

Public Council of Governors meeting

Wed 23 October 2024, 18:00 - 19:30

Robens suite 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

18:00 - 18:10 **3. Minutes of previous meeting held on 31 July 2024 and review of actions**

10 min

 20240731 - Council of Governors Public Meeting Minutes v1.0.pdf (3 pages)

18:10 - 18:35 **4. GSTT2030: new Trust strategy and values**

25 min

Jackie Parrott

 Our strategy to 2030 - Better faster fairer healthcare for all.pdf (39 pages)

18:35 - 18:40 **5. External audit contract**

5 min

Edward Bradshaw

 External audit contract.pdf (3 pages)

18:40 - 18:50 **6. Governors' reports for information**

10 min


6.1. Lead Governor's Report

Katherine Etherington

 Lead Governor's Report_updated.pdf (4 pages)

6.2. Strategy, Transformation and Partnership Working Group (notes from meeting on 3 September 2024)

Leah Mansfield

 2024 Strategy Transformation and Partnerships Working Group minutes Sept 2024 Final.pdf (6 pages)

6.3. Quality and Engagement Working Group (notes from meeting on 10 September 2024)

Leah Mansfield

 20240910 Quality Engagement Working Group meeting notes 10 Sep 2024.pdf (9 pages)

18:50 - 19:30 **7. Q&A with Trust Chair and non-executive directors**

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40 min

19:30 - 19:30 **8. Any other business**
0 min

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COUNCIL OF GOVERNORS

Wednesday 31 July 2024, 6pm – 7.30pm
Robens Suite, Guy's Hospital and MS Teams

Governors present:

David AL-Basha	Felicity Conway	Roseline Nwaoba
Nimmi Anu Sam	Katherine Hamer	John Powell
Aya Ayoub	Peter Harrison	Daghni Rajasingam
Sean Bean	Leah Mansfield	Sheila Reddy
Nigel Beckett	Michael Mates	Kendra Sneller
Victoria Borwick	Charles Mead	Helen Selvarajan
Michael Bryan	Alison Mould	Daren Summers
Emma Barslund Blackman	Irina Munteanu	

In attendance:

Charles Alexander (Chair)	Steve Davies	Deirdre Kelly
Ian Abbs	Paul Dossett (item 4)	Anita Knowles
Miranda Brawn	Jon Findlay	Sally Morgan
Jo Brown (item 4)	Simon Friend	Pauline Philip
Stephanie Calvert (minutes)	Felicity Harvey	

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, Shitij Kapur and Ian Playford, and from the following governors: Koku Adomza, Annette Boaz, John Clark, Jim Dickson, Samantha Field, Emily Hickson Emil, Robert Hill, Joanna McGillivray, Mary O'Donovan, Stephanie Petit, David Phoenix, Mercy Satoye, Dom Shaw, Jadwiga Wedzicha and Claire Wills.
- 1.2. This was the first Council of Governors meeting for 21 new governors, following a number of introductory sessions. The Chair expressed his thanks for their interest in working with the Trust.

2. Declarations of interests

- 2.1. No declarations of interest were received.

3. Minutes of the meeting held on 24 April 2024 and review of actions

- 3.1. The minutes of the previous meeting were approved as an accurate record.
- 3.2. All actions arising from previous meetings had been completed. The full details of activity undertaken between meetings was shared with the Council for completeness.

4. Annual Report and Accounts

- 4.1. The Trust's Annual Report and Accounts 2023/24, which had been laid before Parliament earlier that week, were presented to the Council. It was acknowledged that their production was the result of a combined effort between the Trust's Finance, Communications and other teams. It was noted that this was the first year since the merger with Royal Brompton and Harefield NHS Foundation Trust where the Trust had been able to use of one ledger, thus reducing the level of complexity in the preparation of the Accounts.

- 4.2. The external auditors were satisfied that the Trust had made proper arrangements to be economic, efficient and effective in its use of resources. It was noted that no significant weaknesses had been identified in the Trust's arrangements to achieve financial sustainability and the auditors were content with the Trust's plans for cost improvement delivery. This year's external audit process was described as one of the smoothest NHS audits which the independent auditors had experienced.
- 4.3. The Trust had an adjusted financial surplus of £1.9m against a planned target of break even. The Chief Financial Officer clarified that, whilst this was a positive end of year position, this income could not be offset to make the financial position for 24/25 easier. Engagement was ongoing with National Health Service England (NHSE) in relation to the known cash challenges. Governors also enquired about financial obstacles arising from specialised commissioning and any changes to the Integrated Care Board (ICB) model and landscape. Changes to the ICB model were not anticipated as no amendment to the primary legislation introducing this had been proposed. As a significant amount of income came from specialist commissioning, the Trust was alert to relevant risks and the importance of an appropriate and robust system to determine commissioning allocations.
- 4.4. It was noted that a new audit partner would be assigned to the Trust, and recognition that rotation of professional partnership was good practice. Paul Dossett was thanked for his dedicated attention to the Trust over the previous seven years, and Jo Brown was welcomed as the new audit partner.

5. Report from the Nominations Committee

- 5.1. The Chair presented a report from the governors' Nominations Committee.
- 5.2. The Trust's constitution required one non-executive director of the Trust to be appointed to the Trust Board following nomination by King's College London (KCL). Professor Graham Lord had been appointed as the new Senior Vice President (Health and Life Sciences) of King's College London and Executive Director of King's Health Partners (KHP). It was proposed that Professor Lord would also serve as non-executive director on the Board of Directors of both the Trust and King's College Hospitals NHS Foundation Trust. He would replace the previous incumbent, Professor Shitij Kapur, who had held the role of the KCL nominated non-executive director on the Trust's Board for six months.

RESOLVED

- 5.3. The Council of Governors approved the appointment of Professor Lord as the non-executive director for the Trust from 1 September 2024 to 31 August 2028.
- 5.4. The Chair also informed the Council that Dame Sally Morgan would be leaving the Trust at the end of December 2024 following her appointment as Chair of Cambridge University Hospitals NHS Foundation Trust. A process to identify a new Deputy Chair would follow.

6. Governor reports

- 6.1. The Lead Governor presented his report setting out governor activity for the previous quarter. Noting that many new governors had been recently appointed to the Council, he encouraged those who were new to the Trust to take up the opportunity of having a governor 'buddy' so that knowledge, skills and expertise gained by more experienced governors could be usefully shared.
- 6.2. The Council also noted the highlights from the most recent meetings of the Strategy, Transformation & Partnership and Member Development working groups.
- 6.3. The Chair acknowledged that it was John Powell's last meeting as Lead Governor and thanked him for his dedication, hard work and commitment.

7. Q&A with Trust Chair and Non-executive Directors

- 7.1. The Chair facilitated a session providing governors with the opportunity to raise questions with the Trust Chair and other non-executive directors. Governors were interested to better understand the context of recent union demonstrations. It was explained that this related to variation of union members' working hours by the extension of operating hours in a number of the Trust's day theatres. A full consultation process had run from May to September 2023, and after the consultation had closed, the Trust had received a union petition objecting to the proposals. It was hoped that the matter could be resolved by further negotiation for the benefit of both patients and the staff concerned.
- 7.2. The Chief Operating Officer expanded on the Trust's position on elective recovery in response to a query on the position in other parts of the NHS. A key milestone of the national elective recovery plan was to have zero patients waiting over 65 weeks for treatment by September 2024. The Trust was on trajectory to deliver close to this target, but performance had been significantly impacted by the criminal cyber-attack on the Trust's pathology provider, Synnovis, in early June. Focused efforts remained on improving performance which required more intensive theatre use, and the Trust continued to work closely with NHSE. It was confirmed that the new Nuffield Theatres were now operational, but the need for more theatre space was adding to performance pressures.
- 7.3. Whilst lessons had been learned following the cyber-attack on Synnovis, it was highlighted that, unfortunately, such attacks were increasingly prevalent across many organisations globally and this would be closely overseen by the Audit and Risk Committee.
- 7.4. Governors referenced the flu strain reported to be affecting Australia, and it was confirmed that the Trust had good infection, prevention and control processes and appropriate precautionary contingency plans in place.

8. Any other business

- 8.1. The Chair acknowledged the good level of attendance from governors and the richness of the conversation. Governors were invited to be forthcoming with any suggestions for improvements for future meetings.

The next meeting of the Council of Governors would be held on 23 October 2024

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Our clinical group strategies

Our Trust strategy is underpinned by strategies within each of our 4 clinical groups. A summary of their priorities and examples of service innovation are included on these pages:

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Our organisation

Guy's and St Thomas' NHS Foundation Trust

Our places

**Guy's Hospital | St Thomas' Hospital | Evelina London Children's Hospital
Royal Brompton Hospital | Harefield Hospital | Community services in Lambeth and Southwark**

From our 5 main hospitals, and in the community, we provide a full range of lifelong, general and specialist care, as well as clinical research, innovation, education and training

Our people

We're a diverse and welcoming organisation, and are incredibly proud of our 23,600 staff and the expertise and dedication we show to our patients and each other

Our purpose

To deliver excellent healthcare and improve wellbeing as a local, national and international leader in clinical care, education, research and innovation

Our values

Caring – we put patients first
Ambitious – we innovate and strive for excellence
Inclusive – we respect each other and work collaboratively

Our strategy

Better, faster, fairer healthcare for all

Delivering healthcare excellence

Improving the health of our populations

Valuing all of our people

Innovating for a better future

Modernising our infrastructure

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Our vision for the future

The NHS is facing the biggest challenge in its history – how to continue to deliver high-quality care against a backdrop of rising demand, increased patient acuity and pressures on workforce and finance, all in a post COVID-19 world.

The NHS is not alone. Most developed health systems are grappling with the same sustainability questions.

Our role at Guy's and St Thomas', as a leading NHS organisation, is not only to meet this challenge, but also to provide hope for a better future and to show the way by developing new models of care.

Our purpose is to advance health and wellbeing as local, national and international leaders in clinical care, education, research and innovation.

Our ambitious strategy to 2030 is to deliver better, faster, fairer healthcare for all.

We believe this is both essential and attainable. Essential because nothing matters more to people than high-quality, reliable healthcare when they need it most. Attainable, because of the quality of our people and the calibre of our science.

We are based in one of the world's greatest cities, a place of extraordinary diversity, creativity and dynamism. This is reflected in the wonderfully diverse people who live and work here, whether born and raised locally or welcomed from all parts of the world by fellow Londoners. Many are our patients, visitors, volunteers and, of course, our incredible colleagues.

However, our ambition for the future of healthcare is not based on the skills and dedication of our staff alone, but also on our clear expectation of continuing scientific and technological progress.

Scientific breakthroughs brought the world through the pandemic, with vaccines produced in record time and treatments developed to save millions of lives.

The next decade will see an even faster acceleration in new digital and biomedical advances, presenting incredible opportunities to provide better, faster, fairer healthcare for all.

At Guy's and St Thomas', we must harness these technologies to provide care that is more preventative, personalised and precise, and free up the time of our talented people to focus on the inherently human aspects of providing care.

In doing so, we will contribute significantly to both global scientific discovery, translation and adoption, as well as the scientific and economic success of the UK life sciences sector.

This is how we will continuously, productively and sustainably improve the delivery of healthcare within the human and financial resources available to us.

It will also allow us to play our part in the new Government's commitment to improving the NHS as a service for all, based on need rather than ability to pay; a relentless focus on driving down waiting times; and a renewed commitment to preventing ill health and increasing out-of-hospital care.

We believe that our extraordinary human ingenuity, commitment and compassion, together with medical and technological advances, are the keys to unlocking better, faster, fairer healthcare for all.

Professor Ian Abbs
Chief Executive Officer



Enduring values in a changing world

Since our last strategy was set in 2018, there have been profound changes affecting the NHS and our own organisation, many of which are of a global nature.

Our new values – caring, ambitious, inclusive – are essential to who we are. They were developed through wide engagement and launched with this strategy. They will guide our decisions and behaviours, particularly in times of uncertainty and challenge.

During the pandemic, the NHS proved to be the indispensable backbone of the nation. We are proud that, thanks to the skill and dedication of our expert clinical teams, patients with COVID-19 at our hospitals had among the best survival rates in the country. Our clinician scientists made major contributions to understanding how to treat COVID-19 most effectively.

The longer-term effects of the pandemic will be felt for many years to come. The backlog of care for all other diseases means many patients are waiting too long for urgent and planned care. Waiting times are now our patients' number one concern, and we are determined to address this.

The pandemic also did much to highlight the inequalities in our society, having a disproportionate impact on people from a global majority background.

The past few years have seen an important focus on ending racism and discrimination. Equality, diversity and inclusion are now firmly embedded in how we approach all of our work.

Record public borrowing to cope with the effects of the pandemic and high interest rates will constrain public spending for several years to come. The NHS cannot expect significant budgetary increases in the coming years. Instead, like other sectors of the economy, we must drive improvements in the quality of care and productivity through technology and innovation.

