

Public Council of Governors meeting

Wed 31 July 2024, 18:00 - 19:30

Robens suite at Guy's Hospital and online via MS Teams



Agenda

18:00 - 18:00 **1. Welcome, introductions and apologies**
0 min
Charles Alexander

18:00 - 18:00 **2. Declarations of interest**
0 min
Charles Alexander

18:00 - 18:15 **3. Minutes of previous meeting held on 24 April 2024 and review of actions**
15 min
Charles Alexander
 [3] 20240424 Council of Governors minutes vFinal.pdf (4 pages)

18:15 - 18:35 **4. Annual Report and Accounts**
20 min
Ian Abbs, Steven Davies

18:35 - 18:45 **5. Report from Nominations Committee**
10 min
Charles Alexander
 [5] Non-executive director appointment.pdf (3 pages)

18:45 - 19:20 **6. Q&A with Trust Chair and non-executive directors**
35 min

19:20 - 19:20 **7. Governors' reports for information**
0 min

7.1. Lead Governor's Report

John Powell
 [7.1] Lead Governor's Report.pdf (4 pages)


7.2. Strategy, Transformation and Partnership Working Group (notes from meeting on 7 May 2024)

Leah Mansfield
 [7.2] 20240507 Strategy Transformation and Partnerships Working Group minutes FINAL.pdf (6 pages)

7.3. Membership Development Working Group (notes from the meeting on 21 May 2024)

Spiteri Elena
25/07/2024 13:32

Katherine Hamer

 [7.3] 20240521 MDWG meeting minutes final AC.pdf (2 pages)

7.4. Quality and Engagement Working Group (notes from meeting on 11 June 2024)


Leah Mansfield

 [7.4] 20240611 Quality & Engagement Working Group meeting notes.pdf (9 pages)

19:20 - 19:20 8. Any other business

0 min

8.1. Lead Governor role description

 [8] Lead governor role description.pdf (2 pages)

COUNCIL OF GOVERNORS

Wednesday 24 April 2024, 6pm – 7.30pm
Robens Suite, Guy's Hospital and MS Teams

Governors present:	David Al-Basha Victoria Borwick Michael Bryan Elfy Chevetton John Clark Emily Hickson	Peter Harrison Leah Mansfield Marianna Masters Margaret McEvoy Alison Mould Mary O'Donovan	Placida Ojinnaka John Powell Raska Tupprasoot Mary Stirling Claire Wills
In attendance:	Charles Alexander (Chair) Ian Abbs (until 7.15pm) Gubby Ayida Edward Bradshaw (minutes)	Miranda Brawn Simon Friend Felicity Harvey Deirdre Kelly	Anita Knowles Sally Morgan Pauline Philip (until 7pm) Lucy Yasin

Members of the public and members of staff

1. Welcome and apologies

- 1.1. The Chair welcomed attendees to the meeting of the Council of Governors (the Council). Apologies had been received from non-executive directors Nilkunj Dodhia, Ian Playford and Reza Razavi, and from the following governors: Koku Adomza, Jordan Abdi, Serina Aboim, Sarah Addenbrooke, Mark Boothroyd, Marcia da Costa, Ibrahim Dogus, Sian Flynn, Katherine Hamer, Joanna McGillivray, Trudy Nickels, Roseline Nwaoba, Rishi Pabary, David Phoenix, Jadwiga Wedzicha and Sonia Winifred.
- 1.2. The Chair thanked the 17 governors whose terms would end on 30 June 2024, and therefore for whom this was, or may be, their final Council of Governors meeting. In particular, he thanked four governors whose second term was ending and who had served the Trust for six years: Marcia da Costa, Margaret McEvoy, Placida Ojinnaka and Mary Stirling. The Chair also wished good luck to the governors standing for re-election.

2. Declarations of interests

- 2.1. The Chair noted that a number of recusals would be required in respect of item 5.1, and that these would be noted in the relevant section of the minutes. There were no further declarations of interest.

3. Minutes of the meeting held on 31 January 2024 and review of actions

- 3.1. The minutes of the previous meeting were approved as an accurate record. No actions had been recorded at that meeting.

4. Matters arising

- 4.1. The Trust had received an increasing number of applications made under the Freedom of Information Act 2000 in each of the past three years. This reflected a trend of increasing demand for information across both the NHS and the public sector more broadly. Governors noted the main steps the Trust was taking to improve its compliance for responding to these applications to ensure transparency of information. The Audit and Risk Board Committee would consider the matter more fully at its next meeting in May.
- 4.2. The Council was reminded about issues within the Assisted Conception Unit at Guy's Hospital. These were under active investigation and management, and the Trust was working in close cooperation

with the Human Fertilisation and Embryology Authority, and the CQC had been informed. Governors sought assurance about how the Trust was taking steps to ensure the issues would not recur.

- 4.3. A brief update was provided about the ongoing governor elections. There had been 59 nominations for 20 governor seats across a range of constituencies. The voting window was now open and would close on 15 May, with the results being announced on 17 May. All members eligible to vote had received instructions about how to do so. The Trust had reviewed and refreshed its governor induction programme to ensure it was well-placed to accommodate a large number of new governors. A question was asked about the diversity of the nominees; further detail on this would be provided in the next governor newsletter.

ACTION: EB

5. Governor business

Report from the Nominations Committee

Dr Felicity Harvey recused herself from the section of the report concerning her proposed re-appointment. All non-executive directors except the Chair recused themselves from the section of the report regarding non-executive director remuneration.

