor's appraisals of Simon and, whilst the details of this remain confidential, he can confirm that Sir Hugh Taylor's assessment of Simon's contribution to the Trust was extremely positive in all respects.
- 4.8. The Nominations Committee unanimously recommends the Council of Governors re-appoint Simon Friend as non-executive director on the Trust Board for a period of four years, ending 31 July 2027.

5. Support proposals to appoint Dr Felicity Harvey CBE as Senior Independent Director

- 5.1. The Senior Independent Director (SID) is a key element of an effective board, and the appointment is explicitly required by the NHS Code of Governance. In addition to having the same duties as the other non-executives, the SID has specific routine responsibilities including:
- Providing support for the chair;
 - Ensuring that the views of other directors, particularly the other non-executive directors, are conveyed to the chair;
 - Ensuring that the chair is giving sufficient attention to succession planning;
 - Being available to Council of Governors as a source of advice and guidance in circumstances where it would not be appropriate to involve the chair; and
 - Carrying out the annual review of the performance of the chair, in conjunction with the other NEDs.

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- 5.2. In addition, if issues were to arise at a board level, the SID would take the initiative to resolve the problem, working with other directors and stakeholders and/or the chair, as appropriate. The role of the SID will also mean at times acting to challenge custom and practice and demonstrating significant people skills to find a solution.
- 5.3. The appointment of the SID is made by the Board of Directors, which is required to consult with the Council of Governors in considering appropriate candidates. The current SID is Dr Sheila Shribman, whose final term as non-executive director ends on 12 June 2023, which means a new SID will be required.
- 5.4. The Nominations Committee are supportive of the Trust Chair's proposal that Dr Felicity Harvey should be appointed as the new SID, and wider support for this is now sought from the Council of Governors.
- 5.5. Felicity was appointed as a Non-Executive Director on the Board of Guy's and St Thomas' NHS Foundation Trust on 15 September 2016. She has considerable senior leadership and national and international strategic planning experience. She was Director General for Public and International Health until her retirement from the civil service in June 2016 and, prior to this, Felicity was Director of the Prime Minister's Delivery Unit. After qualifying in medicine in 1980 at St Bartholomew's Medical College, London, she completed an international MBA. Her previous roles include private secretary to the Chief Medical Officer, and head of the Medicines, Pharmacy and Industry Group at the Department of Health. After her retirement Felicity became a member of the Independent Oversight and Advisory Committee for WHO Health Emergencies, and has been its Chair since 2018. She is also a visiting professor at the Institute of Global Health, Imperial College, London and a non-executive director of Mediclinic International plc, an international private healthcare services group, and of Halcyon Topco Ltd.
- 5.6. In the view of both the current and former chairs of the Trust, Felicity has made an outstanding contribution as a non-executive director of Guy's and St Thomas'. She has been a regular contributor as both member and chair of a full range of Board committees and has a strong grip on the issues the Trust is addressing both as an individual Trust and as wider system. Although Felicity has been on the Trust Board for longer than six years that the NHS Code of Governance considers an indicator a non-executive's level of independence, this is not considered to impair her judgement, as she has consistently demonstrated objectivity, robust scrutiny and constructive challenge in her interactions at the Board. She is widely-respected and admired by Board colleagues and other senior executives.
- 5.7. The Trust Chair, with the support of the Nominations Committee, asks the Council of Governors to support the recommendation that will be made to the Trust Board to appoint Dr Felicity Harvey as the new Senior Independent Director from 13 June 2023.

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6. Update on other matters

- 6.1. In addition to the five non-executive directors whose terms will end in 2023, Professor Reza Razavi has also announced his intention to step down from the Trust Board of Directors in May 2023. The Trust's constitution (reference 9.2.1.2) requires the appointment of one non-executive director who has been nominated by King's College London (KCL), in order to maintain the strong research and academic bond between the two organisations. Professor Razavi, is Vice President (Research) at KCL, and was the University's nominated candidate when he joined the Trust Board in May 2016. Having now served seven years on the Trust Board, KCL will now nominate another individual for consideration by the Nominations Committee, which will make a recommendation to the Council of Governors in due course.

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Appendix 1: CV for Dame Pauline Philip

Sensitivity: General

Pauline M Philip

EXPERIENCE (NHS)

National Director, Emergency and Elective Care, NHS England (NHSE) and NHS Improvement (NHSI) (January 2016-present)

In 2016 alongside my responsibilities as a hospital Chief Executive and STP lead, I was asked by NHSE to provide National leadership for the Urgent and Emergency Care Reform agenda. In 2017, the role was extended to take on the responsibility for delivery and later that year to include Elective Care.