Together with our partners at King's College Hospital, we recently launched a new shared electronic health record system, Epic. This integrated digital platform is widely used in many of the most successful healthcare organisations around the world. It will provide significant opportunities for us to transform our services and relationships with our patients during the lifetime of this strategy.

And that is just the start. Around the world we are seeing exponential growth in automation and artificial intelligence (AI) in many sectors, including healthcare.

Coinciding with advances in computing, automation and biological sciences, the resulting health and bio-tech revolution offers the promise of fundamental transformations in the future of healthcare.

The impacts of global warming and climate change are increasingly evident to us all. The NHS has a major role to play in the drive to net zero. We are committed to reducing our carbon footprint and impact on the environment, and thereby improving population health.

The Health and Care Act 2022 introduced Integrated Care Systems (ICSs) across the country, with a focus on improving population health, quality of care, value for money, equity and staff satisfaction. Guy's and St Thomas' is a member of the South East London ICS and an associate member of the North West London ICS.

In 2021, we completed our merger with Royal Brompton and Harefield NHS Foundation Trust. Combining our clinical and academic strengths, our vision is to deliver world class healthcare and research in heart and lung care. We have laid the foundations, and in the next period will deliver on this promise.

we are **Caring** | **Ambitious** | **Inclusive**



Our organisation

Guy's and St Thomas' NHS Foundation Trust is one of the UK's leading healthcare, research and innovation organisations.

Serving our patients and communities by providing consistently excellent personal care is at the heart of everything we do.

From our 5 hospitals, in the community and in partnership with others, we offer a comprehensive and lifelong range of general and specialist care of the highest quality.

Through leading clinical academic research, innovation, and training, we are developing the staff, clinicians and treatments of tomorrow.

We are dedicated to diversity, inclusion and opportunity. And we are ambitious for the future of healthcare.

Our merger in 2021 brought together some of London's most renowned hospitals and services, with the Royal Brompton and Harefield hospitals joining Guy's, St Thomas', Evelina London and our community services.

Our clinical services, health research, education, training and innovation are delivered by a workforce of 23,600 people, including some of the best clinicians and researchers in the country.

We provide a unique and comprehensive range of services, from local and community care for people in Lambeth and Southwark to the most highly-specialist and globally-leading care, research and innovation for people across London, southern England and beyond.

Our main hospital sites stretch from central London to the outer regions of the capital.

How we are organised

Due to the size of our organisation, we are organised into 4 large service-based operating units, called clinical groups. These are:

- **Cancer and Surgery**
- **Evelina London Women's and Children's**
- **Heart, Lung and Critical Care**
- **Integrated and Specialist Medicine**

The clinical groups have responsibility for operational leadership and delivery of Trust strategy in their areas. Each clinical group has an executive team, which is supported by an advisory board that includes non-executive representation, and has the staff and budget akin to a large hospital trust, working across multiple sites.

Individual clinical group strategies, tailored to their services and areas of specialisation, and aligned with the priorities in this strategy, are summarised later in this document. They are supported by our Essentia delivery group which provides a wide range of non-clinical support services.

Education and training

At our world-famous teaching hospitals we train the doctors, nurses, midwives, allied health professionals, dentists and scientists of the future.

At any time, we can have over 500 doctors in training; 1,000 nursing and midwifery students in clinical placements; and, over the course of the year, support 1,100 allied health professional students.

We are the largest dental teaching hospital in Europe, and 1 in 5 of all UK-educated dentists train with us.

Across King's Health Partners, we bring together more than 46,000 NHS colleagues with 31,000 students.

Our locations



Harefield Hospital is located in the outer London borough of Hillingdon. As part of a full range of cardiology and cardiac services, the hospital hosts a heart attack centre serving north west London and provides heart and lung transplant services.

Guy's Hospital by London Bridge hosts the comprehensive Guy's Cancer Centre and the largest dental school in Europe. The site is a hub for renal, urology and orthopaedic services, including complex surgery and many specialist services.

Royal Brompton Hospital is in the heart of Chelsea and provides specialist adult cardiology, cardiac, critical care and respiratory services for adults and children, and children's interventional cardiology and cardiac surgery. It is located near to the Royal Marsden Hospital with whom we work closely.



St Thomas' Hospital in Lambeth occupies a prominent site by Westminster Bridge, opposite the Houses of Parliament. The hospital provides a range of urgent and emergency care including one of the busiest Emergency Departments in the country. A wide range of specialties on site include cardiovascular, respiratory, maternity and women's care, elderly care, gastro-intestinal services, plastic surgery and ophthalmology. The site hosts advanced diagnostic services supporting diverse clinical and research services.

Evelina London Children's Hospital at our St Thomas' site is a purpose-built facility providing an extensive range of local and specialist services, including cardio-respiratory and intensive care, surgery and anaesthesia, neonatology and medical services. Teams work closely with those at Royal Brompton Hospital and in the community.

Community services: We provide adult and children's community health services for local people across Lambeth and Southwark and some locations in Lewisham in:

- 17 community health centres
- GP practices, schools and patients' homes

We also provide services at other hospital sites across south London, such as Queen Mary's Sidcup, and across a broad geography through an extensive range of outpatient services in local hospitals across south east England and beyond.

Wimpole Street in the heart of Marylebone provides dedicated outpatient and diagnostic facilities for our private patients.



Key facts

23,600

colleagues, making us one of the largest employers in the NHS

2.8 million

patient contacts a year, including:

1.73 million
outpatients

210,000
A&E attendances

89,000
inpatients

641,000
contacts in the community

94,000
day cases

6,500
babies delivered

We consistently report one of the lowest mortality rates in the NHS

15,800

participants recruited into 394 non-commercial and 109 commercial studies in 2023/24 – the ninth highest recruitment across 220 trusts nationally

£2.9 billion

annual turnover, and 43% (£927 million) of our clinical income comes from specialist services

£266 million

capital investment to improve our buildings, facilities and equipment over the past 5 years, including our new electronic health record system

1,550

beds across our hospitals, including 32 beds in the community and more than 170 places in our virtual wards that support patients in community settings such as their own homes

36

scanners, including 20 MRI, 14 CT and 2 PET, with access to a further 8 MRI scanners owned by our partners at King's College London

64

operating theatres across our main hospital sites

4,000

apprentices, undergraduates and postgraduates, making us one of the largest centres for healthcare education in Europe

6.5 million

medical instruments processed by our sterile services team every year

240,000

journeys a year provided by our patient transport service

1.2 million

telephone calls received every year

1.5 million

meals served every year to our patients and staff

All facts in this document are based on 2023/24 data and correct at the time of publication. Most are annual, and they may have been rounded up or down.



Working with our partners

We deliver much of our clinical, research, education and innovation with a range of partners. This enables us to leverage our joint expertise and experience, and make best use of our collective infrastructure and assets for the benefit of patients.

We know that partnership working is crucial to the continued success and sustainability of the NHS. We are committed to being a strong and supportive partner to those we work with in our local healthcare system and beyond.

Our most important partners are the patients and public we serve and work with. Each patient is a critical partner in their health, and with tools like MyChart, we will strengthen their ownership of their care. Understanding the experience of patients and communities is fundamental to how we deliver and improve services.

We are part of the South East London Integrated Care System and also work with the North West London Integrated Care System via our Royal Brompton and Harefield hospitals.

We have close relationships with many other NHS providers. We work with King's College Hospital NHS Foundation Trust and Lewisham and Greenwich NHS Trust as part of the South East London Acute Provider

Collaborative which enables us to plan, co-ordinate and deliver services jointly.

We are founding partners of Lambeth Together and Partnership Southwark for our communities local to Guy's and St Thomas' hospitals. We work with primary care, local councils and voluntary and community sectors in these neighbourhoods.

Understanding the experience of patients and communities is fundamental to how we deliver and improve services.

Our partnership with local primary care partners is critical to the health of our patients and a sustainable local health system. We are working together to improve the way patients move between the Trust and primary care. We are looking to make some of our infrastructure and support services available to primary care, and identifying where we can work together to transform ambulatory care and further develop integrated neighbourhood teams.

We have many close, highly collaborative links with academia. King's Health Partners is our Academic Health Sciences Centre, which includes King's College Hospital

and South London and Maudsley NHS Foundation Trusts and King's College London. Our work as part of King's Health Partners is driving progress in personalised health, health data and population health.

We also work closely with Imperial College London and Imperial College Healthcare Partners which includes 3 universities and 5 NHS hospital groups in north west London.

Working with King's College London, London South Bank University, University of Greenwich, Brunel University and Coventry University, we are one of the largest healthcare educators in Europe.

We have a strategic partnership with Guy's & St Thomas' Foundation, aligning our ambitions to support local communities, and to secure inward investment for life sciences and developments that will benefit patients and staff.

Working together, we fundraise, and we receive support through our 3 charities – Guy's Cancer Charity, Evelina London Children's Charity and Guy's & St Thomas' Charity. This helps us to deliver clinical innovation for our patients, improve the wellbeing of staff and accelerate our work on equality, diversity and inclusion.

For heart and lung care, we are also supported by Royal Brompton and Harefield Hospitals Charity.



Our Synnovis partnership between SYNLAB, Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts brings together clinical, scientific and operational expertise to provide pathology services to our trusts and to services across south east London.

We are leaders and members of a number of clinical networks for specialist adult and children's services for patients in south east and north west London, southern England and further afield reflecting the geographical reach of our specialist services. This includes the South East London Cancer Alliance and Royal Marsden Partners West London Cancer Alliance.

As strategic developments arise we are building new collaborations so we can work jointly on service changes. This will include collaborating with The Royal Marsden and other key providers on the children's cancer Principal Treatment Centre, and Great Ormond Street Hospital for Children NHS Foundation Trust and South London and Maudsley NHS Foundation Trust to provide the NHS Children and Young People's Gender Service in London.

Our scale and reach attracts many industry collaborations where we work together in fields including new digital innovations, advances in genetics and genomics, advanced therapeutics and medical imaging as well as finding new ways to improve NHS services.

As a leading voice in healthcare, the Trust has several important partnerships with regional and national bodies, as well as government and other NHS trusts. This includes representative bodies like NHS Confederation, NHS Providers, the Shelford Group and the Children's Hospital Alliance.

Working in a mutually supportive way with all our partners will be an essential factor in how we deliver a world-class health system, which is fit for the future.

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Engagement while developing our strategy

We have undertaken extensive engagement over the past 18 months so that our strategy reflects what matters to the people who use our services, colleagues, leaders, governors and partners.

Engagement has consisted of patient and staff surveys, in-person stalls, drop-in and online sessions, group and individual discussions and all-staff briefings. We designed the engagement to ensure we heard a wide range of voices, including targeted engagement with under-represented groups.

We engaged with:

- 750 patients, members of the local community and our governors
- 700 colleagues, including 200 leaders
- Our partners, including King's College Hospital, South London and Maudsley, Lewisham and Greenwich, St George's, South East London Integrated Care System, King's Health Partners, King's College London, Imperial College Health Partners, Guy's & St Thomas' Foundation, Royal Brompton and Harefield Hospitals Charity, our pathology partner Synnovis, Lambeth and Southwark councils, Partnership Southwark, Lambeth Together and local primary care representatives.

- We spoke to patients, the public and colleagues at all our main hospital sites, as well as at Queen Mary's Hospital Sidcup, in a number of community sites, and at our Great Dover Street and York Road offices. We also held online engagement sessions.

We heard:

- People want us to be ambitious, inspiring and looking to the future.
- In a challenging environment, they also want us to continue to 'get the basics right', delivering safe and effective care in a timely way and with reliable physical and digital infrastructure.
- They want us to be at the leading edge of the future of healthcare. This includes finding new ways to scale innovation, increasing staff and patient participation in research, utilising the opportunities of Epic and MyChart and improving our use of data and analytics.
- Patients and the public told us that reducing waiting times and removing barriers to accessing services is their top priority.
- They want communications and coordinated care to be priorities so it is easy to speak to the right person, services work well together, people receive the right support and they can contact us in a variety of ways that suit their preferences.

- Patients, the public and our staff want us to focus more on helping people to be healthier by focusing on prevention, more joined up services and working with primary care.
- Staff and governors told us we must continue to realise the benefits of the merger with Royal Brompton and Harefield hospitals.
- Staff want to be listened to, to learn from each other, to develop and implement plans inclusively and feel part of 'one Guy's and St Thomas' – across all our locations and places of work.
- People consistently reinforced that partnership working is essential to address shared issues, including waiting times, workforce and financial challenges.
- Our partners acknowledged our respective roles, and opportunities to work together, as 'anchor organisations', including to reduce our environmental impact, spend locally where appropriate and to widen access to local employment.



Our new electronic health record

Epic is the name of our comprehensive electronic health record (EHR) system.