- 5.1. The Chair presented a report from the governors Nominations Committee (the Committee), which had met the previous week. The Council of Governors unanimously agreed the Committee's recommendations regarding its updated terms of reference and enlarged membership, and regarding the appointment and re-appointment of two non-executive directors.
- 5.2. The Committee had agreed that steps would be taken to identify and, in due course, nominate to the Council of Governors two new non-executive directors with expertise in workforce and cyber/technology. The Council fully supported the Committee's resolution, and governors made a number of supportive comments regarding the need to ensure the Trust's cyber security arrangements were robust in light of current and future threats.
- 5.3. The Council considered non-executive director remuneration and the Committee's recommendation to leave this unchanged at £20,000 per annum. It was recognised that this level of remuneration was higher than many other trusts, yet was very modest when compared to equivalent remuneration in the private sector. The Council was content to leave the level unchanged in light of the Trust's financial constraints and the wider cost of living crisis. The levels of remuneration would, however, be revisited on an annual basis going forward.

RESOLVED:

- 5.4. The Council of Governors approved:
- the updated Committee terms of reference and membership;
 - the re-appointment of Dr Felicity Harvey as non-executive director for a further two years to 14 September 2026;
 - the appointment of Professor Shitij Kapur as the non-executive director nominated by King's College London, for a period of six months from 6 May 2024 to 5 November 2024, or until the new Chief Academic Officer of King's College London starts in post (whichever is soonest);
 - the retention of non-executive director annual remuneration at £20,000 for a further 12 months.

Trust Constitution

- 5.5. The Constitution sets out the fundamental principles for how the Trust is governed, with a primary focus on the role and composition of the Board of Directors and the Council of Governors. Work had been undertaken during recent months to review and refresh the Constitution, with input received from both the Trust's lawyers and a working group of governors. The primary purpose of the update was to ensure the Trust was aligned with the most recent legislation and to reflect current working practices. The Board of Directors had approved the updates earlier in the day, but the changes could not be formally implemented without similar approval from the Council of Governors. In response to governor

queries it was explained that the role of Deputy Lead Governor should sit outside the Constitution for ease and flexibility, as it was not a formal regulatory requirement to have such a role. It was also clarified that Hillingdon Council had taken a decision not to appoint a governor to the Trust.

RESOLVED:

- 5.6. The Council of Governors approved the proposed amendments to the Trust Constitution.

Lead Governor role description

- 5.7. One of the changes that had been made to the Constitution was to remove most of the references to the process for appointing a Lead Governor, due to the complexity of the process as it was described. The process had therefore been simplified and added to the Lead Governor role description, along with a reference to the role of the Deputy Lead Governor. This reflected the approach taken by many foundation trusts and meant the process could be more easily refined in the future, if required.

RESOLVED:

- 5.8. The Council of Governors approved the updated Lead Governor and Deputy Lead Governor role descriptions.

6. Governor reports

- 6.1. The Lead Governor presented his report, and drew governors' attention to his concern regarding the number of Trust patients failing to attend their appointments, and the financial and operational impact of these. Building on the Lead Governor's concerns, the Chair of the Quality and Engagement Working Group explained that the Group had explored the issue and had identified the MyChart patient portal occasionally gave patients the wrong locations for their appointments. The Trust was introducing a wayfinding tool to mitigate this risk. Work was also being done to look more closely at the reasons for patients failing to attend appointments, although it was noted the number of cancellations was proportionally fewer for those patients who had arranged their appointment through MyChart.
- 6.2. An update was also provided about the last meeting of the Strategy, Transformation and Partnerships Working Group, where there had been discussion of the new Trust values. Governors had emphasised the need for the values to reflect the importance of positive health outcomes. An update on the values work would be provided to the Working Group Chair.

ACTION: EB

7. Discussion with non-executive directors

- 7.1. There was discussion about a range of matters prompted by questions from governors. Continuing the focus on the Trust's new electronic patient record system, governors asked whether Epic as an organisation had done as much as they could to support the Trust since go-live in October 2023. The Chief Executive responded, noting that the Epic team were still on-site and supporting the stabilisation phase of the programme. It was reported that the implementation of Epic had impacted South London and Maudsley NHS Foundation Trust, which was having issues such as processing blood tests as a result of the new system. This would be looked-into and reported back to the relevant governor.

ACTION: EB

- 7.2. There was discussion about the challenging financial efficiency programme that would be required in 2024/25 and, in particular, the assurances the non-executive directors had received that delivery of the programme would not impair patient safety. Non-executive directors stated that patient safety would not be compromised, and that there was a robust quality impact assessment process led by the Chief Nurse and Chief Medical Officer, this was and operating effectively. In addition, the Trust's Freedom to Speak Up service was available to all staff to raise any related concerns they might have. It was acknowledged that one component of the efficiency programme was to reduce the overall staff payroll, but that this was in the context of staff numbers having risen significantly in recent years. There was discussion about why the staffing increases had not had a corresponding impact on productivity levels.

- 7.3. There was further discussion about the financial impact of 'health tourism', and about the changes that the Chair had made over the past 12 months to enable the Trust Board to function as efficiently and effectively as possible.

8. Any other business

- 8.1. There was no other business.

The next meeting of the Council of Governors would be held on 31 July 2024

Spiteri, Elena
25/07/2024 13:21:32

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 31 JULY 2024

Title:	Non-executive director appointment
Responsible director:	Charles Alexander, Trust Chair
Author:	Edward Bradshaw, Director of Corporate Governance and Trust Secretary
Purpose:	To seek the Council of Governors' approval to appoint a new non-executive director
Main strategic priority:	All strategic priorities
Paper previously presented at:	<ul style="list-style-type: none">Nominations Committee (approved in correspondence, June 2024)
Recommendations:	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none">Approve the recommendation from the Nominations Committee to appoint Professor Graham Lord as the non-executive director nominated by King's College London from 1 September 2024 to 31 August 2028 and note that, in doing so, he will replace the incumbent, Professor Shitij Kapur.