Chief Executive: Luton and Dunstable NHS Foundation Trust (July 2010 to January 2018)

In July 2010, I returned to the UK to take up the post as the Chief Executive of the Luton and Dunstable NHS Foundation Trust, while maintaining a degree of involvement in International Health as the (Hon) CEO of the Life Box Foundation (see below). Luton & Dunstable is a general hospital providing a comprehensive range of secondary care to a local population, and tertiary care to a wider catchment area.

In 2015 NHS England, announced the intention to develop 44, geographically based sustainability and transformation plans (STPs) and I was appointed to lead the Bedford, Luton and Milton Keynes Plan (BLMK).

EXPERIENCE (non-NHS)

Chair, Beaumont Hospital, Dublin (November 2022 to present)

In November 2022, I was appointed by the Irish Minister for Health as Chair of one of the four large academic teaching hospitals in Dublin. As Chair I am also responsible for ensuring appropriate Board oversight of strategic and operational performance, quality, and safety.

Chief Executive (honorary, 2011 to 2016, Deputy Chair 2016 to 2021 Chair 2021 to present) LifeBox Foundation:

In 2010, I co-founded the LifeBox Foundation with Professor Atul Gawande, Harvard Professor and U.S. Policy Advisor. The Foundation is unique in being one of very few international charities addressing the fastest growing issue in global health today: unsafe surgery.

Director/Executive Secretary, Patient Safety Department, World Health Organisation, Geneva: (December 2002 to June 2010)

The World Health Organisation (WHO) is a specialised agency of the United Nations (UN) that acts as a coordinating authority on international public health. Its objective is the

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Sensitivity: General

attainment by all people of the highest possible level of health. 193 countries are members of the organisation.

As the Director (Executive Secretary) for Patient Safety, I had a senior and influential position both within the organisation and with member states. I was responsible for the overall strategic management and operational delivery of the organisation's work relating to patient safety.

Other positions that may be relevant:

Director of Mental Health London Region: *London Regional Health Authority (November 2000 to November 2002)*

Chief Executive: *Ealing, Hammersmith & Fulham NHS Trust (April 1999 to February 2001)*

Chief Executive: *West London Healthcare NHS Trust (March 1995 to March 1999)*

ACADEMIC QUALIFICATIONS AND PERSONAL DETAILS

Bachelor of Science (Nursing) (BSC) Hons (1:1)

Master of Science (MSc)

Honorary Member of the Association of Anaesthetists

Dame Commander of the British Empire (DBE)

NHS CONFIDENTIAL - Appointments

Appendix 2: CV for Professor Deirdre Kelly CBE

PROFESSOR DEIRDRE KELLY CBE

PERSONAL PROFILE

Established Chair and non-executive director with national and international experience. Clinical academic and medical manager, renowned for innovative clinical and research achievements based on collaborative partnerships. Comprehensive knowledge of governance, system, and professional regulation with extensive network of contacts in healthcare/academia. People-focused, enables colleagues to grow and progress. Contributes insight, strategic vision, and a deep commitment to the interests and safety of patients.

AREAS OF EXPERTISE

<ul style="list-style-type: none"> ✓ Board Governance & Audit ✓ Healthcare management ✓ Innovative research ✓ Regulation 	<ul style="list-style-type: none"> ✓ Stakeholder engagement ✓ Leadership development ✓ Organisational development ✓ Policy development
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CAREER HIGHLIGHTS

- Established a national Paediatric Liver Unit in 1989, pioneering infant liver transplantation in the UK. Increased one-year survival rate from 40% to 95%, improving long term survival to 80%, enabling transfer to adult services
- As Medical Director at Birmingham Children’s Hospital, established management structure & clinical governance system, managed 7 clinical groups including oncology achieving government targets within financial balance
- As Co-Chair of the Stakeholder Forum, Organ Utilisation Group (NHSE & NHSBT), consulted with many different stakeholders to develop recommendations to improve organ utilisation
- Chaired team at NHSE, which developed definitive standards of care for congenital heart disease in adults and children, with national consensus from all stakeholders which redefined provision of services nationally
- When Chair of Audit & Risk at the General Medical Council (GMC) and Care Quality Commission (CQC), assured the Board of the integrity of financial statements, governance processes and risk management framework
- As NED, NHSBT & HRA contributed to the strategy, governance, and performance of the organisations
- As Chair of Pension Trustees for the GMC, manage a £250 million scheme in the interests of the beneficiaries
- Academic Lead for basic & clinical research programmes; Chief/Principal Investigator for international clinical trials; Grant Income of £22 million (1989-2023); 600 peer-reviewed publications including books & chapters
- As President / Chair of large national & international professional societies, introduced robust governance, transparency, and sound administration, increasing their probity, membership and financial stability.

