

Council of Governors Meeting, 29th January 2020,
6.00pm – 7.30pm, Robens Suite, Guy’s Hospital
(29/01/2020)

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COUNCIL OF GOVERNORS

Meeting to be held on 29th January 2020
6.00pm – 7.30pm, Robens Suite, Guy's Hospital

A G E N D A

1. **Welcome, apologies and opening remarks**
2. **Minutes of meeting held on 23rd October 2019** attached (CG/20/01)
3. **Matters Arising**
4. **Reflection session on Board of Directors meeting**
5. **Report from the Nominations Committee** attached (CG/20/02)
Elizabeth Youard, Director of Corporate Affairs
6. **Lead Governor Election** attached (CG/20/03)
Elizabeth Youard, Director of Corporate Affairs
7. **Research in Women's Health and Research in the NHS** Presentation
Professor Lucilla Poston and Professor Lucy Chappell, KCL
8. **Governors' reports – to note and for information**
 1. **Lead Governor report** verbal
Devon Allison
 2. **MeDIC** attached (CG/20/04)
Samantha Quaye
 3. **Quality and Engagement** attached (CG/20/05)
Placida Ojinnaka
 4. **Service Strategy** attached (CG/20/06)
Annabel Fiddian-Green
9. **Questions and answers – for information** attached (CG/20/07)
10. **Any other business**
11. **Date and time of next meeting:**

The meetings will be held on 22nd April 2020, Robens Suite, Guy's Hospital

Board of Directors meeting	3.45pm – 5.30pm
Council of Governors meeting	6.00pm – 7.30pm

Chair Approved



Guy's and St Thomas'
NHS Foundation Trust

Public Council of Governors

**Minutes of the meeting held on Wednesday 23rd October 2019
In Robens Suite Guy's Hospital**

- | | | |
|-----------------------|---|--|
| Present: | Devon Allison
Martin Bailey
Heather Bryon
John Chambers
Marcia Da Costa
Laura James
John Knight
Paula Lewis -
Franklin
Anita Macro | Margaret McEvoy
Betula Nelson
Placida Ojinnaka
John Powell
Mary Stirling
Peter Yeh
Simon Yu Tan – <i>via telephone</i>
Warren Turner
Christine Yorke |
| Apologies: | John Balazs
Tahzeeb Bhagat
Elaine Burns
Robert Davidson
Jacqui Dyer
Annabel Fiddian-Green
Jane Fryer | Tony Hulse
Alice Macdonald
Matthew Patrick
Samantha Quaye
Sue Slipman
Rachel Williams |
| In Attendance: | Sir Hugh Taylor (Chairman)
Dr I Abbs
Mr J Findlay
Dr F Harvey
Ms G Niles
Ms J Parrott
Mr J Pelly
Dr S Shribman
Ms J Screaton
Mr M Shaw
Dame E Sills
Dr P Singh
Dr S Steddon
Mr S Weiner
Prof J Wendon | |
| Attendance: | Ms E Youard
Ms B Bryant
Mr S Davies
Mr R Drummond
Mr A Gourlay
Ms A Knowles

Mr D Cheesman
Ms J Lowe | (Secretary)

(for item on Focus on Cancer Pathway)
(for item on South East London
Integrated Care System) |

CG/19/34 Welcome apologies and opening remarks

Apologies had been received from Prof R Razavi, Ms S Bowler, Ms V Cheston, Ms H Coffey, Ms A Dawe, Ms M Ridley and Mr D Waldron.

CG /19/35 Minutes of the meeting held on 24th July 2019

The minutes of the meeting were approved as a true record subject to correcting the attendees: deletion of Mary Stirling, inclusion of Paula Lewis-Franklin in the list of Governors present, inclusion of Jackie Parrott in list of attendees.

CG /19/36 Matters arising

The Chair introduced to the Governors Elizabeth Youard who was welcomed to the role of interim Director of Corporate Affairs.