Spiteri Elena
25/07/2024 13:21:32

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 31 JULY 2024

1. Introduction

- 1.1. The Trust's Constitution requires the Trust to have a cohort of non-executive directors, "one of whom shall be appointed having been nominated by King's College London".
- 1.2. Between May 2016 and May 2024 this position was held by Professor Reza Ravazi.¹ In April 2024 the Council of Governors agreed to accept the recommendation of the Nominations Committee to appoint Professor Shitij Kapur as the non-executive director nominated by King's College London to replace Professor Razavi, for a period of six months from 6 May 2024 to 5 November 2024, or until the new Chief Academic Officer, a non-executive director role on the Board of Directors at both Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts started in post (whichever was soonest).
- 1.3. Professor Graham Lord, currently Vice-President and Dean of the Faculty of Biology, Medicine and Health at the University of Manchester, has been appointed as the new Chief Academic Officer, and Non-Executive Director on the Board of Directors at Guy's and St Thomas' NHS Foundation Trust. Professor Lord will take up this role with effect from 1 September 2024. Formal notification has also been received from King's College London that they wish Professor Lord to replace Professor Kapur as the nominated non-executive director on the Guy's and St Thomas' Board of Directors from 1 September 2024.
- 1.4. In June 2024 the Nominations Committee of the Council of Governors unanimously endorsed the appointment of Professor Lord and has recommended that the Council of Governors now formally approve the appointment.

2. Overview of Professor Graham Lord

- 2.1. Professor Graham Lord has been appointed as the new Senior Vice President (Health & Life Sciences) of King's College London and Executive Director of King's Health Partners (KHP). It is also intended that Professor Lord will serve as a non-executive director on the Board of Directors of both Guy's and St Thomas' and King's College Hospital, subject to approval from the respective councils of governors.

¹ Professor Razavi is Professor of Paediatric cardiovascular Science at King's College London and an Honorary Consultant Paediatric Cardiologist at Guy's and St Thomas'

- 2.2. Professor Lord will join the partners on 1 September 2024 from the University of Manchester where he is currently the Vice-President and Dean of the Faculty of Biology, Medicine and Health. He is also an Honorary Consultant Transplant Nephrologist at Manchester NHS Foundation Trust and Executive Director of the Manchester Academic Health Science Centre.
- 2.3. Prior to joining the University of Manchester in 2019, Professor Lord held the position of Director of the National Institute for Health and Care Research (NIHR) Biomedical Research Centre at Guy's and St Thomas' and King's College London and was Professor of Medicine and Head of the Department of Experimental Immunobiology at King's College London.
- 2.4. A leading clinician-scientist, Professor Lord trained in Medicine at the University of Cambridge, gained a PhD at Imperial and completed his postdoctoral training at Harvard University. He then established a research group seeking to understand the regulation of the immune system to enhance the treatment of severe inflammatory diseases. His clinical interest is in multi-organ transplantation and the genetics of long-term transplant failure. He has significant commercial expertise, having founded companies in the US that focus on immune-oncology, infectious diseases and autoimmunity.
- 2.5. The Council of Governors is also asked to note that Professor Lord's appointment arose from a policy decision in King's Health Partners (KHP) taken by all four partner organisations (King's College London, the Trust, King's College Hospital NHS Foundation Trust and South London and Maudsley NHS Foundation Trust) to relaunch the research initiatives of the partners. The Trust Chair, Chief Executive and Chief Medical Officer all played roles in the appointment of Professor Lord, and believe Professor Lord's distinguished health and leadership background and passion for academic healthcare ecosystems will be invaluable in supporting the Trust and its partners to realise the unrivalled possibilities for better health that lie across the organisations.

3. Next steps

- 3.1. The Council of Governors is asked to note that whilst technically this appointment is, as for all non-executive directors, a decision for the Council of Governors, this particular non-executive director position is unique in that its genesis is from a formal nomination to the Trust from the President and Principal of King's College London and not from a typical recruitment process. As such, governors should not unreasonably withhold their consent for the appointment, and it would be expected that any rejection of the nomination would need to be supported with a clear rationale as to why the candidate was fundamentally unsuitable to discharge the duties of the role.

4. Recommendation

- 4.1. The Council of Governors is asked to **approve** the appointment of Professor Graham Lord as the non-executive director nominated by King's College London from 1 September 2024 to 31 August 2028 and note that, in doing so, he will replace the incumbent, Professor Shitij Kapur.

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 31 JULY 2024

Title:	Lead Governor's Report
Paper author:	John Powell, Lead Governor
Purpose of paper:	For information
Main strategic priority:	All Trust Strategic Priorities
Relevant BAF risk(s):	N/a
Key issues summary:	<ul style="list-style-type: none">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.
Paper previously presented at:	<ul style="list-style-type: none">N/a
Recommendation(s):	The COUNCIL OF GOVERNORS is asked to: <ol style="list-style-type: none">Note the report.

Spiteri Elena
25/07/2024 13:21:32

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 31 JULY 2024

- 1.1. The Council of Governors has undergone a certain amount of domestic surgery this last few weeks as several of our number reached the end of their tenure, making way for new blood in our ranks. It was therefore only right that they were given an opportunity to have an early insight into the Council of Governors, our work, and the level of commitment we would ideally like them to show. It was a well-attended forum – held on 8th July mainly in person, but also online – with some existing governors also in attendance. My thanks to Corporate Affairs – Edward Bradshaw in particular – for drafting the order of business and presentation, plus of course our Chair Charles Alexander for leading the proceedings.
- 1.2. Further to this we are offering new governors the opportunity of having a Governor ‘buddy’. The knowledge, skills and expertise gained by a number of our more experienced governors can be a huge asset to newly-elected colleagues, and ensure they make the most of their respective tenures. Judging by feelings expressed at this forum it seems this is likely to be a popular move despite the vast diversity of expertise contained within the group.
- 1.3. Clearly, I cannot delve too deeply into this report without referring to the cyber-attack on Synnovis, the provider of the Trust’s pathology services, that has had very serious implications to Trust operations. As a Council of Governors we are vested with the duty of becoming a ‘critical friend’ to the Trust Board, but this has been yet more challenging as a result of this latest savage blow to post-Covid recovery. Even putting the pandemic to one side and acknowledging the longer-term impact that is still having, the critical IT incident in summer 2022, the ongoing industrial action, and now an attack on Synnovis just as major new projects are coming to fruition, would challenge even the most efficient of organisations. Setting a balance between sympathy and keeping one’s eye on the ball has, to say the least, been tricky. With regard to all these issues, however, I must pay tribute to the Trust for keeping governors updated with progress toward recovery, and providing relevant data sets when appropriate to illustrate how things are progressing.
- 1.4. Triangulation meetings continue to precede Board and Council meetings where we have the opportunity to both review issues at hand as well as question visiting Non-Executive Directors on aspects of current performance of the Trust. Governor visits have been restored post-pandemic and a number of common themes exposed. Whilst sitting in the shadow of the major issues currently challenging the Trust, staff wellbeing repeatedly hits governor radars, and cannot be ignored given the huge practical pressures hitting frontline staff.