Launched in October 2023 across Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts, and our pathology provider Synnovis, Epic has created a single electronic patient record system used by over 40,000 colleagues across multiple hospital and community sites. It has integrated multiple IT systems into a single health record that provides a comprehensive overview of an individual's care, freeing up clinical time whilst also improving safety and efficiency.

The launch of Epic also saw the introduction of MyChart, a new app and online service that puts information about their own care in the hands of patients. MyChart allows patients to securely and easily access their health record, giving them more control and involvement in their care.

Realising the benefits of Epic

This was the biggest ever single go-live of Epic's electronic patient record anywhere in the world. We will concentrate on rapidly delivering the benefits of the system for our patients and staff. We will use Epic to drive more integrated, data-enabled care across all our services, resulting in improved outcomes and new opportunities for research.

Optimising the system and how we use it will standardise care pathways, deliver operational and financial efficiencies, and support stronger collaborative working with our system partners:

- Better coordination will reduce the risk of errors or omissions in patient care, primarily by ensuring all relevant information is accessible in one place.
- Automated alerts and reminders will improve safety by ensuring timely interventions and enhanced management of chronic conditions.
- Real-time information will allow clinicians and patients to access up-to-date patient records, lab results, scans and other critical information, supporting informed and timely decisions.
- Integrating data will provide a comprehensive health record that allows a holistic view of the patient's medical history and current health status.
- More efficient processes will reduce paperwork and manual data entry, while workflow improvements will support more efficient scheduling and coding, reduce administrative burden and drive operational and financial efficiency.
- Communication will be transformed between services, clinical teams and patients, leading to more joined-up care. MyChart will give patients easy access to information about their healthcare and enable

them to communicate with their care team and manage appointments.

- Advanced analytics will enable in-depth analysis of clinical data, feeding into research, innovation and improved care based on identified trends and measured outcomes.
- The system will also support population health initiatives by enabling the analysis of data at an aggregate level. This will help us better identify at-risk groups, plan interventions and tackle health inequalities.
- Clinical research will benefit from better data, supporting a wide range of research and clinical studies that aim to improve treatment and outcomes.
- Colleagues and students will receive ongoing training and support, learning new skills and benefiting from state-of-the-art technology which will transform the workplace.

We will embed Epic in ways that ensure it is set up for success: ensuring reliable performance; accurate data entry; excellent technical and analytics support; and high-quality training for our people.



Our strategic priorities

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Delivering healthcare excellence



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Striving for excellence on behalf of our patients is core to what we do at Guy's and St Thomas'.

We aim to provide the highest standards of care to our patients and communities across all aspects of healthcare quality and equity, from timely access to safe services, to positive health outcomes and good patient experience. These principles are set out in the NHS Constitution.

It also means that the Care Quality Commission's (CQC) 5 key domains – ensuring our services are safe, effective, caring, responsive and well-led – are central to our operating model and to how we promote accountability across our clinical groups and services.

Guy's and St Thomas' has a strong track record for high-quality care and excellent patient outcomes. We consistently report one of the lowest mortality rates in the country across our services. Through national surveys, patients generally report positive experiences and our people feel confident to recommend the Trust as a place to work and receive care.

However, we recognise that waiting times are now too long for many services, both for diagnostic tests and treatment.

Fundamental to our strategy is continuing to deliver safe, high-quality care, while reducing waiting times and meeting all operational performance standards, and to do this efficiently, so that we live within our

financial means. This will be challenging in the context of rising demand, a finite workforce and constrained resources.

Our strategic objectives to 2030 are:

Delivering world-class quality and safety

Continuing to be amongst the safest organisations in the NHS – we will implement relevant findings and recommendations of major inquiries such as the Independent Blood Inquiry and use the national Patient Safety Incident Reporting Framework (PSIRF) to drive our safety culture. We will build on Martha's Rule, giving patients and families the right to a second opinion, with the confidence that their concerns will be listened to and acted upon.

Quality improvement – we will use our comprehensive new quality management system to prioritise, deliver, measure and embed continuous improvement throughout the organisation, doing so across all domains of healthcare quality; from waiting times to patient outcomes and experience. This will be based on international best practice, accessible data and intelligence, supporting staff at every level to improve quality for our patients.

The opportunity of Epic – we will maximise the benefits of the Trust's new electronic health record. For example, standardising clinical pathways where relevant, driving safety and enabling patients to receive the same high-quality care, every time they attend one

Key deliverables

- ✓ We will deliver world-class clinical care and continuous improvement in quality and safety, including through our new, best practice quality management system
- ✓ With King's College Hospital, we will maximise the transformational opportunities of Epic to drive improvements in quality, patient experience and productivity
- ✓ We will deliver on the opportunity of our merger with Royal Brompton and Harefield hospitals to be a global leader in clinical care and research for cardiovascular and respiratory medicine and surgery
- ✓ We will establish the new Principal Treatment Centre for children's cancer in south London and the South East to provide world-class care and research for children and their families
- ✓ As part of the Acute Provider Collaborative, we will drive down waiting times for planned and emergency care, recognising that timely access to treatment is our patients' number one concern
- ✓ Through new technology and innovation, we will make a step change in the productivity of our services so that we can treat more patients within finite resources



of our hospitals or receive care from our community services. Epic will help us collect more and better data, meaning we can identify what works best and share improvements more easily and rapidly. Epic will enable us to pioneer new ways of working and delivering care.

Breadth of specialist care – our 5 main hospitals and community services work in partnership with others to offer a comprehensive range of specialist, lifelong, high-quality care. Our merger with Royal Brompton and Harefield hospitals has brought together a deep and broad concentration of specialist clinicians and services, capable of advancing the boundaries of healthcare.

Following public consultation, NHS England has announced that Evelina London Children's Hospital should be the future location for specialist cancer services for children living in south London and much of south east England. Our depth of clinical and research specialisation for adults and children will support these services when they move from their current site.

Delivering improved access to diagnostics and treatment

Making it easier to access care – we will develop new ways for patients to receive information, receive care and communicate with clinical teams, including via the MyChart portal. We will improve ways for other clinical providers, such as GPs in primary care, to communicate with us.

Reducing waits for planned care – we will reduce our waiting times and improve equity of access. We will work innovatively and in collaboration with partners, including King's College Hospital NHS Foundation Trust and Lewisham and Greenwich NHS Trust, to increase the number of appointments, scans and procedures, and to make best use of all local capacity.

Streamlined emergency pathways – our Emergency Department is one of the busiest and best performing in the country. The most unwell and vulnerable patients receive world-class emergency care. But we can do better. We will continue to develop Same Day Emergency Care, avoiding the need for inpatient admission where possible and by developing specialist support such as the Oncology Day Service.

Working with our regional partners, including South London and Maudsley NHS Foundation Trust, we will take every possible step to ensure that patients with mental health needs receive the care that they require, in the right setting for them. We will continue to advocate at every level of the NHS and government for investment in strong community mental health services, to reduce the need for admission, and to ensure adequate inpatient care, so that patients needing specialist mental health support are not left waiting in our Emergency Department for unacceptably long periods.

Ensuring our services are sustainable and we live within our means

Improving productivity – we will relentlessly pursue value for money, reducing unwarranted variation in how our services deliver optimal care, identifying opportunities using data and best practice and engaging staff and patients. The data from Epic, along with nationally collected data in the Model Health System and Getting It Right First Time (GIRFT), will help us identify further opportunities to improve consistency and efficiency in our services.

Overall, we will seek to move beyond incremental improvements to transform how we deliver services to achieve a step change in productivity.

Growing non-NHS income to support NHS services

– we will seek to develop diversified income streams and sources of funding, including through commercial activities, innovation and the treatment of private patients. We will expand access to high-quality care to self-paying and insured patients. We will make it easier for our expert clinicians to do their private work within the Trust. All such income will be reinvested to expand the amount of care we are able to provide, free at the point of delivery, to NHS patients.

2

Improving the health of our populations



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In common with other developed countries, we must deliver sustainable healthcare for the populations we serve.

Rising demand, including from older patients who are frailer and those with multiple chronic diseases, is exceeding the capacity of the NHS in its current, largely reactive mode of delivery.

Within the communities we serve there are huge health variations between people of different socio-economic status, different ethnicities and those with learning disabilities. The difference in life expectancy between the richest and poorest in Lambeth and Southwark can be up to 12 years. The gap in years lived in good health is 17 years. Both Lambeth and Southwark have higher-than-average preventable mortality rates for major conditions, such as cancer and cardiovascular disease.

Our aim is to work with our partners and communities to support local people to live longer lives, with more years in good physical and mental health, and to narrow the gap between the least and most healthy.

For local communities, our focus will shift towards different ways of delivering care, working with our partners in primary care, mental health and local government to respond to their current health needs and to proactively support them to stay healthy.

Empowered by better data and new technologies we will reimagine services so that we can better predict and prevent disease, and help to keep people well.

As part of our commitment to tackle inequality and deliver inclusive healthcare, we will reach out to communities that are currently not well-served by the health system, and work with them to build more accessible and equitable services.

Our strategic objectives to 2030 are:

Patients as partners in their care

Our MyChart patient portal – we will empower patients to take greater control of their own health and care, including via the MyChart app which is also used by other NHS partners who have deployed Epic, including King's College Hospital, the Royal Marsden, Great Ormond Street Hospital and University College London Hospital.

Making Every Contact Count – we will use our contacts with patients to identify the 'vital 5' risk factors: obesity, high blood pressure, smoking, harmful alcohol use and poor mental health so these can be effectively monitored and treated. This will be part of our overall approach to improving population health and will also include adopting the national Core20PLUS5 NHS England approach – identifying the core 20% most deprived population, plus locally identified priority population groups and 5 clinical areas of focus.

Key deliverables

- ✓ We will offer patients far greater convenience and control over their care through MyChart, whilst maintaining non-digital, alternative channels for those who need them
- ✓ We will move decisively and collaboratively towards deeper integration with primary care so that patients' experience of care is organised around their needs, not institutional boundaries
- ✓ Working with primary care, and through our community services and Integrated Care System, we will extend technologically enabled out-of-hospital care, including in patients' own homes
- ✓ We will tackle the harmful health inequalities among the populations we serve, using evidence-based interventions to address major risk factors causing premature ill-health and death
- ✓ We will play a broad and expanded role as an anchor organisation to promote local health, prosperity and a healthier environment, using our purchasing power and potential as a major employer



Using technology and data to predict and prevent disease and to personalise care

Understanding healthcare needs and reducing inequity

– the Trust's new Population Health Hub, funded by Guy's & St Thomas' Charity, will help us understand how to make our services more responsive and preventative, and will help us to address local health inequalities, including the impact of digital exclusion.

Outside hospital care

– we will dramatically increase use of remote technologies to care for more people outside our hospitals, keeping them stable and well at home for longer. We will continue to expand and develop our nationally recognised virtual wards programme and our innovative @Home care service.

Working in partnership

With local partners

– we will ensure the way we work with primary care is as smooth as possible for general practice teams and patients, and be bold in exploring the joint provision of services with local neighbourhood partners. We will organise care around the needs of patients and the communities we serve, including with more colleagues working together across primary, community and hospital services, located together where appropriate.

For primary care colleagues we will offer access to our professional development resources, interoperable IT systems, and also explore new technologies that help to keep people healthy and improve the way we support them out of hospital.

Our aim is to work with our partners and communities to support local people to live longer lives, with more years in good physical and mental health, and to narrow the gap between the least and most healthy.

Building healthier communities as an anchor organisation

– the Trust plays an important role locally as an anchor organisation and as such, we will support our communities in a number of ways, including: providing access to high-quality training and employment; buying goods and services locally where we can; and creating a healthier environment through our Clean Air Plan, which aims to reduce carbon emissions, including through the adoption of greener transport options.



Across all the hospital and community services in our organisation we have an exceptionally talented, committed and diverse team.

Our people habitually go above and beyond to deliver high-quality care for our patients and to support each other. They are undoubtedly our most precious asset.

To deliver our ambitious strategy, we must retain and recruit talented people in sufficient numbers, provide them with a fair, flexible, healthy and supportive environment, and ensure that they have opportunities to grow and develop fulfilling careers.

Our strategic objectives to 2030 are:

Recruiting and retaining the very best people

New routes into work – we will continue to develop new opportunities, including more apprenticeships across a wider range of professions. We will expand our ‘widening participation’ programmes which aim to attract local people, including specific programmes for neuro-diverse people and for people with disabilities. Providing high-quality work to people living locally is one of the most important ways we can support healthier communities. We will ensure that our employer-offer is in line with expectations, and that our extensive benefits programme meets the needs of the people who work with us.

Flexibility – the way people work has changed significantly in recent years and flexibility will be key to attracting, recruiting and retaining a talented workforce in the future. We are committed to ensuring equitable opportunities to achieve a good work-life balance that will allow colleagues to thrive. Many of them already work flexibly and we will continue to empower them with greater control over their work schedules wherever possible, and by developing flexible and innovative working patterns.