CG /19/37 Reflections Session on Board of Directors Meeting

Governors raised the following issues:

Sustainability. Building on work carried out over years on combined heat and power energy use, the Trust's sustainability targets including its ambition for reducing its carbon footprint. It was reported that the Trust was creating an off-site logistics centre within a patient centred supply chain. The impact would be monitored through tracking the reduction in site access pressure by use of large trucks and introduction of smaller vehicles from an off-site hub. Direct deliveries and loading would be consolidated off-site. This model would increase the number of off-site deliveries and support efforts to improve local air quality and the health and well-being of the local population. A manager responsible for sustainability was being recruited in order to develop a Trust sustainability strategy. The Trust had recently signed up to the NHS Single-Use Plastics Reduction Campaign Pledge, making a commitment to eliminating single-use plastics items such as straws, cutlery, plates and cups. There was an interest in returning to sustainability at a future meeting.

Patient and public engagement. The Board's support for increasing the level of co-design was welcomed, because it reflected Governors' priority focus on achieving greater service user involvement into activities to enhance access for patients. The PPE team was encouraged to look more widely at benchmarking against other sectors, going beyond the NHS to other comparable services. Governors could bring insights from example from disability equality leads on how commercial businesses were using customer intelligence to change the way in which services better met customer needs.

CQC rating of 'requires improvement' around patient safety. The Trust had set up workstreams to resolve the issues raised, many of which were around improving processes, for example for capturing mandatory training completed and concluding referrals into and out of outpatients.

Building cladding safety. Based on extensive fire safety checks including assurance from the London Fire Brigade, it was advised that the Cancer Centre remains safe to remain operational. The cladding will need replacement, and is subject to agreement of the regulators.

CG /19/38 South East London Integrated Care System – A Focus on the Cancer Pathway

The Council noted presentations on current developments around the evolution of the South East London Integrated Care System (ICS). A NHS Long Term Plan commitment is that by April 2021 every part of the country will be covered by an ICS. South East London's work as an STP carried out under the banner Our Healthier South East London (OHSEL) was evolving into collaborative system-wide work as an ICS to tackle unacceptable variations in outcomes, service fragmentation and duplication. The ICS would focus on integrated care for South East London patients. The majority of South East London patients receive most of their care locally. Service and system design would centre upon the needs of local residents in planning units set at three different levels across South East London: neighbourhoods; places (borough level); system level. From primary to specialised service pathways, the vision is to bring together physical and mental health and care. Cancer care was South East London's best example of where thinking from a system perspective rather than from a single organisational perspective helped achieve a concentrated focus on improvements for patient. Work on the pathway for planned orthopaedic care was another example of work in progress.

A presentation on the cancer pathway illustrated joined up care pathways as well as academic and research partnership which benefit patients under the South East London Accountable Cancer Network (ACN). The ACN's track record in system-level working was good, with strengths in the specialist surgical oncology services and state of the art specialist centres at Guy's and QMS. Networked systems, for example, existed across chemotherapy prescribing and patient tracking. The workforce is strong and committed, with strong links between research and clinical service delivery. The Trust is one of largest centres for specialist cancer care, working with cancer units which undertake the greatest number of undiagnosed patients. Challenges being tackled included late cancer diagnosis due to patients presenting late in the onset of cancer; vacancy rates and staff turnover in some local hospitals; referral delays; variation in the level of diagnostic capacity available across South East London which could create delays between referral, diagnosis and treatment.

Wider system-level challenges included ensuring consistent population-wide approaches to promoting healthy lifestyles and cancer prevention for all groups – requiring partnership with education and housing services; and adopting suitable approaches for diverse populations. A case for the advantages of working at Primary Care Network level was that working across primary care teams made it easier to ensure dialogue and consistent training and support for GPs and primary care teams in carrying out screening as well as in identifying patterns linked to more complex cancers.

CG /19/39 Nominations Committee Update

The Council of Governors received a proposal from the Nominations Committee for the appointment of a Non Executive Director to replace Girda Niles as Girda had reached the end of her second term of office. It was noted that an open competitive process had been carried out, with the involvement of the Nominations Committee. Paul Cleal was recommended because of his strengths in consulting, finance and workforce, his track-record in community engagement as well as diversity and inclusion at national and local level.