- 1.5. An early opportunity for our new governors lies in the all-important Nominations Committee where three vacancies exist for public, staff, and partnership constituencies. The deadline for expressions of interest has been set for this Council meeting on 31st July.
- 1.6. Advancements in technology now sees AdminControl, the Trust's secure information sharing portal, being used now to circulate monthly newsletters for governors, papers for governor meetings, Trust governance meetings and other general information. There have been publicised dates for training on the use of this portal which many governors have taken advantage of.
- 1.7. Changes to tenures were mentioned in my previous report and these have now kicked in, meaning that governors can now be elected for up to three terms of three years, with the Lead Governor having a tenure of two years renewable on re-election for a second. This affects me personally as I will reach the two-year mark next month. The role of Lead Governor is challenging, but also in my view a huge honour, as one of the key roles in the biggest NHS trust in the country. I have enjoyed immensely my tenure as Lead Governor to an incredibly skilled and capable Council, and it is therefore with a heavy heart that I must say that I will not be seeking re-election for a second term. I have never taken on a role that I have not fervently believed that I can give my best shot to, and unfortunately my personal circumstances are now dictating that of the far too many plates I have spinning at present, this is one of those that has to be put away.
- 1.8. I do believe, however, that I leave the Council in a positive position to move on with a new incumbent in the hot seat. Over the past couple of years, we have re-organised significantly our modus operandi to match the entirely different working world that we live in post-pandemic. Quite early in my tenure I was able to witness first-hand the dedication and hard work of frontline staff while I was an inpatient following open heart surgery, the quality of which was at times quite humbling. The first day of industrial action in December 2022 saw a seamless transition of working that had no impact on patient care that I ever saw. Since then, I believe I have been able to see the Trust operating from both sides of the glass.
- 1.9. The development of our Action Tracker, a living document recording any topics raised by the Council, enables governors to focus their minds on live issues. We have reviewed the working groups and seen positive changes that have fine-tuned the Constitution, and a new post of Deputy Lead Governor has evolved with Katherine Hamer ably filling the first tenure. As the biggest Trust in the country, it certainly seemed logical to me that no one individual should be leading such a crucial forum, and the informal addition of a small 'executive' group working with the deputy and Lead has been another positive step.
- 1.10. We have reviewed governor commitment to the cause and identified several governors who were not attending key meetings, and it was this that in part prompted the new governor welcome session three weeks ago. Recognising people's new level of commitment in their own work environments we have standardised our meeting structure. Triangulation meetings preceding Board and Council meetings now combine the previous informal meetings along with accountability sessions with Non-Executive Directors. I very much hope that the recently-appointed 20

new colleagues will engage as fully as possible with these meetings, all of which are hybrid in nature, offering the opportunity to join us online should the need arise.

- 1.11. Aside from this we have also seen the development of the Apollo programme and the implementation of Epic and MyChart – a game changer for communication channels for patients which has long been identified by governors as a concern. We have seen the retirement of long-serving Chair, Sir Hugh Taylor, and the appointment of current Trust Chair Charles Alexander.
- 1.12. Through all this we have retained the role of 'critical friend' to the Trust levying questions on such key issues as missed patient appointments and potential strategies to minimise these and the issues with the Assisted Conception Unit. I believe these and other issues have been raised objectively and constructively, and that the Council is well placed now to move forward with a new Lead Governor to take us into 2025-26 and beyond.
- 1.13. Finally, although my final act will be to address the Annual Public Meeting in September, I would like to put on record my sincerest and humblest gratitude to Charles Alexander, Edward Bradshaw, Katherine Hamer, and all my Council of Governor colleagues for the help and support (and often the patience) they have shown me over the past two years.

Spiteri Elena
25/07/2024 13:21:32

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
STRATEGY, TRANSFORMATION & PARTNERSHIPS WORKING GROUP
TUESDAY 07 MAY 2024

Title:	Strategy, Transformation and Partnership Working Group (STPWG)
Responsible executive:	Leah Mansfield, Patient Governor
Paper author:	Jed Nightingale, Strategy Business Support Manager
Purpose of paper:	For information
Main strategic priority:	All
Key issues summary:	<p>A report on the Working Group's discussion on the following:</p> <ul style="list-style-type: none">• Overview of the Medium-Term Capital Plan• Overview of the Trust Robotic Surgery Strategy• Update on the new Trust strategy development process
Paper previously presented at:	None
Recommendation(s):	<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)

Spiteri Elena
25/07/2024 13:21:32

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
STRATEGY, TRANSFORMATION & PARTNERSHIPS WORKING GROUP
TUESDAY 07 MAY 2024

Governors in attendance: Leah Mansfield (Chair), Mary Stirling, Alison Mould, Margaret McEvoy, Claire Wills, Katherine Hamer, Michael Bryan, Elfy Chevetton, Victoria Borwick, Roseline Nwaoba, Placida Ojinnaka

Trust staff in attendance: Tom Davies (item 4), Ben Challacombe (item 5), Alice Jenner (item 5), Lawrence Tallon, Emma Saunders, Jed Nightingale, Elena Spiteri

Apologies: Jordan Abdi, Marcia Da Costa, Sian Flynn, Peter Harrison, David Phoenix, Felicity Harvey, Steven Davies, Jackie Parrott

1. Welcome, introduction and apologies

1.1. The Chair welcomed everyone to the Strategy, Transformation and Partnership Working Group. Apologies were noted.

2. Declaration 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 the 6th February 2024, were approved as a true record.