CURRENT POSITIONS

2021- **NHSE - Clinical Lead for Paediatric HCV ODN; HCV Elimination Programme**
 2021- 23 **General Medical Council - Chair of Board of Pension Trustees**
 2020- 23 **NHS Blood & Transplant - Non-executive Director, Member R&D Committee, ARGC**
 2017-23 **European Society Paediatric Gastroenterology Hepatology Nutrition - Chairman of Public Affairs Committee**
 2001- **University of Birmingham - Professor of Paediatric Hepatology**

PROFESSIONAL EXPERIENCE

CLINICAL

1989- 2021 **Birmingham Women’s & Children’s Hospital NHS Trust**
Consultant Paediatric Hepatologist; Founding Director of Liver Unit.
Medical Director/ Director of R&D; Chair of Clinical Ethics Group (2000 – 2008)

NHS CONFIDENTIAL - Appointments

INTERNATIONAL	
2007 - 10	European Society Paediatric Gastroenterology Hepatology Nutrition - <i>President</i>
2002 - 05	International Pediatric Transplant Association (IPTA) - <i>President</i>
NATIONAL	
2021- 23	London Senate/NHSE – <i>Interim Chair, London Ethics Advisory Group</i>
2018- 20	NICE - <i>Guideline Chair</i>
2012 - 20	General Medical Council - <i>Council Member, Chair of Audit and Risk Committee, Pension Trustee, Director of GMC Services International</i>
2015 -18	Health Research Authority - <i>Non-Executive Director, FTSU Champion, ARC member</i>
2013 -15	Royal Wolverhampton NHS Trust - <i>Non-Executive Director; Lead for NIHR CRN</i>
2012 -18	Chair, Clinicians Group - <i>New Congenital Heart Review, NHSE</i>
2008 -18	Health Foundation: <i>Governor/Chair of Nominations and Governance Committee</i>
2011 -12	NICE: <i>Member: Programme Development Group for Hepatitis B&C</i>
2010 -15	Advisory Group on Hepatitis - <i>Member</i>
2010 -12	National Liver Disease Strategy Group – <i>Member</i>
2009 -13	ACCEA - <i>Medical Vice-Chair – West Midlands</i>
2008 -13	Care Quality Commission - <i>Commissioner & Chair of Audit & Risk</i>
2008 -12	Advisory Committee on the Safety of Blood, Tissues and Organs <i>Member & Chairman of Donor Selection Steering Group</i>
2007 -09	Healthcare Commission – <i>Commissioner, Member- Investigations Committee</i>
2004 -09	Confidential Enquiry into Maternal and Child Health (CEMACH) <i>Chairman, National Advisory Committee for Enquiries into Child Health</i>
2004 -07	Royal College of Paediatrics and Child Health (RCPCH) <i>Chairman, College Advisory Committee for Paediatric Gastroenterology</i>
2004 -07	British Society Paediatric Gastroenterology Hepatology Nutrition (BSPGHAN) – <i>President</i>
2004 -07	British Society of Gastroenterology (BSG) <i>Chairman, Paediatric Section</i>
2002 -05	Joint Committee on Vaccination and Immunity (JCVI) - <i>Member</i>
1998 -00	British Association for the Study of the Liver: <i>Council Member</i>
1997 -99	British Digestive Foundation: <i>Executive Committee Member</i>
REGIONAL	
2003 - 07	ACCEA: <i>Member of Regional committee</i>
1993 - 98	Midlands Paediatric Society: <i>Committee Member</i>
OTHER CHARITABLE ACTIVITIES	
2019-	Archdiocese of Birmingham: <i>Trustee,</i>
2010 -	Muscular Dystrophy Campaign: <i>Board member, Chair- Service Development</i>
2008 -	Deputy Lieutenant, West Midlands
2018 - 20	Breast Cancer UK: <i>Trustee</i>
2010 - 14	UK Clinical Ethics Network Committee: <i>Trustee</i>
2007 - 09	Lunar Society, Birmingham: <i>Chairman</i>
2005 - 10	Children’s Liver Fund: <i>Trustee</i>
2003 - 05	Saint Martin’s School: <i>Governor</i>
1999 - 20	Metabolic Support UK: <i>Membership of Medical Advisory Committee</i>
1989 - 99	Children’s Liver Disease Foundation: <i>Member: Medical Advisory Committee</i>
EDUCATION	
1997:	FRCPCH, Royal College Paediatrics & Child Health
1995:	FRCP, Royal College of Physicians (London)
1990:	FRCPI, Royal College of Physicians of Ireland
1984:	Accreditation by JCHMT for General Medicine & Gastroenterology
1979:	MD, Trinity College, University of Dublin
1973:	MB, BCh, BAO, Trinity College, University of Dublin
1971:	BA, Trinity College, University of Dublin
AWARDS	
2022	BSPGHAN, Distinguished Service Award
2021	IPTA, Pioneer in Liver Transplantation
2019	EASL Recognition Award
2016	CBE
2016	ESPGHAN, Distinguished Services Award
2013	HSJ, List of Inspirational Women
2012	Lunar Society medal
2011	Alumni award, Trinity College, Dublin
1996	Midlands Woman of Achievement
1993	Irish Post Award
1991	Hospital Doctor of the Year