The Council approved the appointment of the following Paul Cleal as a Non Executive Directors of the Trust for a term of four years renewable for a further four year term subject to final checks and satisfactory performance.

CG /19/40 External Audit Contract Extension Proposal

The recommendation from the Audit Committee meeting on 4th September to the Council of Governors to extend the external audit contract was discussed. It was confirmed that the process of securing the external services contract had followed supplier competition in a limited market. The fee for services was fixed and unchanged. The Council of Governors agreed to extend the external audit services contract with Grant Thornton by another two years, until 16th July 2022.

The extent to which Governors had the opportunity to ask questions of the external auditor would be considered further.

CG /19/41 Governors Reports

Lead Governor Report

On behalf of the Council, the Lead Governor shared the Council's condolences and kind thoughts for Eileen Burns following the recent death of her husband John Burns, who had himself been a Governor.

The Lead Governor continued to promote partnership thinking with external partners to explore the benefits of working together on policy regarding non-emergency/non-blue-light patient transport.

The Lead Governor thanked Governors for their participation and engagement in Committees and Working Groups. The Council noted Governors' Working Groups reports as follows.

Quality and Engagement

The Quality and Engagement Working Group (QEWG)'s September meeting had focused on patient transport alongside patient experience reporting.

Service Strategy

The Service Strategy Working Group (SSWG)'s October meeting had noted the Trust's Mental Health Strategy and the Trust's work with the Guy's and St Thomas' Charity and fundraising teams. The Charity's work as an Urban Health Foundation had been covered.

CG /19/42 Questions and Answers

The record of answers to Governors' recent questions was noted.


CG /19/43 Any Other Business

A Christmas social gathering for Governors would be arranged. Details would follow.

CG /19/44 Date and Time of Next Meeting

The next Public Council of Governors meeting will be held on 22nd January 2020 – at 6pm in Shepherds Hall, St Thomas Hospital

Post meeting note: The January meeting date was subsequently changed from 22nd to 29th January 2020 for the Board and Council of Governors meetings.

Council of Governors	 Guy's and St Thomas' NHS Foundation Trust	
Recommendation from Nominations Committee to extend the term of the Chairman to 2021	29th January 2020	CG/20/02

This paper is for:		Sponsor:	Sheila Shribman, Vice Chair	
Decision	X	Author:	Elizabeth Youard, Director of Corporate Affairs	
Discussion		Reviewed by:		
Noting		CEO*	X	
Information		ED*		
		Board Committee*		
		TME*		
		Other*		

* Specify

1. Summary

The Nominations Committee met on 15th January 2020 to consider the proposal to extend the Chairman's term of office for another year. On 25th April 2018 the Council of Governors agreed that the Chairman's term of office should be extended for two years, to 31st January 2021 with a "break clause" in January 2020 should either party wish to bring the appointment to an end.

The Nominations Committee was asked to review the outcome of the Chairman's appraisal as he serves out his agreed term. The Chairman's contribution since April 2018 has been evaluated. The Trust Vice Chair has led a Chairman's appraisal, adopting a proportionate approach which fulfils new national guidance. This guidance was introduced in November 2019 just as the appraisal was being prepared. The new national framework indicates that when a provider Chair's appraisal is carried out, a consistent set of criteria should be applied, adjusting to fit the specific context. Key points from the appraisal carried out in January 2020 are set out in summary below.

2. Request to the Council of Governors

The Nominations Committee unanimously recommends to the Council of Governors to endorse the following:

- (1) the Chairman will serve out his agreed office to the end of January 2021 since no change to the agreement reached in April 2018 has been sought;
- (2) the Chairman's contribution since April 2018 has been evaluated. There is strong consensus on the positive findings which reflect the Chairman's exceptional leadership of the Trust Board. The Trust Vice Chair has led appraisal dialogue with the Chairman to take the Chairman's reflections.
- (3) the evaluation process has been suitable and accords with November 2019 national guidance; and
- (4) a further meeting with the Nominations Committee to discussion succession planning will be carried out in the next few weeks. The Chief Executive has agreed to advise the Nominations Committee on the context.