3.2. Actions from the previous meeting:

Action 5.6 – Hendrika Santer-Bream to follow up by email for more suggestions for new values from governors. Leah has also taken this request to Council of Governors and is currently awaiting feedback from Ed Bradshaw. Governors will hear more in due course.

Action 6.1 – Leah Mansfield to raise the issue of high intensity theatre lists at the Transformation and Major Programmes Board Committee. This has been closed.

Action 4.8 – Slides from the Research and Development presentation at the previous STPWG were to be circulated. Jed Nightingale to follow up.

4. Medium-Term Capital Plan

- 4.1. Presentation slides were circulated prior to the meeting. Tom Davies, Head of Strategic Finance, introduced a presentation on the national context and allocation of capital, the availability of capital and the Trust's Medium Term Capital Plan.
- 4.2. Tom Davies set out the changes to capital funding NHS capital is now allocated in three via Integrated Care System (ICS) level allocations, nationally allocated funds and other national programmes. The Trust receives capital funding via the South East London ICS and may also apply for funding from national schemes.
- 4.3. The Trust's medium-term capital plan has been updated to cover 2023/24 – 2028/29. It is a five-year view of the allocation of capital resources within the constraints of both available cash and the annual capital departmental expenditure limit (CDEL) allocation. The Trust's CDEL allocation from the ICS sets out how much the Trust is able to spend on capital each year.
- 4.4. The capital funding plan over the next five years is split into five blocks: medical equipment replacement, estates backlog maintenance, digital maintenance and cyclical upgrades, theatres and cath lab refurbishment and clinical/delivery group strategic priorities.
- 4.5. The management of the Medium-Term Capital Plan (MTCP) is overseen by the Trust Investment Portfolio Board (IPB) and its subsidiary boards that cover estates, technology and medical equipment. All schemes require the relevant business case approvals in accordance with the Trust's Standing Financial Instructions prior to allocation of budget and commitment of expenditure or contracts.
- 4.6. The following was discussed:
 - Any additional externally generated capital is included/constrained against CDEL and the expenditure limit. However, there are different arrangement, such as rental agreements that are not limited by CDEL. Philanthropic donations do not count against CDEL.
 - Any real estate or asset that may be disposed of generates a credit against CDEL and increases the ability to spend capital, but this has to be planned in advance with the system.The Trust capital team prioritises spending based on risk, planning and working with Clinical Groups, Essentia and clinical and operational teams across the Trust. The Trust can use revenue funding to mitigate and address risks and issues that arise in-year but for which there is not a capital plan to address.

- The medium-term capital plan will continue to be reviewed to ensure capital funding is used efficiently and strategically, including ensuring effective governance and visibility of capital spending both within the Trust and with the system.

5. Robotics Surgery Strategy

- 5.1. Presentation slides were circulated prior to the meeting. Alice Jenner, Head of Strategy for Cancer and Surgery Clinical Group, and Ben Challacombe, Urology Consultant and Clinical Lead for Robotics, presented on the robotics surgery strategy, including clinical priorities and ongoing work.
- 5.2. Building on organisational enthusiasm, the Trust robotics surgery strategy was initially launched in 2018/19, setting out the vision to be a UK National Centre of Excellence for multi-speciality robotic surgery. This includes surgical robots across multiple specialties and with different capabilities, innovative surgical practice, and specialist training opportunities. The strategy builds on our strengths: depth of skills within robotics in the Trust, relationships with our academic partners, and the scale and breadth of our surgical services.
- 5.3. Since the strategy's launch, there has been investment to purchase several robots from multiple manufactures, with robotic surgery now being offered across seven specialties. There is ongoing work to optimise the current programme, further expand robotic capacity, strengthen research and training, and review commercial opportunities.
- 5.4. There has been strong strategic alignment around robotics across the Trust and with our partners. This includes the Trust-wide Surgical Vision and Cancer Strategy as well as three Clinical Group Strategies (Cancer and Surgery; Heart, Lung and Critical Care; Evelina London Women's and Children's). Our strategic ambitions also align with our academic and charity partners' strategies, and the Trust's Centre for Innovation, Transformation and Improvement (CITI) is supporting partnerships with industry.
- 5.5. Ben Challacombe spoke about the benefits of surgical robotics, the current refresh of the robotic surgical strategy and next steps. Robotics is central to the whole of surgery with the vast majority of oncology, gynae-oncology and reconstructive surgery using a robotic approach.
- 5.6. The refreshed draft robotic surgical strategy sets out the vision to bring the benefits of robotic surgery to as many patients as possible through a multi-speciality, multi-site, multi-platform Centre of Excellence. There are four priorities around clinical practice, research and innovation, training and education, and partnerships that are enabled by workforce development, digital and data, programme infrastructure, and branding and communications. Financial investment and theatre space are key to further develop opportunities in

robotics. A new roadmap will be developed to set out steps to achieve the strategy's ambitions and tested with charity and industry partners.

5.7. Governors thanked Alice and Ben for the presentation. The following points were discussed:

- The robotic surgical training centre will bring together specialties, increase working with industry, and support delivery of the robotic surgery vision.
- Sufficient theatre space to make best use of existing robots and any future additional robots is an ongoing challenge.
- While there are upfront investments to enable robotic surgery, there are benefits for patients that also are cost saving, such as reduced likelihood of returning to theatre, reduced need for radiotherapy, and reduced transfusions.
- Robotics procedures have been taking place since 2004 and, across all the specialties, it is known to be the standard of care for a lot of modern procedures. Investment in robotic surgery supports recruitment and retention of the best surgeons, as well as the Trust's reputation for surgery.
- A fellowship programme for senior trainees is run within a number of specialties now. GSTT has trained more female fellows than anywhere else in the UK, all of whom are now practicing robotic surgeons.