Responding to new technology – artificial intelligence (AI) and new technology such as Epic will support the delivery of better, faster, fairer healthcare. Many ideas for better ways of working will come from our colleagues as they use these new systems. We will ensure that they are supported to take advantage of new opportunities, including through retraining where necessary so they are equipped to thrive in the new digital healthcare environment.

Creating a fairer and supportive workplace

Equality, diversity and inclusion – our commitment to equality, diversity and inclusion is embedded in our Trust values. We will work with our staff networks, trade unions and the wider workforce to make this the lived experience of all colleagues and patients, and the communities we serve.

We will build on the commitments made in our anti-racism statement with actions as well as words. We have launched our commitment to being a trans-inclusive organisation.

Key deliverables

- ✓ We will embrace and enable flexibility – empowering colleagues (through tools, technology and support) to exercise choice and achieve balance in their work and life while delivering the highest standards of patient care
- ✓ We will promote and develop healthy workplaces, partnering with our Charities to develop and extend our wellbeing programme, tailored to the needs of colleagues, teams and services
- ✓ We will be diverse and representative of the communities we serve – an organisation that recognises barriers to inclusion and strives to dismantle and eliminate them through our commitment to anti-racism and anti-discrimination of all forms
- ✓ We will be a leader in healthcare education, learning and development – fostering innovation in curriculum design and investing in skills for the future to ensure all our people are ready to embrace and adopt new technologies and transformational ways of working, and can develop varied and fulfilling careers
- ✓ We will invest in leadership – equipping and empowering leaders to inspire and support the development of healthy, high performing and highly engaged teams



We will ensure the Trust is a supportive and inclusive place for people of all protected characteristics, recognising the importance of intersectionality.

We will embrace positive action programmes to facilitate progression of greater numbers of people from diverse backgrounds into middle and senior management roles. We will hold ourselves to account for measurable progress against the Workforce Race Equality Standard, the Workforce Disability Equality Standard and gender and ethnicity pay gap reports.

Staff health and wellbeing – we support our people through our ‘Showing we care about you’ programme, which is generously supported by Guy’s & St Thomas’ Charity. We will review and modernise this offer, making sure the support we provide from health and wellbeing opportunities, financial benefits and career development, to staff forums and networks ensures that everyone has a positive and personalised experience of working here.

Recognising the challenge of accessing affordable housing in central London, we will explore opportunities with our local authority partners and the wider housing sector to facilitate access to affordable housing for our people.

Providing opportunities to grow and develop

Education, learning and development – we are a centre of excellence for professional training and education, both for our students, trainees on educational placements and our colleagues. We

want to cultivate an enriching, learning environment for everyone that supports them to make informed choices and realise their career ambitions. We will maximise the opportunities for colleagues to undertake apprenticeships both as part of their personal development and as a route into professional training.

Working in partnership with other employers and education providers across the south east London system, we will develop plans to improve our own programmes to maximise opportunity for rotations. Listening and responding to feedback from trainees and students, we will continuously improve educational placements and ensure that we are ready to meet the needs of the increased student numbers set out in the NHS Long Term Workforce Plan.

We will provide access to a broad range of development opportunities through our College of Healthcare Learning Hub, from education to research, leadership to quality improvement. We will focus on developing our future leaders to be compassionate, inclusive and able to work effectively with our systems partners to deliver excellent healthcare to our populations.

Working with our colleagues in King’s Health Partners, our strategy will focus on a number of areas.

Leadership development – we will develop a robust education leadership programme to cultivate future leaders in healthcare. This will include creating training pathways and opportunities for leadership at all career stages, fostering skills necessary for navigating the complexities of modern healthcare systems,

and supporting teamwork across health and science professions to improve patient outcomes.

Health data sciences – recognising the growing importance of data in healthcare, we aim to train staff to effectively utilise big data, bioinformatics, machine learning, AI, and natural language processing. This initiative involves a joint effort with the South East London Integrated Care System to implement a comprehensive Health Data Sciences Blueprint.

Support for academic careers – we will continue to support the career progression of clinicians and researchers pursuing academic roles.

Developing online and hybrid educational programmes – we will create flexible and accessible learning opportunities leveraging technology and innovation.

Investing in simulation technology – we will enhance clinical training and education through advanced simulation technologies.

Expansion of the Learning Hub – over the last decade more than 9,000 people across 74 countries have benefitted from over 100 courses on the King’s Health Partners Learning Hub. We aim to grow the Learning Hub to support more high-quality, accessible postgraduate education.

Fulfilling and tailored careers – we want all our people to reach their full potential and be able to thrive and grow in the workplace irrespective of their role, profession or stage of life.



Creating a health system that is sustainable depends on high-impact clinical research and the widespread adoption of innovation.

The UK has a pioneering history of biomedical and technological discoveries, and life sciences are a crucially important sector for future economic growth. We are committed to making a leading contribution to biomedical and health-tech research, and to trialling and adopting healthcare innovations that can support our vision. We will build on our position as one of the most research-active trusts in the NHS.

We will continue to work closely with our academic, charitable and industry partners to discover and apply new medicines, therapies and technologies that either prevent diseases, or treat them earlier and more accurately.

Using increasingly sophisticated digital technologies, we will be able to automate many repetitive tasks, both simple and complex, so that our talented people can focus their time, skill and experience on the many inherently human aspects of healthcare.

We do not underestimate the ethical and technical challenges that may be involved, for example in the application of emergent artificial intelligence (AI) or gene and cell therapies. We will work closely with patients and staff, as well as ethicists, regulators and other partners to address these issues and ensure that our research and innovation is responsible and safe.

Our strategic objectives to 2030 are:

Translational research, advanced therapies and academic partnerships

Translational research – we are a leading centre for translational research. Our Centre for Translational Medicine, a strategic partnership with King's College London, King's College Hospital and Guy's & St Thomas' Charity, will further enhance our leadership position in taking scientific research and discoveries into frontline clinical practice.

Multi-professional research – we are committed to supporting all professions to engage in research through ACORN (A Centre of Research for Nurses and Midwives) and expanding it to include allied health professionals and healthcare scientists.

Academic and industry partnerships – we will deepen and strengthen our academic partnerships. The establishment of a Joint Research Office with our principal academic partner King's College London, and the appointment of a joint Chief Academic Officer with King's College Hospital, King's College London and King's Health Partners, will enable us to increase further the breadth and depth of our clinical academic research.

We will also continue to work closely with other key academic partners, such as London South Bank University, as well as Imperial College London and Brunel University, which have productive and longstanding links to Royal Brompton and Harefield hospitals.

Key deliverables

- ✓ Through King's Health Partners, we will drive our collective ambition as a world class Academic Health Sciences Centre, specialising in advanced therapies, data sciences and population health
- ✓ We will deliver translational and multi-professional research that supports the next generation of clinical breakthroughs, from laboratory bench to patient bedside
- ✓ We will scale up our leading-edge advanced therapies so that patients benefit from care that is far more predictive and personalised, based on gene therapies, cell therapies and tissue engineered products
- ✓ We will become one of the most innovation friendly health systems in the country, attracting the brightest and best innovators to design and deploy mid-21st century healthcare solutions
- ✓ We will be a responsible pioneer of automation and AI in healthcare, so we provide better, faster, fairer healthcare in ways that are ethical and supported by the communities we serve



We will continue to develop our industrial partnerships with biotech and pharma companies to help our patients access the latest diagnostic tests and treatments.

Academic Health Science Centres – we are founding members of King's Health Partners Academic Health Sciences Centre and, through Royal Brompton and Harefield, we are associate members of Imperial College Academic Health Science Centre. Both are critical to our research efforts, supporting clinical, academic and educational integration. Many of our clinical research and innovation priorities align with those of our academic partners, including advanced therapies, data and population health.

Advanced therapies – we are at the forefront of the development of advanced therapies, including cutting-edge cellular and gene therapies and will utilise our outstanding genomic capabilities to ensure more patients have access to personalised and precision medicine.

Using data for research – we will responsibly use valuable clinical data to drive research that will improve the health of the populations we serve locally, nationally and further afield. We will play a leading role in the national health data research agenda through links with Health Data Research UK and, over time, we will develop research that utilises the new opportunities provided by Epic.

Healthcare innovation, digital technologies and industry partnerships

A leading innovator – we will be amongst the most innovation-friendly NHS trusts in the country, driven by our Centre for Innovation, Transformation and Improvement (CITI). We will seek to attract, accelerate and fund healthcare innovators and health-tech start-ups. We will do this by making portfolio careers more accessible to entrepreneurs, reforming our approach to Intellectual Property, and by expanding the scale and reach of our unique health-tech investment fund, KHP Ventures.

Using increasingly sophisticated digital technologies, we will be able to automate many repetitive tasks, both simple and complex, so that our talented people can focus their time, skill and experience on the many inherently human aspects of healthcare.

Future technologies – we will support the Royal Brompton and Harefield Charity's 'Think Beyond' initiative that aims to actively encourage promising research and innovation in the fields of heart, lung and critical care medicine and surgery.

With King's College London, we are also leading a new health-tech research centre, funded by the National Institute for Health Research (NIHR), to promote new technologies to address cardiovascular disease.

Automation and artificial intelligence (AI) – we will develop the London AI Centre for Value Based Healthcare to support the safe and ethical use of automation and AI in healthcare. We will also contribute to national policy through the UK Research and Innovation sponsored Responsible AI group.



We are committed to maintaining and modernising our estate, both in our hospitals and the community, ensuring our infrastructure is resilient and that we continue to be at the leading edge of healthcare.

Over the coming years, capital investment in the NHS is expected to remain tightly constrained. We therefore need to invest wisely and sustainably to deliver capital projects efficiently, reduce our infrastructure risks and use our estates and IT differently to transform the way we provide care.

In developing this strategy, we heard clearly and consistently from our people that the priorities for capital investment should be maintaining and modernising the existing estates, updating ageing medical equipment, ensuring our IT is fast and reliable and providing a safe and comfortable environment for patients and colleagues.

We are also ambitious for a better future. We have already made a major multi-year investment into our technological estate through the introduction of Epic in 2023. To be at the forefront of healthcare innovation we will also invest in the technologies that support healthcare automation and AI, gene and cell diagnostics and therapies, advanced clinical imaging and robotic surgery.

In addition, we have a number of significant building schemes that we will progress during the lifetime of this strategy, and which will require new approaches to capital investment.

Our strategic objectives to 2030 are:

A strategic approach to our estates

Estates master plan – we will progressively re-engineer our estate and how it is used over time. We will develop a campus plan for each hospital site, and a community services plan, using the following principles:

- Prioritise our acute hospital sites for high acuity and specialised care that needs to be delivered in high specification buildings, which typically include operating theatres, high dependency and critical care, advanced imaging and inpatient care – taking account of climate change to ensure resilience.
- Change where we deliver outpatient and day care, moving services from hospital settings to community sites or patients' own homes where appropriate.
- Maximise efficient use of clinical and non-clinical space in our hospitals and community sites, particularly for outpatient clinics, where we will make it easier for services to share capacity.
- Make best possible use of our existing estates and equipment, through longer working days, weekend working and initiatives such as high intensity theatre lists.
- Ensure that new facilities are designed flexibly, so they can be repurposed quickly and efficiently, thereby reducing capital costs to convert space to alternative use in future.

Key deliverables

- ✓ We will significantly improve the resilience, reliability and user-experience of our physical and digital estate, making sure we get the basics right for patients, visitors and staff
- ✓ We will develop an ambitious master plan for each of our main hospital sites and our community services, setting out our long-term strategic commitment to develop and improve each one
- ✓ We will increase the pace of change on climate adaptation and progress towards net zero, recognising our leadership role in tackling the climate emergency
- ✓ With support from Evelina London Children's Charity and NHS England, we will realise our ambitious plan to expand Evelina London as a comprehensive children's hospital for London and the South East
- ✓ We will renew and expand our operating theatre capacity, with a particular focus on theatres and robotics at Guy's as a centre of surgical excellence
- ✓ Working with King's College London, we will expand our clinical research facilities to provide state-of-the-art infrastructure that will drive our ambitions, including in advanced therapies



Addressing and responding to climate change –

we will upgrade existing facilities to adapt to climate change, especially through appropriate use of air conditioning and chilling equipment. We will make our infrastructure more environmentally sustainable, as part of our drive towards net zero. We will also seek to take advantage of available government funding to drive the energy transition.

Quality spaces – we will ensure that clinical spaces are suitable for the delivery of high-quality patient care. Where possible, we will use best practice from organisations such as the Design Council, to ensure our spaces are designed for recovery, ease of wayfinding, and are inclusive.

We will invest in spaces for our people, including changing facilities and rest spaces. Where possible, patients, visitors and colleagues will also have access to green and outdoor spaces on our sites.