3. Commentary

The Trust's Constitution currently states "The Chairman shall be eligible for appointment for two four year terms of office and in exceptional circumstances a further term of two years. The Chairman shall not be appointed to that office for a total period that exceeds ten years in aggregate." The Council of Governors agreed the Chairman's term of office should be extended for two years to 31st January 2021 on that constitutional basis.

The Chairman's contribution has been assessed in early 2020. National guidance for provider Chairs was introduced in November 2019 just as the appraisal was being prepared. The new national framework indicates that when a provider Chair's appraisal is carried out, a consistent set of criteria should be applied and flexibility specific to the context should be adopted. The national template followed is shown below at Appendix 1. The Chair's appraisal has taken into account Trust Non-Executive Director, Executive Directors and Trust Lead Governor views. Fourteen (out of a possible fifteen) contributors gave opinions.

There was 100% strong agreement or agreement that the Chairman's contribution was positive in all thematic areas probed. All feedback was consistently positive, with no particular patterns emerging. Where open questions were asked, the unstructured responses were also extremely positive. Respondents referred to the Chairman's leadership and support on both an organisational and individual basis for Trust teams and for joint working with Trust partners including through transition. The Chairman's patient-centred approach stood out keenly for respondents. Feedback highlighted the Chairman's support for Trust Chief Executives. It indicated the Chairman's role in leading partnership and collaboration between the Trust and its partners, and especially with King's College Hospital. He has supported good appointments and upheld good standards. The Chairman has championed and encouraged constructive challenge on the Board, and demonstrated leadership in setting the direction towards further joint working in a South East London context. To January 2021 the Chairman is seeking to participate in full as the South East London Integrated Care System further develops and matures.

The Nominations Committee recommends to the Council of Governors that the Chairman continue, in the light of this resoundingly positive feedback on the contribution the Chairman makes to the Trust.

NHS England and NHS Improvement

APPENDIX 1

Multi-Source Assessment - NHS Provider Chair Impact and Effectiveness

Confidential when Completed

Responses to statements relating to the NHS Provider Chair Competencies Framework

The following themed statements relate to the chair's impact and effectiveness in their role.

Please respond to as many of the statements as possible.

Where you are unable to provide a response, please leave the relevant field(s) blank.

Competency: Strategic	Strongly Agree	Agree	Disagree	Strongly Disagree
Leads the Board in setting an achievable strategy.				
Takes account of internal and external factors to guide decision-making sustainably for the benefit of patients and service users.				
Provokes and acquires new insights and encourages innovation.				
Evaluates evidence, risks and options for improvement objectively.				
Builds organisational and system resilience, for the benefit of the population of the system as a whole.				

Competency: Partnerships	Strongly Agree	Agree	Disagree	Strongly Disagree
Develops external partnerships with health and social care system stakeholders.				
Demonstrates deep personal commitment to partnership working and integration.				
Promotes collaborative, whole-system working for the benefit of all patients and service users.				
Seeks and prioritises opportunities for collaboration and integration for the benefit of the population of the system as a whole.				

NHS England and NHS Improvement

Competency: People	Strongly Agree	Agree	Disagree	Strongly Disagree
Creates a compassionate, caring and inclusive environment, welcoming change and challenge.				
Builds an effective, diverse, representative and sustainable team focused on all staff, patients and service users.				
Ensures all voices are heard and views are respected, using influence to build consensus and manage change effectively.				
Supports, counsels and acts as a critical friend to directors, including the chief executive.				

Competency: Professional Acumen	Strongly Agree	Agree	Disagree	Strongly Disagree
Owens governance, including openness, transparency, probity and accountability.				
Understands and communicates the trust’s regulatory and compliance context.				
Leverages knowledge and experience to build a modern, sustainable board for the benefit of patients and service users.				
Applies financial, commercial and technological understanding effectively.				

Competency: Outcomes Focus	Strongly Agree	Agree	Disagree	Strongly Disagree
Creates an environment in which clinical and operational excellence is sustained.				
Embeds a culture of continuous improvement and value for money.				
Prioritises issues to support service improvement for the benefit of the population of the system as a whole, ensuring patient safety, experience and outcomes remain the principal focus.				
Measures performance against constitutional standards including those relating to equality, diversity and inclusion.				