6. New Trust Strategy update

- 6.1. Lawrence Tallon provided an update on the ongoing programme of work to develop the new Trust strategy and values. There has been rich engagement throughout strategy development process with patients, members of the local community, governors, staff (including senior leaders) and many partner organisations. This process has been brought together with work to develop new Trust values.
- 6.2. The strategy will be hopeful and ambitious, acknowledging previous, current and future challenges, but also providing an outlook for a better future. Five strategic priorities have been identified: delivering healthcare excellence, improving the health of our populations, valuing all our people, innovating for a better future and modernising our infrastructure. The focus has been working through what the strategic objectives on delivery to 2030 will look like under these priorities.

7. Updates for committees attended by Governors

- 7.1. At the Finance Board Committee meeting held last week, the medium-term capital strategy and annual financial plan were reviewed. The Trust has significant savings targets and requires a focus on efficiency.

7.2. Members were encouraged to read the report from April on the People and Education Committee shared by Claire Wills.

8. Any other business

8.1. There were no items of AOB.

The next Strategy, Transformation and Partnership Working Group meeting will be held on Tuesday 3rd September at 5:30pm-7pm.

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**COUNCIL OF GOVERNORS
MEMBERSHIP DEVELOPMENT WORKING GROUP**

**Tuesday 21 May 2024
5.30pm – 7.00pm, MS Teams**

Governors in attendance:	Claire Wills Elfy Chevretton Leah Mansfield	Peter Harrison Placida Ojinnaka Roseline Nwaoba
Trust staff in attendance:	Edward Bradshaw Elena Spiteri	Andrea Carney Anna GrinbergsSaul

1. Welcome and apologies

The Trust Secretary welcomed colleagues to the meeting of the Membership Development Working Group (the Group). Unfortunately the governor chair of the Group had needed to cancel her attendance at the last minute, and had asked the Trust Secretary to oversee proceedings on her behalf.

Formal apologies had been received from governors - Mary Stirling, David Phoenix, Joanna McGillivray, Alison Mould, Katherine Hamer, John Clark, Victoria Borwick, Sarah Addenbrooke and Jordan Abdi.

2. Declarations of interest

There were no declarations of interest.

3. Minutes of previous meeting

The notes of the meeting held on 8th January 2024 were agreed as a true record.

4. Review of action log

The Group noted the updates that had been made to the action log.

5. Patient and Public Engagement (PPE) strategy development

The PPE team provided an update on the development of the new PPE strategy. This update included background information on the Trust's PPE Strategy and its connection to the work of the Group, an overview of the process and the work done so far, and the timelines for completion.

The members of the Group shared their views on the priorities for Foundation Trust membership engagement, which would be collated along with the view of other stakeholders to inform the strategy's aims and priorities.

6. Membership action plan update

The Group received an overview of the membership action plan, centred around three primary objectives.

Objective 1: To ensure a sufficiently large and representative membership.

- The working group acknowledged the ongoing membership engagement and recruitment activities conducted by the membership office.

- It was noted that the current membership remained stable at over 38,000 members. The number of patient and public members had increased marginally from 15,588 to 15,609 since January 2024.
- Demographic information was provided about current patient and public members including gender, age, location, and ethnicity profiles. Notably, a significant number of the Trust's membership had not provided details about their gender, age, or ethnicity. This meant it was difficult for the Trust to fully assess the extent to which the membership was reflective of the Trust's local populations.
- However, on the basis of the information held, it was recognised that there were opportunities to target membership communications at ethnically diverse and younger cohorts of members.
- The Working Group received an update on the steps taken by the membership office to improve the data we store on members and to enhance awareness of membership benefits and the governor's role.

Objective 2: To optimise the benefits of membership.

- The Working Group received an update on the routine work undertaken by the membership office since January 2024 to optimise the benefits of membership, including involvement opportunities in PPE activities and governor elections. They also reviewed open rates of the Trust newsletter and the number of members attending health seminars.
- Consideration was given to how the benefits of membership could be broadened, for example into other involvement activities. The previous discussion, regarding the new PPE strategy, was identified as a channel by which this could be achieved.

Objective 3: To improve governor-to-member engagement

- It was noted that governors actively promoted membership and their role by setting up stalls at Guy's Hospital and chairing members' seminars.

The members of the working group were invited to propose the steps for enhancing awareness of membership benefits and governor's role. It was suggested that staff governors should work closely with the membership office to promote membership.

The next meeting would be held on Tuesday 5 November 2024.

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
QUALITY AND ENGAGEMENT WORKING GROUP
TUESDAY 11 JUNE 2024

Title:	Council of Governors Quality and Engagement Working Group Meeting Notes, 11 June 2024
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 of the following:</p> <ul style="list-style-type: none"> • A Council of Governors briefing on the cyber-attack affecting Synnovis pathology services • The development of the Trust's new Patient and Public Engagement Strategy • The development of the Trust's new Carers Strategy • Quarterly reports on Patient Experience and Patient and Public Engagement <p>For Information only:</p> <ul style="list-style-type: none"> • Reports / updates from committees recently attended by Governors (brief verbal updates, as necessary)
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 on 11 June.

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

TUESDAY 11 JUNE 2024

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 (QEWG) meeting held online on Tuesday 11 June 2024.