Developing our facilities

Expanding Evelina London Children's Hospital – we have planning permission for a world-class new facility to expand the existing Evelina London Children's Hospital on Lambeth Palace Road. Investment in this scheme will benefit from the support of Evelina London Children's Charity. It will also require specific financial approval from NHS England and will sit outside the Trust's routine annual capital allocations.

Increasing operating theatre capacity – we will launch a rolling programme of operating theatre and catheter laboratory upgrades to improve the quality, efficiency and resilience of these vital facilities across all of our hospitals.

We will prioritise an expansion in the number of operating theatres at Guy's Hospital, as a centre of surgical excellence.

Developing Royal Brompton Hospital and surrounding sites – we have planning permission for an expansion of Royal Brompton Hospital on Britten Street and we will consider options for the development of the Chelsea Farmer's Market site for healthcare use, subject to appropriate funding, engagement with a wide range of partners and any required consultation and planning approvals.

In developing a masterplan for the site, we will work closely with our partners at the Royal Marsden NHS Foundation Trust, Imperial College London and the Royal Borough of Kensington and Chelsea.

We will also update and renew the infrastructure of Harefield Hospital to maintain and improve its highly specialist and renowned services.

Infrastructure to support innovation

Research and innovation – we will ensure that our leading researchers have access to state-of-the-art infrastructure through our Centre for Translational Medicine, our clinical research facilities, our core research platform technologies (such as genomics and cytometry), and advanced therapies manufacturing capabilities.

We are also committed to supporting health-tech innovation, including joint projects with King's College London such as the Artificial Intelligence (AI) Centre, Health Tech Research Centre and projects hosted at the London Institute for Healthcare Engineering.

Advanced Therapies – we will invest in aseptic pharmacy services and apheresis capacity to support the clinical delivery of cell therapies at scale, as well as research focused on these new treatments.

We will also extend capacity for the manufacture of viral vectors and cell and gene therapies at Guy's Hospital, in partnership with King's College London.

Computing power and data storage – as part of our commitment to be at the forefront of health technology innovation and to underpin our data and analytical capabilities, we will ensure that we have sufficient computing power and data storage, with a carefully balanced blend of on-premises and cloud hosting for resilience.



Our clinical group strategies

Our Trust strategy is underpinned by strategies within each of our 4 clinical groups. A summary of their priorities and examples of service innovation are included on the following pages.

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All facts in this document are based on 2023/24 data and correct at the time of publication. Most are annual, and they may have been rounded up or down.



Cancer and Surgery Clinical Group

This clinical group provides cancer services, specialist surgery and benign services such as renal, gastro-intestinal medicine and haematology.

We are one of the leading cancer centres in the country, with the purpose-built Cancer Centre at Guy's providing comprehensive and personalised care. We continue to build a global reputation for surgery and perioperative care and strive to be a leader in research and innovation.

Strategic priorities

Working with our partners, we will focus on 8 strategic priorities:

- Delivering the best specialist cancer and complex benign care through multi-disciplinary working
- Focusing on quality, safety, and productivity across all our services
- Improving access for all, and the equitability of our services
- Innovating with patients, families and communities to provide insight-driven holistic care
- Supporting and retaining our people in an inclusive and positive culture, with a focus on staff development, recruitment, retention and experience
- Delivering high-quality research and innovation

- Embracing new technology and digital innovation to improve experiences and outcomes for patients and colleagues
- Ensuring all our patients are cared for, and our people work in, a safe, state-of-the-art environment

Examples of service innovation

A world leader in caring for people with cancer

As a comprehensive cancer centre, with an embedded NHS England Genomics Laboratory Hub, we are able to combine research with care from early diagnosis throughout the whole patient pathway. Our Clinical Research Facility is a leading Phase 1 trial unit, offering our patients the widest range of treatment options.

Our aim is to be a leading European centre for radiotherapy, building on our strength in imaging. We will offer improved accuracy in radiotherapy by using artificial intelligence (AI) to auto-contour, and combining imaging modalities to drive better outcomes for patients.

As a multi-specialty centre, we will work with our cardiovascular colleagues to develop our services as a leading European centre for cardio-oncology. This combination of specialties enables us to meet all the clinical needs of our patients, underpinned by our holistic approach to caring for cancer patients and their families.

Key facts

4,000
colleagues

41,000
chemo treatments

500,000
outpatient attendances

53,000
radiotherapy attendances

50,000
adult operations

100,000+
dialysis treatments

45,000
elective inpatients

19,000
endoscopy procedures

16,000
emergency admissions

8,600
haematology infusions

392
beds

45,000
patients being investigated for suspected cancer

44
theatres

300
adult kidney transplants

5,000
patients diagnosed with cancer



A national centre for specialist surgery

We are uniquely positioned with our range of specialist services to offer the newest techniques and technologies to our patients and to train the next generation of surgical and peri-operative teams. We are the UK's largest robotic surgery provider, offering multi-platform, multi-specialty robotics. Our vision is to be a European centre of excellence in robotics and at the forefront of digital technology and AI in surgery in the UK, building on the strength of our clinical teams and collaboration with the King's College London Medtech hub.

We are a leader in clinical trials for advanced cell and gene therapies and one of a small number of commissioned national sites for haemophilia gene therapy treatment

Advanced cell and gene therapies

We are a leader in clinical trials for advanced cell and gene therapies and one of a small number of commissioned national sites for haemophilia gene therapy treatment. Our clinical expertise and multi-specialty campus enable us to offer these treatments for cancer and a range of benign conditions. Our ambition is to be a world leader in the delivery of these new treatments. We will do this as the first NHS-commissioned site for cellular therapies to treat cancer; a first wave provider of gene and vaccine therapy for cancer; and the UK's first centre providing multi-specialty immune therapy infusions.

Research and innovation

Our strength in research and innovation is built on the diversity and scale of our patient populations, our data and our partnerships. We will harness clinical data within Epic and build on our close partnership with King's College London to best utilise our comprehensive multi-modal research dataset, including biobanking and real-world evidence. We will strengthen our existing expertise in cancer, inflammatory bowel disease, haematology including sickle cell disease, and renal.

Infrastructure

Key projects we aim to deliver include: increasing theatre capacity at Guy's Surgical Hub; endoscopy expansion to support local access and complex therapy; expanding apheresis capacity to support advanced therapy delivery; and investing in our robotic surgery programme to support our ambition as a centre of excellence.

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Evelina London Women's and Children's Clinical Group

This clinical group provides care for women, babies, children, young people and families across all 5 main hospital sites, and community services. It also provides specialist services to patients across London, the South East of England, nationally, and internationally.

We host the South Thames Retrieval Service, South Thames Paediatric Network, London Neonatal Operational Delivery Network, the Lifelong Congenital Heart Disease Network and contribute to other networks within the south east London maternity and neonatal system.

We are one of 10 comprehensive children's hospitals in the UK, and the second largest provider of children's services in London.

We have grown our services over the past decade aiming to offer women and children all the care they need, across their full life-course.

Strategic priorities

To realise our vision of delivering excellent care and healthier lives for babies, women, children and young people, we will focus on 6 strategic priorities:

- Providing the highest quality specialist women's and children's services, and working closely with network hospitals across the South East to bring care closer to home
- Striving to improve population health and reduce health inequalities by taking a proactive role in population health
- Providing seamless care, further improving the joined-up services in our hospital and community services and developing more integrated care for patients
- Being an outstanding, inclusive place to work, where our people feel valued and supported to develop their careers through our education and training
- Ensuring all patients and colleagues have the opportunity to participate in leading-edge research
- Deliver the patient benefits of our 'life-course' approach, supporting people throughout their lifetimes, from pre-conception, pregnancy and birth through to an individualised transition to adult services, across different phases of their lives and to starting their own families.

Key facts

4,000
colleagues

135,000
children's community appointments

107,000
children and young people cared for each year

160,000
outpatient appointments

6,000
babies born in our maternity unit

273
beds across our hospital sites

1,000
babies cared for in our neonatal unit, with some of the best survival rates in the UK

46
paediatric intensive care beds

44,000
gynaecology outpatient appointments

46
cot neonatal unit

3
dedicated clinical research facilities



Examples of service innovation

Comprehensive care across the life-course

We have grown our services over the past decade aiming to offer women and children all the care they need, across their full life-course. We are proud of our capacity to deliver care across a broad spectrum of clinical settings including community services, urgent and emergency care, and hospital care, including internationally-recognised tertiary and quaternary specialties.

Cancer services

Our work to deliver very specialist children's cancer services in the coming years will further build on our capabilities and strengthen our position as a truly comprehensive specialist healthcare provider at scale.

Working alongside colleagues in the Cancer and Surgery Clinical Group, we will consolidate the Trust's position as a leading cancer centre for patients of all ages.

Research

Our world-leading clinical research improves the treatment of illness and disease in women and children. With our links to King's College London and Imperial College London we are consistently one of the top 5 paediatric research centres in England. And our research into the assessment, prevention and management of pre-term birth, and finding a prenatal cure for sickle cell disorder are world leading.

We will strengthen our position at the forefront of clinical research by focusing on advanced therapies, neuromodulation and advanced imaging, whilst growing our women's health research portfolio across maternal medicine, advancing endometriosis imaging and management, and leading in early pregnancy research.

Pioneering treatments for paediatric disease

We are at the forefront of innovative paediatric care at both our Evelina London Children's Hospital and Royal Brompton Hospital. In recent years, our teams have taken a leading role in the development of game changing treatments that have transformed the lives of children and their families. We have world-leading expertise in the treatment of fetal and paediatric cardiac conditions, as well as paediatric respiratory, with close ties to the National Heart and Lung Institute.

Building on our experience of delivering revolutionary gene therapies, we will continue to ensure that we provide access to the most effective and innovative treatments to meet our patients' needs.

A leading centre for women's health

We provide nationally-leading services in maternal, reproductive and fetal health, which are growing in response to rising demand and complexity driven by changing demography and improved understanding of health equity.

The uniquely close links between our women's and paediatric and neonatal specialties, and our outstanding research performance, form the basis of our continuing development as a leading centre for maternal and fetal medicine

Our expert clinicians lead maternal medicine pathways across London and the South East, including pre-eclampsia, maternity cardiac and national extra-corporeal oxygenation (ECMO) services. Our community midwifery models have reduced local inequities in access and outcomes.

Our world-leading research includes the links between sickle cell disorder and pregnancy and maternal medicine; and our gynaecology team is advancing endometriosis imaging and medical management, and also leading work looking at early pregnancy.

The uniquely close links between our women's and paediatric and neonatal specialties, and our outstanding research performance, form the basis of our continuing development as a leading centre for maternal and fetal medicine. The integration of services at Royal Brompton Hospital with those at Evelina London and St Thomas' will provide new opportunities, including in fetal and maternal cardiac diseases, and also genetic respiratory conditions such as cystic fibrosis.



Heart, Lung and Critical Care Clinical Group

This clinical group provides cardiovascular, respiratory and critical care services across 4 hospital sites – Royal Brompton, Harefield, St Thomas' and Guy's – and our private patient centre at Wimpole Street.

We aim to be global leaders in the specialist care of heart, lung and critically ill patients.

Strategic priorities

We are committed to delivering the clinical and academic benefits of our larger, merged services. This will be based on an absolute focus on achieving the best possible outcomes for patients across our local, regional and national specialist services. Our strategic priorities include:

- Integrating our services down to sub-specialty teams into 3 divisions – cardiovascular, respiratory and critical care
- Focusing our comprehensive clinical-academic respiratory service around integrated specialist multi-disciplinary teams and working with our partners in King's College London and Imperial College London to increase the number of patients participating in clinical trials

- Developing our innovative and high quality cardiovascular, vascular and cardiac surgical services, expanding minimal invasive procedures and robotic-assisted surgery
- Enhancing our ambulatory services to support patients remotely and, by working with local health systems and public health, improving health equity and support to prevent heart and lung disease
- Developing our digital health programme, including by improving data quality and through health analytics
- Continuing to modernise and improve our hospitals

Examples of service innovation

Inherited cardiac and respiratory conditions

Our services at St Thomas', Harefield and Royal Brompton hospitals are some of the largest and most comprehensive in the UK. They are backed by our clinical genetic and genomic laboratory, by excellent imaging services (especially MRI); and by high-quality research output in conjunction with both Imperial College London and King's College London.

Key facts

4,500
colleagues

500
research studies, with
3,800 participants

700
beds

40%
of all cardiac surgery in
London is provided by
our team

225
critical care beds

25
operating theatres
and catheter labs

44
heart transplants a year
carried out at Harefield
Hospital

40,000
inpatients a year

29
lung transplants a year
carried out at Harefield
Hospital

200,000
outpatients a year



Our strategy is to build on this expertise to develop better diagnostics and therapies for conditions arising from multiple genetic factors, such as asthma and coronary artery disease, and to support prevention across the wider population in south east and north west London.