NHS England and NHS Improvement

Part 2: Strengths and Opportunities

Please highlight the chair's particular strengths and suggest any areas in which there are opportunities for increasing their impact and effectiveness.

Field sizes are adjustable.

Strengths: What does the chair do particularly well?

Opportunities: How might the chair increase their impact and effectiveness?


Part 3: Additional Commentary

Please provide any additional commentary relating to any aspects of the chair's conduct, impact and effectiveness in their role.

The field size is adjustable.

Additional Commentary

Thank you for participating. Please now forward your completed Template to the appraisal facilitator, who will treat your responses in strict confidence. Should you wish to discuss any of your responses with the appraisal facilitator, again in strict confidence, please request to do so.

Council of Governors	 Guy's and St Thomas' NHS Foundation Trust	
Election of Lead Governor	29th January 2020	CG/20/03

This paper is for:		Sponsor:	Hugh Taylor, Chairman
Decision	X	Author:	Elizabeth Youard, Director of Corporate Affairs
Discussion		Reviewed by:	
Noting		CEO*	
Information		ED*	
		Board Committee*	
		TME*	
		Other*	

* Specify

1. Summary

The Council of Governors agreed at its meeting on 24th April 2019 that Devon Allison, the current Lead Governor, would continue to act as Lead Governor from the end of her second term until the Council meeting in January 2020 when there would be an election to appoint to the role.

Three Governors have given notice to the Chairman of their nominations to fill the vacancy. The Council is therefore invited to choose a Lead Governor at its meeting on 29th January 2020 in accordance with the Trust Constitution.

2. Request of the Council of Governors

As three Governors have put themselves forward for election, a paper ballot will be conducted during the meeting. Ballot papers will be given to Governors on arrival at the meeting. They should be completed and returned to the Corporate Affairs team co-ordinator before the agenda item on “Governors’ Reports”. This is so that the outcome of the election can be announced at the end of the meeting.

During the 29th January 2020 Council of Governors meeting there will be a procedure for remote voting. This will be as a reasonable adjustment only, as considered necessary to enable a Governor to vote. This arrangement will be put in place in particular instances where assistance for a Governor to vote is required, and a request has been notified and agreed in sufficient time in advance of the meeting. The procedure will be for the ballot process to be conducted by email, and processed by the Corporate Affairs team on behalf of the Governor concerned.

Annex

Candidates standing as Lead Governor, January 2020:

Heather Byron

During my first 3-year term I participated on several board committees enabling me to understand our challenges and opportunities and how we as governors can effectively hold NED's to account.

If appointed Lead Governor, I would:

- i. Provide governors with greater clarity on the remit of governor role, and ensure governors can contribute to areas that are important to them and their constituents and, in doing so, feel proud and fulfilled in their role
- ii. Improve communications with governors about relevant Trust developments, helping to increase proactive governor involvement
- iii. Further develop relationships within and beyond the Trust so that we fairly represent the interest of our constituents, and ensure their voices are heard.

We have a strong, diverse CoG and a new Lead Governor gives an important opportunity to regroup and reset. Working with colleagues to understand their individual passions and strengthen their ambitions as governors is key.

Margaret McEvoy

With a wealth of career experience supporting boards I've engaged constructively with the Trust Board and Council of Governors over the past eighteen months. Big challenges lie ahead with ever increasing demand, constrained finances and a need for GSTT to play a leadership role in the national vision for South East London healthcare system. As the eyes and ears of the trust Governors are well placed to help. Using a collaborative and inclusive approach, as lead governor, I would facilitate full use of governors' wide ranging skills and experience in supporting the trust as well as enabling you to grow as people. In view of the breadth of the role - ably demonstrated by Devon Allison - I propose to nominate a deputy to share the task and ensure views of diverse groups of patients and stakeholders impact positively on Trust decisions.

Simon Yu Tan


I became a Governor to make a positive contribution to the NHS. I have extensive experience of working in the health care sector and am committed to serving the Trust.