This meeting was attended by: Sarah Allen (Head of Patient Experience), Victoria Borwick (Public Governor), Michael Bryan (Patient Governor), Andrea Carney (Head of Patient and Public Engagement), Elfy Chevretton (Staff Governor), Marcia Da Costa (Public Governor), Anna Grinbergs-Saull (Senior Patient and Public Engagement Manager), Katherine Hamer (Public Governor), Margaret McEvoy (Public Governor), Leah Mansfield (QEWG Chair), Alison Mould (Public Governor), Placida Ojinnaka (Patient Governor), John Powell (Patient Governor), Mary Stirling (Patient Governor), Mark Tsagli (Patient Experience Specialist), Claire Wills (Staff Governor).

The briefing was attended by the above and: Charles Alexander (Trust Chair), Robert Craig (Director of Operations & Development, Heart Lung & Critical Care) Jon Findlay (Chief Operating Officer) Peter Harrison (Patient Governor), Denis Lafitte (Chief Information Officer, King's College Hospital), Dave Phoenix (Partnership Governor)

- 1.2.** Apologies were received from: Stephanie Petit, Elena Spiteri

1.3. Leah Mansfield, Chair of the Quality and Engagement Working Group welcomed attendees and opened the meeting, noting that the first thirty minutes of the meeting would be dedicated to providing the Council of Governors with an overview of the recent cyber-attack on the Trust's pathology partner, Synnovis, after which the meeting would return to the substantive agenda items.

2. Agenda Item 2: Council of Governors briefing and Q&A: cyber-attack affecting Synnovis pathology services

2.1. The Trust Chair provided an overview of the incident, including the Trust's latest understanding about how the incident had arisen, and that the incident response was being co-ordinated by NHS England London region. The Trust was working with its partners within the Integrated Care System (ICS) and both regionally and nationally to restore pathology services to full capacity as quickly and safely as possible. There was particular attention to the mutual aid being provided by partner NHS providers outside south east London, given the cyber-attack had affected both King's College Hospital NHS Foundation Trust and primary care services across the six SE London boroughs in the system. Given the seriousness of the incident, the National Cyber Security Centre was also involved. It was also explained that pathology services were still taking place, but it was the speed of communications of the results that was the issue.

2.2. Representatives from the Trust's senior management, including the clinical operations and digital, technology and information (DT&I) directorates were in attendance to receive and answer a number of questions from governors about the incident. In this discussion the following key points emerged:

- The Trust's investigations into the cause of the incident were ongoing;
- There was currently no indication that the back-up systems had been infected which, if confirmed, would enable a quicker restoration of services. However, there was, as yet, no firm timetable about when services would be fully restored;
- Key affected services included transplantation and any that were more heavily-dependent on blood transfusions;
- The incident had been referred to the Information Commissioner's Office (ICO); however, it was currently unclear whether there had been any data loss arising from the incident;

- The Trust was confident that the organisations involved, including Synnovis, were taking the right steps in response to the incident; and
- Whilst the Trust had disconnected its digital link with the Synnovis data centre as soon as the incident was reported, regular checks were being made on whether the Epic electronic health record system had been contaminated.
- Governors would continue to be kept apprised of the situation as it developed.

The Working Group Lead closed the briefing, extending thanks to the Trust Chair, and opened the substantive Quality Engagement Working Group meeting.

3. Agenda Item 3: Notes from the last meeting and matters arising

3.1. The notes were approved as an accurate record of the last meeting held on 26 March 2024.

3.2. Matters arising – questions raised by Governors after the last meeting:

- Two questions concerned MyChart – an update on MyChart will be included in September's meeting
- One question concerned Patient Safety Incident Response Framework and training for staff – Quality Assurance colleagues will include a response in their update in September
- One included a suggestion about connecting with MBRRACE to inform improvements to maternity care for Black women – colleagues in Women's Services are aware of this programme.

4. Agenda item 4: Developing a new Patient and Public Engagement Strategy: aims and priorities

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4.1. The Senior PPE manager presented the item, noting key points from papers shared in advance of the meeting. Governors were asked for feedback on the PPE Strategy aims and their views on what the strategy should convey about the Trust's approach to patient and public engagement. In discussion the following points were noted:

- Health outcomes are a key issue for patients. The strategy and its aims could more clearly reflect on the impact that PPE could have on health outcomes. Patients might expect positive health outcomes to be a priority.
- Communication is important and is a common frustration for patients.
- Joined up care is another common priority area for patients.
- Treatment should be patient centred and patient focused. Making patients a priority does not necessarily sound the same as ensuring patient focused and patient centred care.
 - 'Care' means doing everything to ensure patients have a good outcome. 'Patient first' can sound too driven by priorities and process.
 - Patients may want to hear that their health is a priority for the Trust and that the Trust is committed to "supporting you through your health journey"
- It should be clear to patients, carers and Foundation Trust members that there is something to do or get involved with at all levels of time commitment. Making sure that people know that different levels of involvement are helpful and welcomed.

Action: Governors to share further questions or comments by email should they wish

5. Developing a Carer's Strategy

5.1. The Head of Patient Experience presented an introduction to the development of a carer's strategy:

- The previous carer's strategy focused on three areas:
 - Implementing a carers passport
 - Developing a training course to help build skills and resilience
 - Supporting staff as carers

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- Outcomes: the training was well received, but paused during the COVID-19 pandemic, there was low uptake of the carers passport, workforce has begun pieces of work to support staff as carers, but there is more to do.
- The new strategy is being co-developed with staff and carers to propose 3-5 year commitments
- The aim is to publish the final strategy by autumn 2024
- This work has been informed by:
 - The Trust carers survey
 - A survey for carers of people with dementia
 - The bereaved relatives survey
 - A stakeholder and staff workshop held in November 2023 attended by clinical colleagues and Local Authority and voluntary sector partners.
- These highlighted the following as priority areas for the new strategy:
 - Identifying carers – when and how is the best time?
 - Supporting carers – understanding how needs may change over time
 - Working with carers – working in partnership and providing easy access to resources in a crisis
 - Training and education for staff and carers – enhancing existing skills, delivering training in different formats and providing people with support to take part
- Carer engagement activities are planned over 6-8 weeks in June-August 2024
- Governors were asked for their views on the following questions
 - Carers Strategy – What are the 3 most important things you think we should consider or include?
 - Carers passport – What do you think are the 3 most important things that a carers passport should include?