Congenital heart disease

Our congenital heart disease services at St Thomas' and Royal Brompton hospitals have delivered life-course care together for many years. This integrated service model has been emulated around the world, not only benefitting patients, but also generating up to a third of the world's research output in this field. Our strategy is to build on this integrated model, working with transplant specialists at Harefield to develop a sub-specialty focused on transplantation for patients with congenital heart disease.

We are one of the top 3 centres in the world in using interventional bronchoscopy to deliver enhanced care for lung diseases such as emphysema, lung cancer, bronchiectasis, asthma and chronic obstructive pulmonary disease.

Interventional bronchoscopy

We are one of the top 3 centres in the world in using interventional bronchoscopy to deliver enhanced care for lung diseases such as emphysema, lung cancer, bronchiectasis, asthma and chronic obstructive pulmonary disease.

We will build on our expertise, for example in robotic navigational bronchoscopy, enabling the earliest possible diagnosis of lung cancer by taking biopsies from possible cancer lesions smaller than 1cm in hard-to-access locations within the lung. We are already the first centre in the world to trial ablation using an Ion robot as a therapy for such lesions.

Integrated respiratory medicine services

Our specialist respiratory and sleep services, including services to treat and support patients with asthma, emphysema, sleep and complex weaning problems, infection and immunological conditions, are nationally and internationally recognised.

We will explore co-designing and co-developing the consolidation of these services, under single leadership across all our sites, to improve patient experience and outcomes.

The combined severe asthma service will be the largest worldwide and includes sub-specialties such as occupational asthma, laryngeal dysfunction and obesity asthma. Bringing together our infection and immunity services will provide new opportunities for improved patient care through joint secondary immunodeficiency clinics with the transplant, haematology and chemotherapy services.

Critical care

Our 225 critical beds across 18 level 2 and level 3 critical care units represent 5-6% of England's adult critical care capacity. Within these units, specialist respiratory and cardiovascular critical care provides around half of all extra-corporeal oxygenation (ECMO) treatment in the UK, as well as critical care for patients from the wide range of specialties provided by the Trust.

In developing our critical care services, we will leverage this breadth of expertise and scale, both to provide exceptional patient care and to offer an unusually broad range of career opportunities. For example, specialisation in kidney, pancreas, and lung and heart transplantation will help us to attract and retain clinicians from many key disciplines.



Integrated and Specialist Medicine Clinical Group

This clinical group provides secondary, tertiary and community healthcare services, including urgent and emergency care, dental hospital and adult medical services.

The clinical group delivers clinical support services that underpin all clinical services in the Trust.

Our directorates are acute and general medicine; medical specialties; specialist ambulatory services; dental services; integrated local services; pharmacy and medicines optimisation; clinical imaging and medical physics; and therapies and rehabilitation.

Strategic priorities

The breadth of expertise across the clinical group means that we can support patients when they need us most. Our multi-professional teams, rooted in local communities, help to keep people healthy and independent. Our specialist services deliver the most complex and leading-edge healthcare, education and research. Our clinical support services use the latest science and technology, from artificial intelligence (AI) to gene therapy, to provide new treatments and faster routes to diagnosis.

To deliver this vision, our strategic priorities are:

- Delivering outstanding clinical services
- Modernising ambulatory and outpatient care
- Providing joined-up, preventative care across our communities
- Realising the potential of all our staff and students, ensuring they thrive in inclusive and supportive environments
- Listening to our patients, the communities we serve and our people
- Maximising the opportunity around new technology, including digital, to improve patient outcomes, and staff and patient experience
- Leading clinical research and education and working with our partners

Examples of service innovation

Genetics – the future of medicine

Our genetics service is at the centre of the national transformation in personalised and precision medicine. We are leading the integration of genomics into healthcare across 9 acute hospital trusts and 3 integrated care systems in the South East, serving a population of nearly 5 million. Patients can expect equity of access to genomic testing, improved treatments, tailored health screening and personalised disease prevention.

Key facts

8,000
colleagues

250
@Home contacts
a day

100
clinical services

210,000
A&E attendances

17
community health
centres, as well as GP
practices, schools and
patients' homes

650,000
outpatient attendances

32,000
community contacts
a month



For example, pre-implantation genetic testing can ensure individuals with a genetic disease, can avoid passing it to their children. Molecular therapies can change the prognosis of inherited conditions, transforming lifespan and quality of life. Genomics help to treat cancers that respond poorly to current treatments, as well as identify people at increased risk of cancer and reduce their risk of developing this. Genomics can identify families at high risk of many health problems across all age groups, from congenital and developmental problems to causes of high cholesterol and sudden cardiac death.

By working with local teams to train staff and integrating genomic testing into diagnostic, treatment, screening and prevention pathways in hospitals across the region, we will embed Genomic Medicine, so that by 2030 it will be known simply as Medicine.

Interventional radiology – at the leading edge

We are at the forefront of innovation in interventional radiology, which specialises in minimally invasive and targeted, image-guided treatments instead of treatments that would have required surgery in the past. It offers reduced risk for patients, and requires less recovery time.

We already offer a wide range of simple and complex interventional radiology procedures covering vascular, non-vascular and cancer specialties, both in adults and children, and we are internationally recognised as being at the forefront of bringing new techniques, devices and medical research into clinical practice.

Our clinical education programme includes one of the largest fellowship programmes in the country and hosts trainees from across the world.

We are leading the way in interventional oncology, being the first centre in the world to gain accreditation from the International Accreditation System for Interventional Oncology Services. We provide diagnostic, palliative and curative procedures such as ablations and embolisation of tumours. Our interventional radiology department, in collaboration with the clinical teams in Evelina London Children's Hospital, is one of the few in Europe that offers minimally invasive image-guided treatment to children.

Our team is highly research-active and has led the way in developing new procedures and pathways, which other institutions have learnt from and adopted to provide optimum clinical care. Our clinical education programme includes one of the largest fellowship programmes in the country and hosts trainees from across the world.

Virtual wards – scaling up our successful @Home service

Our @Home service was launched 10 years ago, providing acute ward level care for people in their own homes, taking referrals directly from GPs and reducing inpatient stays in our hospitals. The service is provided by a multi-disciplinary team of nurses, allied health professionals, doctors, social workers, support workers and pharmacists.

For patients, @Home reduces the risks of hospital-acquired infections, helps patients maintain their daily routines and keeps them close to their families and loved ones. We now have up to 250 patient contacts a day. We will increase capacity and expand the range of pathways supported, working even more closely with GPs.

By using innovative remote care technology, and by working closely with new partners, we can provide out of hospital care that matches or surpasses the quality and safety of inpatient care. Advanced technology will also ensure our populations are increasingly healthy, safe and cared for in their own home where possible.



Investing in research and therapies in dermatology

The St John's Institute of Dermatology is one of Europe's leading dermatology centres. It provides dermatology services within south east London and national tertiary services, including for severe inflammatory skin conditions, skin cancer and rare genetic skin diseases.

The Institute delivers internationally-leading skin research affiliated with King's College London, contributing to improved understanding of disease mechanisms, drug delivery and innovation in patient care. It will focus on translational research, designing and testing new immunotherapies for skin cancer, and using new gene therapy techniques to tackle the most severe skin diseases.

Internationally renowned training in dermatology is provided by the Institute through King's College London and DermAcademy. This includes the St John's Diploma, the world's first and only part-time fully online distance learning qualification in specialist dermatology. We strive to continue to be at the international forefront of dermatology care, research and education through specific investment in the Institute.

By using innovative remote care technology, and by working closely with new partners, we can provide out of hospital care that matches or surpasses the quality and safety of inpatient care.

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Next steps

Our strategy is ambitious: designed to address the challenges facing healthcare systems around the world and to give us hope for the future. It will be delivered through the talent and dedication of our people and by harnessing the power of new technology and innovation to help us to meet the needs of the communities we serve.

We will continue to engage with patients, colleagues, our governors and a wide range of external partners as we design and implement our plans to deliver this strategy.

Our clinical groups, Essentia and corporate services will drive delivery through local strategies that align with this over-arching plan, and our new values will guide us in this work.

Our Board will monitor progress, and we will review and adapt our plans in response to changing circumstances where necessary, holding true to our commitment to deliver **Better, faster, fairer healthcare for all.**

For further information about our strategy, please contact Jackie Parrott, Chief Strategy Officer at jackie.parrott@gstt.nhs.uk

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 23 OCTOBER 2024

Title:	External audit contract
Responsible executive:	Steven Davies, Chief Financial Officer
Paper author:	Catherine Eyre, Chief Accountant; Edward Bradshaw, Director of Corporate Governance/Trust Secretary
Purpose of paper:	To update the Council of Governors on work to identify a firm to provide external audit services from July 2025
Main strategic priority:	Deliver our financial plan, focusing on reducing our costs and increasing productivity
Relevant BAF risk(s):	<ul style="list-style-type: none"> Principal risk 6: financial sustainability
Key issues summary:	<ul style="list-style-type: none"> The Trust's external audit contract is held by Grant Thornton which has provided these services since 2017/18 – this was the last time the contract was subject to a competitive tender. In January 2024, the Council of Governors approved a recommendation to extend Grant Thornton's contract to July 2025. Based on NHS England's Audit and Assurance guidance, which recommends a three to five-year period of appointment and a market-testing exercise for the appointment of an auditor at least once every five years, it is proposed that a full procurement exercise be undertaken. The final decision regarding the appointment or reappointment of the external auditors sits with the Council of Governors. The Trust's finance team will work with governors to reach a recommendation regarding an external auditor, and bring this to the Council of Governors for approval on 29 January 2025.
Paper previously presented at:	<ul style="list-style-type: none"> Audit and Risk Committee, 25 September 2024
Recommendation(s):	<p>The COMMITTEE is asked to:</p> <ol style="list-style-type: none"> Note and support the proposed process to identify an external audit firm from July 2025.

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 23 OCTOBER 2024

1. Introduction

- 1.1. The Trust's external audit contract is held by Grant Thornton which has provided these services since 2017/18, which was the last time the contract was subject to a competitive tender. In 2022 a direct award under the CCS National Framework for Audit Services was made to Grant Thornton: this extended the contract by two years, until July 2024, with the option to extend for a further two years. In January 2024 the Trust extended the contract by a further year, to July 2025.
- 1.2. In January 2024 the Committee was also advised that the Trust had been involved in discussions with King's College Hospital (KCH) NHS Foundation Trust to consider a joint retendering exercise for external audit services for 2025/26 onwards, on the basis that it was thought it could deliver both financial and process efficiencies. KCH has since indicated that it does not plan to pursue a joint approach.
- 1.3. The NHS is not subject to the same rules regarding auditor independence as in the private sector. The NHS England Audit and Assurance guidance recommends a three to five-year period of appointment and a market-testing exercise for the appointment of an auditor at least once every five years. Grant Thornton could, therefore, be re-appointed as the external auditor. It is therefore considered appropriate to undertake a full re-tendering exercise to identify a firm to provide external audit services from July 2025 onwards.
- 1.4. The NHS Act 2006 states that it is the responsibility of the Trust's Council of Governors to appoint, re-appoint or remove the external auditors. This must be done by the full Council of Governors and cannot be delegated to individual governors or a governor working group. Governors should, however, be supported in this task by the Audit and Risk Committee and by the Trust's finance function.

2. Process

- 2.1. The process below aligns with expectations of good governance and the process set out in the updated HFMA Audit Committee handbook.¹ This will be led by the Trust's finance team, overseen by the Chief Financial Officer, and be completed as follows:

¹ [NHS audit committee handbook | HFMA](#)

- Undertake tendering process with input regarding the tender specification sought from members of the Audit and Risk Committee and governors;²
- Evaluate tender responses, with views sought from members of the Audit and Risk Committee and governors;
- Hold tender panel, chaired by the Chair of the Audit and Risk Committee and with representation from other Committee members, senior finance team members, and governors; and
- Decide on a recommendation from the tender panel to the Council of Governors.

2.2. The process will be undertaken with the intention to hold the tender panel in December 2024 and a recommendation taken to the full Council of Governors meeting on 29 January 2025.

3. Recommendations

3.1. The Council of Governors is asked to note and support the process.

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² It is proposed that Corporate Affairs seeks expressions of interest from up to 3 governors with an interest or expertise in this work to be involved in the process.

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 23 OCTOBER 2024**

Title:	Lead Governor's Report
Paper author:	Katherine Etherington, Lead Governor
Purpose of paper:	For informaton
Trust 24/25 objective:	All 2024/25 Trust objectives
Strategic priority:	All strategic priorities
Relevant BAF risk(s):	<ul style="list-style-type: none"> All BAF risks
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):	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> Note the report.