NHS CONFIDENTIAL -

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 19 APRIL 2023

Title:	Lead Governor's Report
Responsible Director:	John Powell, Lead Governor
Contact:	John Powell, Lead Governor
Purpose:	For information
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:	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

NHS CONFIDENTIAL -

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 19 APRIL 2023
LEAD GOVERNOR'S REPORT

1. As we launch into Springtime certainly some months ago there would have been some aspirations that the pressures of the post-Covid era would be easing and there would be some light at the end of the tunnel. However, whilst the industrial action by some staff has added to that challenge, I am heartened by a lot of the Trust's proactive work continuing regardless. The go-live date for the Epic programme was announced earlier this year as being put back to 5th October. This would make it a co-terminus launch with our partners at Kings. Far from considering this to be a negative move it will allow some fine-tuning to the overall approach whilst maintaining momentum toward the new go-live day. Equally importantly it will enable Governors to get briefed on the system and fully understand the benefits to both the Trust and, most importantly, patients. We understand that essential feedback from early training sessions has also allowed the project team to adjust their approach to training which can only be welcomed.
2. During the past few weeks the Nominations Committee of the Council of Governors has asked the Trust to begin a process to identify a number of new non-executive directors to replace colleagues whose second or final terms are due to end this year. Given the significant operational pressure the Trust is under this year, the committee agreed that a senior and highly-qualified individual with significant experience in the delivery and oversight of clinical operations should be sought. A recommendation for this person is planned to be given at the 19th April Council of Governors meeting with an intention that they could be engaged with effect from July 1st. As this report is written, interviews have already taken place. The Nominations Committee wants to then identify up to two further non-executive directors to start later in the year. The specific skills and experience of these individuals will be considered by the Committee in due course.
3. Whilst on the subject of nominations and elections, I must record congratulations to Katherine Hamer who enters the new role of 'Deputy Lead Governor'. This is a position that we are running until the end of the current election year when it will be reviewed and a decision taken as to whether we pursue the role on a permanent basis.

NHS CONFIDENTIAL -

4. To say that the pandemic changed everyone's working practices would be verging into the realms of understatement, and it is unlikely there is a single organisation, let alone this Trust, that has not undergone considerable restructuring of both staff and working practices. So with leadership changes in the corporate affairs team there may well have been an inconsistent interpretation of the role of an NHS governor and the statutory responsibilities that come with it.
5. For this reason the topic of governor training has become something of a priority for this year and I am pleased to see that the Trust have therefore asked NHS Providers to deliver a 'Core Skills' workshop solely for GSTT governors. This session is from their 'GovernWell' programme and is a great opportunity for all governors to refresh their understanding of the structure of the NHS, the statutory role and responsibilities of governors, the importance of quality in healthcare, and member and public engagement. It will also hopefully help ensure there is a consistent understanding of the governor role across the GSTT Council. To this end a session has been organised for April 28th entitled 'GSTT governors – core skills training' to which I do hope a significant number of governors will attend.
6. Further to this, other areas of training are being considered, including an overview of the clinical groups and Essentia, community services, key external partners, NHS finance, what the Trust does with regard to research and education, and specific training for governors in defined roles such as the Nominations Committee or as chairs of working groups.
7. In collaboration with the Trust Chair it has been decided to review governor representation on the various Trust Board committees and clinical board groups. Whilst it is appreciated that governor attendance does not expect personal input at these meetings, they provide a valuable insight into specialist areas for governors that might not otherwise be available.
8. Finally, I am pleased to hear that a number of governors have taken advantage of the governors visiting programme, with their feedback having been shared with the Chief Nurse, Deputy Chairman, and relevant clinical teams for consideration. The programme is a golden opportunity for governors to see the Trust 'in action' meeting patients and staff on the coal face and get a clearer understanding of where things are going well as well as where there may be room for improvement. I very much hope further such visits will take place over the coming months.