I used my skills, developed over many years as a manager in the public sectors (including the NHS), and my experience as a patient in the NHS, to support this Trust.

I have managed many large scale health projects on behalf of the government and believe this experience helps me contribute as a Governor to meeting the challenges facing the Trust.

I chair voluntary organisations that serve the local communities, providing support to a large group of patients, including advocacy and representation.

I bring lots of enthusiasm to the role and have the experience of engaging with the patients and representing their interests. I am very keen to serve as your Lead Governor and am deeply committed to the role.

Council of Governors	 Guy's and St Thomas' NHS Foundation Trust	
Membership Development, Involvement & Communications Working Group Report, 5th November 2019	29th January 2020	CG/20/04

This paper is for:		Sponsor:	MeDIC Working Group
Decision	<input type="checkbox"/>	Author:	Elizabeth Youard, Director of Corporate Affairs
Discussion	<input type="checkbox"/>	Reviewed by:	
Noting	X	CEO*	<input type="checkbox"/>
Information	<input type="checkbox"/>	ED*	<input type="checkbox"/>
		Board Committee*	<input type="checkbox"/>
		TME*	<input type="checkbox"/>
		Other*	<input type="checkbox"/>

* Specify

1. Welcome and apologies for absence

The meeting was attended by: Devon Allison (Lead Governor, Patient); Marcia De Costa (Public Governor); Laura James (Staff Governor); Paula Lewis-Franklin (Public Governor); Margaret McEvoy (Public Governor); Placida Ojinnaka (Patient Governor); Samantha Quaye (Working Group Lead and Public Governor); Adeola Ogunlaja (OD Business Support Manager); Farhan Quadri (Membership and Governance Co-ordinator); Elizabeth Youard (Director of Corporate Affairs).

Apologies: Tahzeeb Bhagat (Staff Governor); Elaine Burns (Public Governor); Michael Carden (Head of Media and Corporate Communications); Jacqui Dyer (Stakeholder Governor); Tony Hulse (Staff Governor); John Knight (Patient Governor); Anita Macro (Staff Governor); Betula Nelson (Patient Governor); John Powell (Patient Governor); Girda Niles (Non-executive Director); Mary Stirling (Patient Governor); Fatimah Vali (Patient and Public Engagement Specialist); Rachel Williams (Staff Governor); Christine Yorke (Patient Governor).

2. Notes of the meeting held on 18th June 2019

The minutes of the meeting held on 18th June 2019 were agreed as a true record of the meeting by all present who attended.

3. Matters Arising

There were no matters arising.

4. 2019 Council of Governors election update

There had been a positive outcome of the 2019 elections held including those held since the last meeting. Vacancies had been filled. New Governors were welcomed to MeDIC.

5. 2019 Current Membership Figures

Membership figures were provided for the meeting. The meeting discussed the Trust Constitution's eligibility criteria for the patients and public constituencies which drive membership classification. MeDIC members were interested in how far local residents were reflected in the membership numbers, and overall representation within the eligible population of potential members. Initiatives had been run to encourage local residents to become Trust members. To continue to promote effective engagement activities, these should be revisited.

6. September 2019 Health Seminar on Rheumatoid Arthritis

The 17th September seminar on Rheumatoid Arthritis had been positive with high satisfaction ratings in the evaluative feedback. As members, staff were entitled to attend.

Governors would send any suggestions for future topics to the membership office. A series of health seminars for 2020 would be prepared.

7. Listening Line Issues 5 and 6

Listening Line Issue 5 had been produced and Issue 6 was under preparation, due for publication shortly. A small team of Governors was actively working on the production. Governors valued Listening Line as a means for getting voices heard. It was felt that there was more to be done on measuring its impact and reach, and to think through what channels might be used for this. Communications leads might be able to help with ideas on dissemination. This would help with a discussion on the future of Listening Line.