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Governors welcomed the presentation and during the discussion, raised the following points:

- Discussions with carers highlight the importance of a clear signposting system for support. This is included in the strategy themes, but the detail beneath these should include respite care, external resources, carers allowance advice. This would be in line with other support organisations, and while the Trust can't do everything, providing access to information is critical

- Young people and children who are carers have specific needs. It is important that these are also addressed.
 - The current focus is on adults, but the Head of Patient Experience suggested that children and young people could be involved at a later stage.

Action: Governors to share further thoughts via email should they wish

6. Agenda Item 6: Patient and public engagement updates (papers attached)

6.1. Item 6a: The Head of Patient Experience noted highlights from the Quarterly Patient Experience report that was circulated with papers in advance of the meeting:

- The MyChart helpline continues to receive a high volume of calls with over 11,000 calls received in Q4 which is almost twice the volume of PALS contacts during a quarter. The system is still in its early stages after 6 months.
- Telephony continues to be an area of concern for patient experience. The CITI team is establishing a project to address this area and this may be included in a future working group meeting agenda
- Answers to large proportion of PALS quick enquiries can be answer using the information that is available on the Trust website, however patients do not seem to find this. It is expected that the development of chatbots may help support a significant number of these quick enquiries enabling the PALS team to work on more detailed individual concerns.

Governors welcomed the updates and noted that:

- Some survey results based on very low response rates
 - The Head of Patient Experience explained that response rates are increasing but there continue to be low response rates in some areas, in part due to issues with sending survey links via text messaging, this is due to restart in late Summer. A range of feedback methods are available to patients including paper although feedback suggests that some patients prefer text message surveys or QR codes over physical copies.

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- The report highlights the positive impact of volunteering, with volunteers going on to develop careers in the Trust.

6.2 Item 6b: The Head of Patient and Public Engagement presented the patient and public engagement report, which was circulated in advance of the meeting.

- The patient and public engagement team continues to support the implementation of the cancer and surgery strategies, and is supporting the clinical group to review requests for support in a large number of individual projects.
- Key projects involving patient and public engagement include the development of a new satellite dialysis clinic in Brixton.
- The Evelina London PPE specialist has begun work to re-establish the youth forum.

Governors thanked the Lead for the update.

7. Agenda Item 7: Reports/updates from committees recently attended by Governors

- The Chair noted the written reports shared in advance of the meeting. No verbal updates provided.

8. Agenda Item: Any other business

- The Chair extended thanks to outgoing Governors for their contributions to the working group throughout their terms.
- The Heads of PPE and Patient Experience noted their thanks to the outgoing governors for their support and confirmed that Governors are welcome to continue to contribute to various areas of the Trust's work as Foundation Trust members.
- The Head of PPE shared a request from participants in the Elizabeth Garrett Anderson programme for Governors support with clinical service observations. Governors will receive further information via email and will be welcome to take part.

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Action: Staff to share the Elizabeth Garrett Anderson programme request.

Action: Governors to respond via email to express interest in supporting the programme

ACTIONS

Governor questions submitted post-meeting;	
4.1	Governors to share further thoughts on the PPE strategy via email
5.2	Governors to share further thoughts on the carers strategy via email
8.1	Staff to share the Elizabeth Garrett Anderson programme request.
8.1	Governors to respond via email to express interest in supporting the EGA programme

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Guy's and St Thomas' NHS Foundation Trust

Lead Governor: role description, April 2024

Role description

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

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

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

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

- Speaking on behalf of the Council of Governors at certain meetings or events, such as the Annual Public Meeting;
- Chairing governor-only meetings;
- Meeting regularly with the Trust Chair and Trust Secretary to maintain and improve the support provided to the Council of Governors;
- Acting as a point of contact for any governor wishing to raise matters with the Trust Chair in the event that a governor may not wish to do so directly;
- Leading the governors in fulfilling their statutory duties such as holding non-executive directors to account and communicating with the Trust's membership;
- Taking steps to review and improve the effectiveness of the Council of Governors;
- Facilitating and supporting the establishment and maintenance of a diverse Council of Governors;
- Consulting with governors and co-ordinating responses on issues relating to the Council of Governors and activities of governors; and
- Updating governors as appropriate on relevant matters taken up on their behalf.

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

The role of Lead Governor has no enhanced voting rights or formal delegated powers from the Council of Governors.

The Deputy Lead Governor will stand in for the Lead Governor in times of their absence.

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Person specification

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

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

Election process

The following process will apply where there is a vacancy, or impending vacancy, for the Lead Governor role:

- Corporate Affairs will write to all governors asking for expressions of interest in the role.
- All nominees should send Corporate Affairs a short statement of up to 150 words about their suitability for the role. The submission deadline will be no fewer than two calendar weeks after the initial email.
- If there is only one nomination, the nominee for that position will be considered to have been elected without contest.
- If there is more than one nomination for either role, an election will take place.
- All governors will be sent the suitability statements received, and asked to submit their vote to Corporate Affairs via email. Governors will be given no fewer than two calendar weeks to vote.
- Each governor will have one vote.
- Nominees will not be allowed to vote for themselves.
- The nominee with the most votes would be considered to have been elected. Corporate Affairs will draw lots in the event of a tie.

Tenure

The Lead Governor is elected for a term of two years, after which they are eligible to serve one final term of two years, subject to a full re-election process outlined above.

A new election can be triggered before the end of the Lead Governor's tenure if, at any stage, the Trust Secretary receives emails from 20% or more of the governors in post at that time to request an election is held.

The Lead Governor may resign from the office at any time by giving written notice to the Trust Secretary, and shall cease to hold the office immediately if they cease to be a governor.

Appraisal

The Lead Governor will be subject to an annual high-level appraisal with the Trust Chair.