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
QUALITY AND ENGAGEMENT WORKING GROUP
TUESDAY 28 MARCH 2023**

Title:	Council of Governors Quality and Engagement Working Group Meeting Notes, 28 March 2023
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"> • Quality and Engagement Working Group: 2023 work planning session • Quarterly reports for Patient Experience and Patient and Public Engagement • Quality & Safety
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 28 MARCH 2023

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 at the Roben's Suite (Guy's) on Tuesday 28th March 2023.

This meeting was held in person and attended by: Tracy Adams (Senior Trust Lead for Quality and Compliance, who joined online to present), Sarah Allen (Head of Patient Experience), Victoria Borwick (Public Governor), Andrea Carney (Head of Patient and Public Engagement), Elfy Chevretton (Staff Governor), Margaret McEvoy (Governor), Leah Mansfield (QEWG Chair), Mary Stirling (Patient Governor), Mark Tsagli (Patient Experience Specialist), Claire Wills (Staff Governor), Sonia Winifred (Public Governor).

- 1.2. Apologies were received from: Sarah Addenbrooke (Partnership Governor), Cllr Ibrahim Dogus (Partnership Governor), Alan Hall (Public Governor), Jordan Abdi (Public Governor), Marcia De Costa (Public Governor), Roseline Nwaoba (Staff Governor), Priya Singh (Deputy Chair & Non-Executive Director), Professor Warren Turner (Partnership Governor), Placida Ojinnaka (Patient Governor), Marianna Masters (Public Governor), John Clark (Public Governor), Peter Harrison (Patient Governor), Elena Spiteri (Membership and Governance Coordinator), Professor Lucilla Poston (Partnership Governor), Raksa Tupprasoot (Staff 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:
- 2.2. The Head of Patient Experience responded to the following actions from the previous meeting;
 - **Action 3.7:** The CQC does not share the specific feedback forms that patients complete directly with the Trust, feedback is reported more generally as part of its inspection regime.
 - **Action 3.8.** It was noted that there was no specific ongoing work addressing 'ease of contact' with the Emergency Gynaecology Unit but the Chief Midwifery Officer is very interested in addressing 'ease of contact' across the wider maternity services, and this is part of work being covered under the Administration Safety Programme looking at improving administrative processes.
 - **Action 3.9.** Research on Endometriosis: The Head of Patient Experience was unable to provide an update on this but promised to follow this up and report back at next meeting.
 - **Action 7.1** - Format of future meetings: Reference item 8 in notes.

3. Quality and Engagement Working Group: work planning session

- 3.1. The Head of Patient Public and Engagement and Head of Patient Experience jointly facilitated a 'work planning session' for Governors to help to shape the agenda of the group for the coming year (2023/24). The purpose was to identify key topics of interest that Governors would like to focus on.
- 3.2. The framework of the session was structured on two, (out of the four) of the Trust's priorities.
 - Safe launch of the Trust's new electronic health record (EHR), powered by Epic, through the Apollo programme;
 - Treating more patients who need planned (elective) care - safely and sustainably increasing the number of patients we treat who need planned diagnostic tests, inpatient treatment, or outpatient care.
- 3.3. *Safe launch of the new EHR (Epic).*
Governor discussions noted the following areas of interest:

- Governors recognised various names associated with the new EHR, (such as Apollo, Epic, My Chart) and deemed it important to ensure the branding is clear for patients and staff to allay any confusion.
- The importance of a seamless integration with primary care and NHS patient healthcare records/applications.
- Understanding whether Epic will require frequent upgrades for users as seen with other NHS mobile device applications.
- Efficacy of staff training, assurance of how the training is going to be delivered going forward.
- Concerns were also raised about the complexity of booking online training sessions and Governors wondered how this could be made easier for staff.
- There was emphasis on the need for creating opportunities for training champions' e.g., 'train the trainer' roles to speed up the rollout.
- Importance of understanding how Epic will deal with DNAs, some of which may not necessarily be the fault of patients.

3.4. *Treating more patients who need planned (elective) care;*

- Governors were keen to understand if, and how the Trust can leverage knowledge and experience gained on the successful weekend high intensity theatre lists (HIT lists) to help provide access to elective surgery for waiting patients, and reduce the backlog on operations carried out during weekdays.
- Governors noted the challenges of implementing a similar process on weekdays and recognised the availability of administrative and IT support to move this along successfully.
- The health and wellbeing of staff was also recognised as a concern – while governors recognise the Trust needs to increase productivity to treat more patients, governors are concerned about the impact on staff.
- Pain management was also suggested as an area for Governors to focus on considering some pain control medications require specialist intervention and can be a challenge for patients needing prompt pain relief.
- How the Trust supports patients who have dementia and groups of people who may be at greater risk of health inequalities and those who may find it difficult to access care.

Action: It was agreed that the working group secretariat will compile a summary report of the themes that emerged from the group's discussion and send via email to Governors for review, with the aim to present and agree the key topics at the next meeting.