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 23 OCTOBER 2024

1. Overview

- 1.1. To open, I want to share the warmest welcome on behalf of the whole Council of Governors (CoG) to our new governor colleagues who joined us officially on 1 July 2024. Since joining, many of you have already contributed your time and knowledge to various working groups and committees, for which I am incredibly grateful. I would also like to welcome Alison Mould as our new Deputy Lead Governor. Alison has already made a huge impact in her time as a governor at Guy's and St Thomas' and I am excited to work with Alison to push forward and make a valuable contribution to the Trust. If anyone would like to discuss any thoughts or ideas, please feel free to reach out to the both of us and we would be delighted to meet with you or answer any questions.
- 1.2. With a new cohort of governors, I would like to reiterate my desire for maximising effectiveness during our meetings. While we do our best to manage hybrid meetings, I do believe in-person meetings allow us to best carry out our duties while also getting to know one another and our Trust colleagues better. I would encourage all of you to try and attend as many meetings held in person and to ensure your attendance is recorded with Corporate Affairs ahead of the meeting. I would also like to remind new and old colleagues of basic etiquette for online, hybrid and in person meetings. Please ensure any mobile devices are switched to silent during meetings; if you need to answer a call, please do so outside and take your time – we understand life happens! While present online, please keep your camera on where you feel comfortable and keep your microphone on mute for anytime when you are not speaking. Utilising the “hands up” function in Teams allows everyone to answer questions and makes managing hybrid meetings a lot easier. Finally, I would like to remind all colleagues that during meetings, basic meeting etiquette is expected to allow other colleagues to feel comfortable to speak and engage. If you have any concerns or queries, please do not hesitate to contact myself or Alison or Corporate Affairs.
- 1.3. Since we last met in late July it has been a busy few months across the Trust. From elections and re-elections to various working groups and committees, governor colleagues have been busy attending and contributing their time and knowledge. Across these meetings, governors, Trust colleagues and non-executive directors (NEDs) have really demonstrated the value we bring when we pull together and have collaborative discussions and healthy debates around the type of impact we can expect to make. One particular highlight for me has been the excellent engagement we had in the Triangulation meeting on Tuesday 1 October at St Thomas' Hospital. I would like to thank Pauline Philip, Miranda Brawn and Sally Morgan again for their valuable time and thoughts and also to thank governor colleagues for the excellent

contributions made in the form of questions and challenges for the NEDs. Given the recent shifts in various realms, I believe governor colleagues benefited hugely from this meeting; for new governors to start to understand and form relationships with NEDs, but more importantly for all, exercising our duty to scrutinise the board and ensure all decisions made are in the best interest of patients and staff at GSTT.

- 1.4. Another key meeting was the Public Annual Meeting where John Powell gave an excellent summary of the past year alongside the Chair and Chief Executive's summaries and views on the upcoming year. I want to thank all of you who attended this meeting, and I hope some of you managed to speak to some of our members. This meeting really highlights how important our members and the council are to the running of Guy's and St Thomas' and I hope you all felt that the key highlights were evidence of this. It also reinstates the importance of our Membership Development Working Group which now has a new chair: Claire Wills. As previous chair, the reinvigoration of this working group, I believe, is vital to the representation of our members and how we can better engage with them. I encourage all of you to attend the next meeting on 5 November. I also encourage all new governors to engage with Leah Mansfield as the chair of both the Strategy, Transformation and Partnerships Working Group and Quality and Engagement Working Group. Leah has been a key part of the Council this past year and I would like to extend my thanks for her fantastic work with the working groups. Please send either Claire or Leah your questions or thoughts for these groups and attend the upcoming meetings.
- 1.5. I would like to encourage all governors to participate in Trust visits. Whether you have a keen interest in one particular area, clinic or non-clinical, or you are keen to understand how the NHS works on ground level, site visits allow you to get some hands-on experience in these areas. Not only exposing you to patients, staff and their experiences, but often visits are attended by NEDs as well, which allow you to conduct your governor role to scrutinise their work as well as understanding the trust on a more granular level. Once we have formal dates from Corporate Affairs, please respond and invite fellow governors along. There is a one-page form that will help you get the most out of these visits and allow fellow colleagues to understand what that particular department champions, struggles with etc. If there is a particular area that interests you, please reach out to me or corporate affairs and we can see what we can arrange.
- 1.6. I would also like to remind all new governors that the buddy system is in place to support you in your first term as governors. The NHS is a complex animal and even with previous NHS experience, the role of governors is a complex one! If you would like to have a buddy, and have not expressed interest already, please contact Corporate Affairs.
- 1.7. Finally, since our last CoG meeting, John Powell finished his two year tenure as Lead Governor. While negotiating his own health concerns, John has been a reliable and powerful voice as lead. John has given a lot of time and effort to the various reports for which he is responsible, but also chairing all of the COG meetings as well as setting up the triangulation meetings for governors to discuss the new action tracker and having time to get to know the NEDs. I am delighted that John continues to be part of the Council and I encourage any of you to speak to

John about his extensive experience both at GSTT and further afield. Once again, a huge thank you to John for his ongoing contributions and handing over a steady and shipshape ship!

2. Non-executive director (NED) Updates - Sally Morgan

- 2.1. On behalf of all governors, I would like to extend thanks to Sally Morgan for her tremendous contributions to GSTT. Sally joined the board in 2021 having previously been chair of Royal Brompton and Harefield NHS Foundation Trust. The bringing together of these two huge organisations was not easy, however Sally has facilitated a smoother transition than many believed possible. Sally also chairs the Heart, Lung and Critical Care Clinical Board which I have been fortunate enough to sit on for the past year. That board really champions and challenges key aspects of care offered across the GSTT footprint and Sally's leadership on this board and as Deputy Chair for the Board of Directors will be greatly missed. More recently, and as previously mentioned, Sally joined the governors during our triangulation meeting and she made some excellent points for the Council to take away and think about in the ever changing landscape.
- 2.2. Thank you for everyone's continued commitment to the Council and to the Trust. I look forward to working with governors, new and old, in the next few months.

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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
STRATEGY, TRANSFORMATION & PARTNERSHIPS WORKING GROUP
TUESDAY 03 SEPTEMBER 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:	A report on the Working Group's discussion on the following: <ul style="list-style-type: none"> • The Centre for Innovation, Transformation and Improvement (CITI) • The new Trust strategy to 2030 and new Trust values
Paper previously presented at:	None
Recommendation(s):	The COUNCIL OF GOVERNORS is asked to: <ol style="list-style-type: none"> 1. Note the key discussion points at the Strategy, Transformation and Partnership Working Group (STPWG)

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
STRATEGY, TRANSFORMATION & PARTNERSHIPS WORKING GROUP
TUESDAY 03 SEPTEMBER 2024

Governors in attendance: Leah Mansfield (Chair), Victoria Borwick, Alison Mould, Claire Wills, Felicity Conway, Daghni Rajasingam, Charles Mead, Kendra Schneller, Michael Bryan, Daren Summers, Irina Munteanu, Roseline Nwaoba, Emma Barslund Blackman, Nigel Beckett

Trust staff in attendance: Jackie Parrott, Laura Guddefin, Jed Nightingale, Elena Spiteri, Matilda Jessell

Apologies: Felicity Harvey, Sheila Reddy, Lawrence Tallon

1. Welcome, introduction and apologies

1.1. The Chair welcomed everyone to the Strategy, Transformation and Partnership Working Group, including new governors. The Chair explained the purpose of the meeting and the value of the working group to the policies of the Trust. Apologies were noted.

2. Declaration of Interest

2.1. Daghni Rajasingam formally declared that she leads the work on data-led prioritisation within CITI, works a day a month for Factor 50, our partner company, and is Senior Responsible Officer (SRO) for the Trust's Revolution-ZERO partnership around reusable drapes. This declaration was noted by the meeting Chair.

3. Previous meeting report and matters arising

3.1. The minutes of the previous meeting of the Group were approved as true of record.

3.2. There were no action points raised from the previous meeting.

4. Centre for Innovation, Transformation and Improvement (CITI) – Priorities and Transformation

- 4.1. Laura Gudefin, Associate Director for CITI, introduced the presentation on CITI and the support it provides on change projects and programmes. Matilda Jessel, a Delivery Manager with specific focus on the digital arm of CITI, also introduced herself as co-presenter.
- 4.2. CITI was established to help create an environment at GSTT where all staff are empowered to innovate and transform. CITI brings together related capabilities to support the organisation in tackling some of the biggest challenges and making the most of opportunities. These include major components such as transformation, innovation and automation as well as investing in small health care innovators to help them transform healthcare.
- 4.3. In order to prioritise how to resource programmes, CITI focuses on addressing its 'Grand Challenges'. These include Artificial Intelligence (AI) and automation, remote and outpatient care, in-hospital care and genomics and precision medicine. CITI organises its work into 3 pillars:
 - Quality management and improvement: integrating improvement into the way we collectively run the organisation
 - Building capability and capacity: providing all staff with improvement knowledge and skills, connecting them and building momentum across the Trust
 - Delivering with impact: partnering with staff to deliver tangible change meeting some of the organisation's biggest challenges
- 4.4. CITI is working on a number of improvement and transformation programmes, including focusing on patient flow from arrival to discharge, cancer recovery and maximising utilisation of theatres.
- 4.5. Matilda Jessel discussed CITI's programmes that involve data-led prioritisation as well as remote care. She described a current pilot relating to more sophisticated ways of prioritising patients on waiting lists. A methodology has been trialled within the Diabetes service, demonstrating early positive findings.
- 4.6. The following points were discussed:
 - A methodology around how to co-design services and transformation with patients has been created and this includes a 'playbook' with a description of the methodology and a step-by-step guide around co-designing.
 - CITI has helped to provide an environment for innovative clinicians in the Trust who want to deliver care differently to test their ideas.
 - The responsiveness and relationship between CITI, clinicians and partners and the coordination of exchanges of information, data flows and interactions allow for innovative opportunities to be explored in a new way.

- A question was raised around how CITI achieves balancing prioritisation of innovative and ambitious projects with achieving basic clinical efficiencies. A prioritisation process is used to assess new requests or needs in the organisation which incorporates urgency, potential impact, capabilities and whether there is a need for CITI resources or if teams on the ground can be enabled to support themselves. The Grand Challenges were co-designed with representatives across the organisation to act as guidance.
- CITI Academy and improvement communities are being used to empower our staff and increase the capacity within the organisation to innovate and keep up with the pace of change in healthcare.
- Innovation within areas such as machine-learning benefit most when there is easy access and integration into Epic.

5. New Trust Strategy to 2030 and new Trust values

- 5.1. Jackie Parrott, Chief Strategy Officer, presented an overview of the new Trust Strategy. Some governors had been part of the strategy development journey but, for the benefit of new governors, Jackie briefly described the whole process of refreshing the strategy.
- 5.2. A lot has changed since the previous strategy Together We care launched in 2018 and the challenges faced and achievements delivered were briefly described. The new strategy has taken account of the significant changes to the external and internal context and attempted to strike a balance between being grounded in the reality of the here and now challenges and also demonstrating how we can innovatively find solutions for our own patients and potentially the wider NHS.
- 5.3. A strategy sets the direction for the organisation and helps to prioritise and decide where it focuses its resources. and this is the first strategy since merger. The clinical groups, Essentia and key corporate teams have been working with the strategy team as part of the process, with each developing their own group strategy that complements the overarching Trust strategy and will be a key vehicle through which we deliver the strategy.
- 5.4. During development we engaged with 750 patients, members of local communities, our governors, partners and 700 staff through a range of methods such as patient and staff surveys, in-person stalls/ drop-in events, on-line sessions, group and individual discussions/ interviews and all-staff briefings. A full engagement report with the findings from this engagement has been compiled, giving additional insight.
- 5.5. There are five main priorities in the new strategy 'Better, faster, fairer healthcare for all':
 - Delivering healthcare excellence

- Improving the health of our populations
- Valuing all of our people
- Innovating for a better future
- Modernising our infrastructure

5.6. The strategy will be taken forward and the priorities will be delivered through the implementation framework, which has three core components:

- Delivery mechanisms and vehicles such as Clinical Group and Essentia strategies, capital planning, and major programmes
- Culture and communications, including all staff engagement and people processes
- Oversight, monitoring and governance

5.7. Alongside the new strategy, a new set of values are also being launched. This is a significant moment in the integration journey with Royal Brompton and Harefield, with the organisation as a whole working to one strategy with one set of values. The values are hugely influential on our culture and define who we are as an organisation and will be underpinned by a new behaviours framework. They were developed through wide engagement with nearly 1800 staff across all clinical and delivery groups, as well as patient members and governors via workshops, surveys, online activities and conversations. The values are:

- Caring – we put patients first
- Ambitious – we innovate and strive for excellence
- Inclusive – we respect each other and work collaboratively

5.8. After the strategy has been launched at Team Brief on Friday 6th September, the team will be out and about across the organisation running stalls with new materials that capture the strategy and values. There is a 'Big Conversations' pack of slides and script available so that anybody leading any team conversation over the coming months can lead a session and embed this new strategy and values across the organisation. There will also be a member's seminar, and there are plans to re-engage with partners. Lastly, there will be information on GTi and across the public domain post-launch.