The Chair thanked the group for facilitating the session.

4. Agenda Item 4a: Quality accounts

4.1. The Senior Trust Lead for Quality and Compliance gave a presentation on the Trust's four quality priorities and annual summary. Governors noted the following;

- Patient Safety Incident Response Framework (PSIRF) is ongoing and on target. Among the actions completed include PSIRF data analysis, improvement plans requested for all Trust priorities, the Trust ran a Safety Culture survey which was completed in February, results are expected to be shared in May 2023, along with the drafting of the New Patient Safety Incident Policy.
- Quality Strategy – The delivery of this is on target for an interim plan whilst the Trust Strategy is in development. It was noted that the 5 – year Trust Strategy is in development and the team expect the Quality Strategy to be written in line with this.
- The Ward Accreditation programme is ongoing, the team have completed several visits with different levels of accreditation based a framework for rating such as 'Bronze', 'In Progress' etc. The team will be working with other services such as Evelina, Maternity, Critical care to develop monthly quality audits for them.
- Complaints – this is on track for delivery. The number of overdue complaints is down by over 50% since the last report. The team are continuing to work through cases and have recruited more staff to focus on long overdue complaints. It was noted that the complaints priority remains at a high risk for delivery as this must align with the Trust Strategy which is yet to be completed.

- Proposals for Quality Accounts next year; Patient Safety Incidence Response Framework will continue as this has to be embedded in the Trust by September 2023.
 - The team also will be setting up Quality Improvement Monitoring initiative to proactively respond and prevent incidents from happening.
 - Patient Experience: Launch of the 'Call if Concerned' communication service across all 5 sites to provide a phone number for relatives to call if they are unable to get hold of ward staff. The team is also planning to develop a 'contacting us' continuous Quality Improvement project across all sites to improve the experience of patients calling the Trust.
- 4.2. In response, Governors raised the question about how uncompleted actions from the projects will be addressed. Responding, the Senior Trust Lead for Quality and Compliance assured the group that some initiatives, such as Sepsis, have a definitive timeline to be delivered as this is mandated by the NHS England. The 'Contacting the trust' project is a key priority of the Trust and this is ongoing work to ensure Directorates are being supported to improve this. The Senior Trust Lead for Quality and Compliance additionally highlighted ongoing work to streamline the appointment letters to remove outdated telephone numbers. Governors were assured that any uncompleted actions will be rolled over to the following year.
- 4.3. Governors referred to the challenges on one of the Trust's patient experience priorities – telephone contact. They expressed concerns around the difficulty of contacting staff by telephone, particularly as this seems to be getting worse for patients.
- 4.4. Governors suggested the Trust reverts to the pre-pandemic appointment service booking where patients could book their follow-up appointments directly after their visit or on the day. Governors stressed the importance of patients being able to make appointments that suit them on the day of visit, rather than with the new system where appointments are sent after they have left the hospital. The Senior Trust Lead for Quality and Compliance welcomed the suggestion and agreed to look into this.

5. Agenda Item 5a: Patient Experience and Patient and Public Engagement update (Q4)

- 5.1. The Patient Experience Report Quarter 3 (October – December 2022) had been shared in advance of the meeting. The Head of Patient Experience's update focussed on the latest CQC National Maternity Survey 2022 Benchmarking results.
- 5.2. It was noted that the Trust performance on a number of indicators was much lower compared to the Shelford Group, however some gains have been made when compared to our 2021 performance, which is encouraging. Areas with improved scores were on mental health, labour and birth, scores on partners staying overnight and being involved in decisions.

Action

- 5.3. Governors raised the issue of recently publicised concerns about the use of Entonox for us in pain management, which some Trusts have withdrawn and were keen to understand what the Trust's position on this is.

6. Agenda Item 4b: Patient and Public Engagement Report (Q3)

- 6.1. The Head of Patient and Public Engagement presented highlights from the Patient and Public Engagement Update Report (Q4) which was circulated with papers in advance of the meeting.
 - It was noted that the Patient and Public Engagement (PPE) team are continuing to provide support to patient and carer participation in the implementation of the Trust's cancer and surgical strategies.
 - The PPE team have successfully completed patient user testing of MyChart (patient facing aspect of the new electronic health records system (Epic)). Some 100 patients participated and across a broad range of age groups and profiles.
 - Evelina public engagement activities: Forthcoming NHS England led consultation on Paediatric Cancer Principal Treatment Centre. The consultation is starting in June where they will be engaging children and young people and families who have had cancer treatment. Governors will be informed when the consultation launches.

- Renal dialysis unit – progress has been made for a new location to be jointly delivered project with King's.

6.2. There were no questions from Governors and the Chair thanked the Head of Patient and Public Engagement for the update.

7. **Agenda Item 6: Governor Updates:**

7.1. **Transformation and Major Programmes Committee**

- Governor representative in attendance referred the group to the latest EHR update available on the Trust's website, particularly as the Apollo programme was extensively covered in the group work planning session.
- The Governor representative also highlighted points from discussions, including how surgeons work on hospital sites across the Trust's wider networks and some of the challenges this can sometimes pose.

The group asked for further information on this to provide Governors with assurance that this will not impact patient care.

Action: To seek information from the relevant team to provide Governors with reassurance that the concerns mentioned will not impact patient care.

7.2. **Heart, Lung and Critical Care Clinical Group Board**

The Governor representative in attendance provided an update from this meeting. The Governor, outlined two issues discussed at the board meeting;

- The impact of the forthcoming junior doctors strikes and the need to increase derogations particularly in Critical care and Cardiac as the Trust is already significantly behind in particularly Cardiac surgeries.

- Legacy systems and how they will interact or cope with Epic.

7.3. Quality and Performance Committee

No update was given.

7.4. Cancer and Surgery

No update was given.

8. Agenda item 7: Format of future meetings

The QEWG Chair will email Governors separately on the format of future meetings.

9. Agenda Item 8: Any other business

No other business was discussed.

The Chair thanked everyone for attending and closed the meeting.

ACTIONS

3.1	It was agreed the Working Group Secretariat will compile all themes discussed and send to Governors to review with the aim to wrap up exercise and finalise the areas after the Easter break.
5.2	Governors raised the issue of recently publicised concerns about the pain medication (Entonox) which some Trusts have banned and were keen to understand what the Trust's position on this is.
7.1	To seek information from the relevant team to provide Governors with reassurance that the concerns mentioned will not impact patient care.

**GUY'S AND ST THOMAS' NHS FOUNDATION UST
COUNCIL OF GOVERNORS
WEDNESDAY 19 APRIL 2023**

Title:	Strategy, Transformation and Partnership Working Group (STPWG)
Governor Lead:	Katherine Hamer, Public Governor
Contact:	Elizabeth Hubbard and Elena Spiteri
Purpose:	For information
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	<p>A report on the Working Group's discussion on the following:</p> <ul style="list-style-type: none"> • An update on delegation of specialised commissioning • An update on the transformation opportunities of the Apollo programme
Recommendations:	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> 1. Note the key discussion points at the Strategy, Transformation and Partnership Working Group (STPWG)

Strategy, Transformation and Partnership Working Group (STPWG), Tuesday 4 April 2023

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 19 APRIL 2023**

Strategy, Transformation and Partnership Working Group (STPWG)

5:30-7:00pm, held at Chelsea Wing Board Room and via MS Teams

Governors in attendance:	Katherine Hamer (Chair) Elfy Chevetton Nicola Clark John Clark Marcia Da Costa Alan Hall	Leah Mansfield Alison Mould Margaret McEvoy Roseline Nwaoba Placida Ojinnaka Claire Wills
Trust staff in attendance:	Jackie Parrott Nicky Felix (item 5)	Felicity Harvey Elizabeth Hubbard

Apologies:

1. Welcome, introduction and apologies

- 1.1. The Chair welcomed everyone to the Strategy, Transformation and Partnership Working Group.
- 1.2. Apologies had been received from Lucilla Poston, John Powell, Mary Stirling, Elena Spiteri, Lawrence Tallon, and Steve Weiner.

2. Declarations of interest

- 2.1. There were no declarations of interest.

3. Previous meeting report and matters arising

- 3.1. The minutes of the previous meeting of the Group, held on Tuesday 10th January 2023, were approved as a true record.

4. Delegation of specialised commissioning

- 4.1. The presentation slides had been circulated to Group members prior the meeting.
- 4.2. Jackie Parrott, Chief Strategy Officer, presented on the ongoing work to move funding for specialised services from provider-based funding to population-based funding, with NHS England planning to shift significant elements of their current commissioning role to Integrated Care Systems (ICs). This presentation included:

Strategy, Transformation and Partnership Working Group (STPWG), Tuesday 4 April 2023