Action: Strategy team to share full document with governors once the strategy has been launched publicly.

5.9. The following points were discussed:

- In 2014, there were four clinical priorities within the strategy: Children's, Cancer, Cardiovascular and Integrated Care. There was a debate during this process as to whether the new strategy would have clinical priorities and the decision was made to have thematic priorities such as personalised medicine and advanced therapies which are applicable across a broad range of services, as opposed to specialty priorities.

- Environmental sustainability will be a key aspect in all healthcare services. The Trust has a good track record and is embracing sustainability and making improvements which fit in with the NHS England sustainability plan. Jackie Parrott is leading a group looking at our role as an Anchor organisation, which includes sustainability.
- As part of the strategy development process, the Trust strategy team looked at other strategies, best practice, and evidence across the country and internationally.

6. Updates for committees attended by Governors

- 6.1. Emma Barslund Blackman noted that she will attend the Mental Health Committee and report back to the Group.
- 6.2. Alison Mould stated that the Transformation and Major Programmes meeting will take place the following day, which will be the first meeting since the Easter break. Victoria Borwick and Leah Mansfield will be attending and reporting back on that.

7. Any other business

- 7.1. Leah Mansfield put her email in the meeting chat and if anybody has any questions about the Group, they can get in touch.

The next Strategy, Transformation and Partnership Working Group meeting will be held on Tuesday 26th November at 5:30pm-7pm.

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
QUALITY AND ENGAGEMENT WORKING GROUP
TUESDAY 10 SEPTEMBER 2024

Title:	Council of Governors Quality and Engagement Working Group Meeting Notes, 10 September 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"> • MyChart: update and response to Governors comments and questions (previously submitted) • Do Not Attend (DNA) rates for adult services: Trust policy and activities to improve rates • Quarterly reports on Patient Experience and Patient and Public Engagement • Quality Assurance Trust quality priorities: update <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 10 September.

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

TUESDAY 10 SEPTEMBER 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), Scott Bahrawy (Planning and Performance Manager), Victoria Borwick (Public Governor), Andrea Carney (Head of Patient and Public Engagement), Felicity Conway (Patient Governor), Sean McCloy (Interim Director of Performance & Information), Leah Mansfield (QEWG Chair), Charles Mead (Patient Governor), Irina Munteanu (Staff Governor), John Powell (Patient Governor), Nimmi Anu Sam (Staff Governor), Mercy Satoye (Staff Governor), Kendra Schneller (Staff Governor), Anna Grinbergs-Saull (Senior Patient and Public Engagement Manager), Elena Spiteri (Membership and Governance Co-ordinator), Daren Summers (Partnership Governor), (Mark Tsagli (Patient Experience Specialist), Claire Wills (Staff Governor), Andrew Wilkinson (Programme Director for Ambulatory Transformation).

- 1.2.** Apologies were received from: Emma Barslund-Blackman, Alison Mould, Katherine Hamer, David Phoenix, Stephanie Petit.

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1.3. Leah Mansfield, Chair of the Quality and Engagement Working Group, welcomed attendees and opened the meeting.

2. Agenda Item 2: Notes from the last meeting and matters arising

2.1. The notes were approved as an accurate record of the last meeting held on 11 June 2024.

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

- The item concerning Patient Safety Incident and Response Framework and training raised in June will be covered by Quality Assurance team at the December meeting.

3. Agenda item 3: MyChart: update and response to governor's comments and questions (previously submitted)

3.1. The Programme Director for Ambulatory Transformation leading on the introduction of MyChart patient portal responded to a number of questions submitted in advance of the meeting. Governors noted the significant progress made since the launch of the electronic health records system (Epic). Over 435,000 people signed up to use MyChart across both GSTT and Kings hospitals.

The Programme Director then addressed the questions submitted by Governors before the meeting. Governors noted the following:

Metrics used to measure the utilisation and understanding of MyChart by patients and patient satisfaction;

- The Trust has a number of built-in quantitative metrics available in Epic that can be used to measure utilisation of MyChart. Data is collected on several aspects such as; the number of test results sent to patients, patient messages sent and received and accessed, and other key user information. Patients also receive questionnaires that can be tracked in Epic when opened.

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- The Lead outlined the various ways in which the Trust collects feedback on MyChart from users, such as through surveys and, MyChart Helpdesk - which also provides significant qualitative feedback. The team also has community outreach work with patient involvement groups, which also helps the team understand user engagement. In the future, the Trust proposes to re-establish a dedicated patient panel for MyChart.

Confidence and awareness of MyChart, plus support for staff and patients;

- There has been significant effort in creating and raising awareness of MyChart for both patients and staff. Posters, flyers have been displayed in corridors, waiting areas, and many other areas of the Trust. Leaflets and flyers are available in all Reception desks. One of the three Corporate Trust priorities is to maximise the use of Epic and MyChart this is also actively promoted in Trust-wide briefings by the Chief Executive and in all departmental meetings. The Trust's external and internal websites also have extensive information and support about the portal. Information is also on every appointment letter sent to patients.

Patients' experiences of the sign-up process and user testing of the sign-up process with patient influencers;

- The Trust offers a variety of ways in which patients can sign up to My Chart. Sign-up could be through SMS text messages, telephone, appointment letters, or in person. Information on the sign-up process is included in appointment letters, and on posters and patients can be enrolled in person when at the hospital. User testing of the patient journey was undertaken extensively before the launch and feedback received was used to shape the user experience.

Reassurance/ confidence that MyChart email or text messages for sign-ups are not a scam;

- There is a dedicated section about My Chart on the Trust website to reassure patients of the authenticity of the portal. The Helpdesk is also available to reassure patients. It was acknowledged that this was an understandable concern and made more challenging with the prevalence of online scams and certainly a concern for the Trust. The Trust is doing everything to reassure patients and it

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is expected the information on the Trust pages should help reassure patients including the availability of the Helpdesk Support team that can be contacted.

Access for carers/proxy access. Short duration (10 minutes) of sign-up email/link;

- The 10-minute duration for the validity of the sign-on link is understandably frustrating for patients, but it was noted that it has to be restricted to strike a compromise between balancing the risk of security and convenience. The Programme Director assured Governors that there are FAQs on this on the Trust website to support patients who are unable to log in, and there is information available on how to contact the Helpdesk. Proxy access is also widely supported and a core part of the policy and information available on how proxy access can be granted including the support available. Some clinical staff also have the ability to grant or revoke proxy access.

Progress in addressing the appointment location issues, with either out-of-date information being shared, or consistency of information on letters to what appears in the My Chart app;

- The Programme Director recognised that significant work has already been undertaken to correct appointment locations in MyChart. This remains a challenge given the size of the organisation, but there is ongoing work to address this. In relation to the inconsistency of information in appointment letters and My Chart, he noted that there should be consistency of information in MyChart and on appointment letters, whichever way this is accessed but any specific examples could be looked into.

Quality of information about medications, option to amend details of medications;

- The medication list is drawn from a centralised formulary that aligns with what clinicians use in prescribing and not different. Patients are not required to provide information on the medicines they are taking. This is an optional feature on My Chart and does not necessarily need to be reported.

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3.2. The Working Group Lead thanked the Programme Director for addressing the questions. Additional clarification from Governors was sought on the following;

- What percentage of our patient population are 65/70+ and therefore least likely to be MyChart adopters? Is there a different/special strategy for encouraging adoption in this group? In response, the Programme Director drew the group's attention to the extensive and ongoing wide-ranging community outreach work to help patients access use MyChart. He also referred to the fact that this cohort of patients are among the highest sign-ups on MyChart so well represented among users.
- Is there a potential to disadvantage some patients who don't have My Chart, the Programme Director assured Governors that MyChart was optional to use and not the only means of patients accessing health information. Information is still available in traditional forms such as letters, and text messages. All information available in My Chart is also available non-electronically.
- Governors wanted to know whether the legacy data migration from old systems to Epic included information held about patients with specific challenges such as learning difficulties. Responding, the Programme Director clarified that all the relevant clinical information about the patient will be available for the clinician at the point of care.
- The concern about the use of medical terminology in patient letters and how the Trust can simplify the language for patients.

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4. Agenda item 4: Do Not Attend (DNA) rates for adult services: Trust policy and activities to improve rates;

4.1. The Head of Performance and Planning delivered a presentation on Do Not Attend (DNA) rates for adult services. The presentation covered an overview of the Trust's DNA policy, health inequalities, some reasons for patients' DNA, and the current rates for DNA. Governors noted the following:

- In 2023 - 24 the Trust saw about 1.7 million acute outpatient appointments. The total number of patients seen during this period including day cases and community patients were about 2.8 million.
- The Trust's overall DNA rate is currently around 12.6% but varies across Clinical Groups.
- 20,000 DNAs recorded in the last 6 months. Of these, 55% were rebooked and about 18-20% were discharged to the referrer in line with the Trust's Access Policy.
- The Trust's DNA policy is that patients who did not attend without prior notice will be discharged and patients sent back to GP for their referral to treatment (RTT). This is subject to review if unfairly recorded.
- The Trust does not apply blanket rules to DNA i.e. two DNAs lead to discharge, but all discharges must be made with clinical approval only.
- Patients on a cancer pathway, children or other vulnerable patients are not expected to be routinely discharged due to DNA or young patients identified as Was Not Brought (WNB) and should be escalated to the management team for clinical review.
- The DNA policy can only be applied if the attendance was 'fully booked' in discussion with the patient.
- Health Inequalities also impact the Trust's DNA data - public and patient engagement work continues to support services in better understanding the causes of DNAs and working with the Equality Diversity & Inclusion team to provide resources to inform pathway redesigns and strategies for patient communication. There is also an extensive amount of work going on to ensure data on this is collected accurately.
- As part of Outpatient Transformation work, The Trust is currently implementing the Getting It Right

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First Time 'Further Faster' programme, which makes specialty-specific recommendations across 19 specialties concerning how to reduce DNA rates and eliminate long waits of 52+ weeks for patients.

- Cancer Access Policy also in place to ensure that they are seen as quickly as possible if they can't accept appointment with two weeks.
- About 8% of DNAs are due to administrative errors. There is ongoing work in the team to ensure these are reduced as much as possible.
- The team is also undertaking improvement work with South East London Anaesthetic and Perioperative Network where best practice is shared with a focus on optimising patients for procedures earlier and a proactive approach to patients with complex health needs.

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

- The impact on DNA on the inability to cancel an appointment within 48 hours. Responding, the Head of Performance and Planning agreed this was likely to have some impact and should be monitored more closely to understand the fuller impact.
- Whether specific initiatives would be put in to support children, vulnerable groups, and ethnic minorities where DNA rates appear higher. Governors attention was drawn to ongoing work in the Clinical Groups about communication strategies to support patients and also get more understanding of this. It was recognised as an important aspect to consider in the Trust's DNA strategy.

5. Agenda Item 5: Patient and public engagement updates (papers attached)

5.1. Item 6a: The Quarterly Patient Experience Q1 (2024-2025) report was circulated with papers in advance of the meeting. Due to time considerations, there were no verbal updates. Governors were invited to submit any questions to the Membership Office.

5.2. Item 6b: The patient and public engagement report was circulated in advance of the meeting. No verbal updates were given. Due to time considerations, there were no verbal updates. Governors were invited to submit any questions to the Membership Office.

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6. Agenda Item 6: Quality Assurance Trust quality priorities: update

The Trust Head of Risk and Assurance presented a summary of the Trust’s 4 Quality priorities, as described in the Trust’s Quality Accounts and progress made to date.

- **Surgical Safety Checklist:** This Quality Priority aims to share and embed best practice in supporting multidisciplinary teams to improve the use of the surgical safety checklist as part of the National Safety Standards for Invasive Procedures. It was noted this is on course to be delivered.
- **Martha's Rule:** This priority is aimed to ensure patients, families, carers and staff have round-the-clock access to a rapid review from a separate care team if they have a concern. This priority was also noted to be progressing well and on target for delivery. The Trust already has a similar initiative - ‘Call if Concerned’ helpline – it provides a dedicated contact number that families can call if they are concerned about the condition of a patient.
- **Develop and embed processes to ensure that diagnostic results are reported, reviewed, and responded to in Epic.** Governors noted that there is an in-basket system on Epic that is accessible to all clinicians to enable them access results. This priority is also on target for delivery.
- **Contacting the Trust – Improve the experience of patients through better communications and ways to contact the Trust.** Due to a few challenges in getting the planning finalised, this priority has been flagged as ‘at risk’ for delivery. It is expected that Governors will be given an update on this at the next meeting.

Governors welcomed the presentation and thanked the Head of Risk and Assurance for the update.

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

No verbal updates provided.

8. Agenda Item 8: Any other business

- The Head of Patient and Public Engagement shared a request for Governors to get involved in the Patient and Public Engagement Strategy Development Group workshop, due to be held on 24th September. Interested Governors can contact the Membership Office if they wish to attend.

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