- Introduction to specialised commissioning and delegation
 - South London Office of Specialised Services
 - National pathfinder programme
 - Finance and risk
 - Transformation pilots and progress in south London
 - Remaining challenges
- 4.3. Specialised services support people with a range of rare and complex conditions and are only delivered in a subset of centres due to the expertise and skills needed. GSTT receives approximately £854m per year (excluding high cost drugs and devices) for the delivery of specialised services, which is a third of the Trust's total income, and over £1bn when drugs and devices are included.
- 4.4. Jackie Parrott set out the expected changes to commissioning of specialised services:
- Currently providers receive funding for specialised services through a single contract from NHS England (NHSE)
 - NHSE intends to delegate the majority of funding for specialised services to ICSs in April 2024 in order to improve quality of services, reduce inequalities and achieve better value (the triple aim)
 - NHSE will still set national quality standards and remain ultimately accountable for ensuring all specialised services meet national standards
 - NHSE will also still directly commission a small number of highly specialised services not suitable for delegation
 - Simultaneously, the funding allocation will change, shifting from provider funding to population funding using a new needs-based allocation from 2024/25
- 4.5. The two ICSs in South London, including the main tertiary providers (King's College Hospital, St George's, the Royal Marsden and GSTT) are working collaboratively to ensure safe devolution of services and influence the national programme. Work to date includes:
- The establishment of a governance structure that includes Trust representation on the CEO Strategic Oversight Group, Executive Management Board, and underlying delivery structure
 - Leadership of the only national Pathfinder Programme to test out the draft processes and national products developed for delegation
 - Delivery of the first year of two-year transformation pilots for cardiac, HIV, hepatitis and neurosciences services demonstrating improvements against the triple aims
- 4.6. There are significant risks around affordability, fragmentation, cross-border flows, capital investment, contracting, and changes in the allocation formula. The majority of these risks are currently being mitigated through participation in the national Pathfinder Programme and participation in national and regional fora.
- 4.7. During questions, Jackie Parrott clarified the following points:
- GSTT will continue to be accountable for meeting specialised services specifications, which will continue to be set nationally. Quality management sits outside the scope of the Pathfinder Programme and is an outstanding challenge for the national delegation programme.
 - Part of the aim for delegating specialised commissioning is to remove silos between commissioning of primary, secondary, tertiary, and quaternary services.

Strategy, Transformation and Partnership Working Group (STPWG), Tuesday 4 April 2023

- There are no planned changes to referrals into patient pathways currently and patients should not be concerned about their ability to access secondary care or specialist services.
- There is assumed to be significant unmet need, and delegation of specialised commissioning will help to find, highlight and address health inequalities. However, this may increase budgetary pressures.
- Data quality is a significant issue, as a patient's ICS has often not been recorded. South London ICSs are working with NHS England to address this and other data quality issues. Data quality may also affect the ability to compare to historic baselines and monitor impact.

4.8 Governors noted the importance of patient engagement in the national programme, particularly with patient specialist groups. They noted this presentation was an opportunity for the Trust to engage with patient governors.

5. Transformation opportunities of Apollo programme

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

5.2. Nicky Felix, Trust Director of Operations and Joint Programme Director for the Apollo Programme, provided an overview of the transformation opportunities of the new Epic Electronic Health Record (EHR) managed by the Apollo programme. Epic provides huge transformation opportunities over the coming years. These include

- Transforming patient engagement and communication through the MyChart patient portal
- Improved efficiency and reductions in wait times through Epic's clinical and scheduling tools and discharge tools
- Improved safety and effectiveness for urgent and emergency care through utilising the system's remote monitoring, self-assessment and virtual follow-up appointment functions, as well as predictive modelling and outreach tools
- Improved productivity through consolidation of the number of existing systems, reduction in unnecessary tests, improved medication management, and better analytics
- Much improved research recruitment processes and reporting

5.3. The Apollo live date is planned for October, coinciding with our partners King's College Hospital NHS Trust and Synnovis (Pathology). The path to go-live includes data migration from legacy IT systems and training of 50,000+ staff to use Epic.

5.4. During questions, Nicky Felix clarified the following points:

- Our Epic system will include PACS (imaging IT system) and allow multiple staff to access a patient record at once.
- The programme of training will relaunch in June, building on learning and feedback to date.
- The Epic system is anticipated to improve flow through the hospital, which will be measured as an outcome of the programme.
- The Apollo team has visited all other sites in the UK using Epic as well as multi-hospital sites in America to build on learnings from elsewhere. The programme will mitigate risks of the go-live through multiple mechanisms, including command centres at all acute sites and in the community and temporary additional resource for the first weeks.

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6. Any other business

- 6.1. Governors noted the challenge of accessing the Chelsea Wing Board Room at the Royal Brompton Hospital and the need for governors to have badges with building access.
- 6.2. Governors noted the chair of the next STPWG meeting needed to be agreed.
- 6.3. Lastly, governors noted the challenges of hybrid meetings and suggested future meetings alternate in person and online.

The next Strategy, Transformation and Partnership Working Group meeting will be held on Tuesday 4th July 2023 at 5:30pm-7:30pm.