8. Green Park Report 2018 and Patient and Public Engagement Team Suggestions

The meeting discussed previous reporting which had driven thinking on next steps on a membership strategy. Valuable suggestions had been made by members of the Trust's Patient and Public Engagement (PPE) team because of the PPE team's wealth of experience in engagement approaches. The existing publicity leaflet for recruiting members was due for a refresh. Stands could be run to promote recruitment, following on from the success of previous stands including during 2019. It was accepted that diversity initiatives needed to be inclusive of all groups. It was agreed that there was a need to move forward, and to select top priorities for action, learning from work which had been carried out in other areas and Trusts.


The next meeting would come back to this point, and focus on what Governors themselves might be able to contribute to assist.

9. Any Other Business

It was agreed to enable Governors to join into future meetings by dialling in.

10. Dates of Future Meetings

Tuesday 11th February 2020, River Room, Gassiot House, St Thomas', 5.30 - 7.00pm.

Council of Governors	 Guy's and St Thomas' NHS Foundation Trust	
Quality and Engagement Working Group: Report from the meeting held on 3rd December 2019	29th January 2020	CG/20/05

This paper is for:		Sponsor:	Quality & Engagement Working Group
Decision	<input type="checkbox"/>	Author:	Anna Grinbergs-Saull, QEWG Secretariat
Discussion	<input type="checkbox"/>	Reviewed by:	Placida Ojinnaka, QEWG Lead
Noting	<input type="checkbox"/>	CEO*	<input type="checkbox"/>
Information	<input checked="" type="checkbox"/>	ED*	<input type="checkbox"/>
		Board Committee*	<input type="checkbox"/>
		TME*	<input type="checkbox"/>
		Other*	<input checked="" type="checkbox"/> Council of Governors

* Specify

1. Welcome and apologies for absence

This report details the meeting of the Quality and Engagement Working Group (QEWG) which took place on 3rd December 2019 at the Burfoot Court Room, Counting House, Guy's Hospital.

In attendance:

This meeting was attended by: Sarah Allen (Head of Patient Experience), Andrea Carney (Trust Patient and Public Engagement Manager), Ruth Liley (Director of Quality and Assurance), Janet Powell (Director of Nursing, Evelina London), Marcia Da Costa (Public Governor), Margaret McEvoy (Public Governor), Betula Nelson (Patient Governor), John Powell (Patient Governor), John Chambers (Staff Governor), Placida Ojinnaka (QEWG Chair), Mark Tsagli (Patient Experience Specialist), Anna Grinbergs-Saull (Patient and Public Engagement Specialist).

Apologies were received from:

John Balazs (Lambeth CCG), Tahzeeb Bhagat (Staff Governor), Devon Allison (Lead Governor), Simon Yu Tan (Patient Governor), Peter Yeh (Public Governor). Annabel Fiddian-Green (Public Governor) Felicity Harvey (Non-Executive Director), Laura James (Staff Governor), Samantha Quaye (Public Governor), Christine Yorke (Patient Governor), John Knight (Patient Governor), Mary Stirling (Patient Governor), Tahzeeb Bhagat (Staff Governor), Lucilla Poston (KCL)

2. Notes from the last meeting

One amendment raised: Quality and Performance Committee report submitted after the last meeting. Otherwise, the notes were approved as an accurate record of the last meeting.

3. Young people's transition from children's to adult services: an update

The Director of Nursing at Evelina London presented an update on the development of a strategy for supporting young people through transition from children's to adult services. The presentation gave an overview of current work to review the care provided to young people, and the recommendations made for further improvement:

- Two members of staff had been seconded to lead the review of transition support for 6 months. This review coincides with recommendations made in the NHS Long Term Plan to ensure patient-centred approaches in young people's services, an increased focus on emotional wellbeing and provision of age appropriate care.
- To reflect the fact that "age-appropriate" could encompass services for older patients, Evelina London's review refers to "*Young People within GSTT*".
- The review included an assessment of the age group affected by transition processes: generally, except for in complex cases, transition to adult services should be complete by age 16-18. However, conversations about transition and how to manage it should start from age 12-13.
- The review aimed to create new transition guidelines for the Trust, drawing on examples of good practice (e.g. in rheumatology, renal and cardiology services) to ensure consistency across our services, as well as feedback from existing projects looking at dedicated areas for older Evelina patients
- Transition potentially involves all areas of the Trust, and therefore a key part of the review was to assess the differences between paediatric and adult services within the same specialty. To explain the importance of this, the Director of Nursing shared the example diabetes services. Children with diabetes have a multi-disciplinary team and several appointments and follow-ups per year, whereas adult patients may have follow up appointments in primary care with their GP. This means a child transitioning to adult diabetes services would see a significant change in their care plan.
- The review also looked at good practice examples from other NHS trusts, including work completed in Southampton and Leeds.
- The young people within GSTT review makes six key recommendations:

- Recruitment of a new lead nurse for young people: This position will be included in the 2020/21 business plan, to build on progress already made by the Evelina PPE specialist, and will be pivotal to the delivery of the rest of the review's recommendations.
 - Supporting patients to grow with independence, and the resources they need: this includes a recommendation to give young people the option to speak to clinicians alone or with a parent. Giving them the space to discuss wellbeing in private.
 - Standardised assessment of emotional wellbeing, including safeguarding questions, social environment, sexual health, to help identify young people who need specific care or support
 - Delivering best practice: introducing "ready, steady go" questionnaire used in Southampton and other trusts, to assess readiness for transition to adult services. Focuses on how prepared the child is.
 - Dedicated environment for young people: A three year development plan sets out responses to patient surveys about the resources/dedicated areas young people might want or need, a review of nurse training, and aim to recruit a youth worker to support engagement. The Evelina PPE specialist used the youth conference and take over day to gather ideas and feedback from patients and local school groups on our priorities for young people.
 - Safeguarding: ensuring that support is offered to any child at the Trust. Priorities in this area are knife crime, and safeguarding issues associated with it.
- During the presentation, the Director of Nursing gave an overview of recent engagement events organised by the Evelina PPE specialist. Most recently, Evelina hosted the annual Youth Takeover Day, where young patients and students from local schools in Southwark and Lambeth gained experience of nursing using the Trust's training dummies, learned about genetic testing and tried out laboratory techniques. Students also took over the Evelina radio station and social media accounts for the day and gave feedback on the Evelina expansion project.

Governors raised a number of questions about the presentation.

- On engagement activities: During engagement activities, what safeguards are in place if one of the school students recognises a patient?
- On the local focus on knife crime: Knife crime involves a number of external considerations, how does Evelina link with the police and social services?

- Does the Trust work with voluntary sector organisations working in the same space, supporting the mental health and wellbeing of young people?
- On independence: There are circumstances (including diabetes) that involve complex self-management and parents are responsible for their child's care until they are 18 –
 - Is it appropriate to meet the patient without their parent or without informing them?
 - Is there a particular age limit for involving/not involving parents in discussions about care?
- On transition generally: A concern raised in the Royal Brompton project is that transition to adult services may cause patients to disengage from their care pathway, how can we keep young people engaged post-transition?

In response to the question about engagement events, the Director of Nursing explained that there had been issues in the past with well-meaning participants talking to patients out of curiosity. This year, this was addressed by giving the students guidance on what to do. The team also spoke to school nurses to ask if there may be children from the same school in the hospital.

Discussing knife crime and safeguarding, the Director of Nursing thanked Governors for the suggestion to work with the voluntary sector more to understand the causes and issues surrounding knife crime and other pressures for local young people. She explained that the Trust policy is to inform the police and social services if a victim of violent crime is admitted. However, there is also a need to protect patient identities, and young people involved in knife crime would be pseudonymised and kept away from any others involved in the incident to avoid identification. In addition, the Evelina London team is reviewing how the Trust's mental health strategy applies to young people to ensure access to the right support. It was explained that the Trust is working with South London and Maudsley hospital on this topic.

In response to queries about independence, and giving young people the option to meet with clinicians alone, the Director of Nursing explained that there is no set age for introducing this. Giving the option to meet alone depends on the individual circumstances – including diagnosis, family/social environment. For example, the primary carer may not be a parent but could be a sibling. At a certain stage, patients may want to discuss sexual health and

pregnancy, and private conversations will need to be considered. However the majority of Evelina patients are 11 years old and under.

Responding to the question about continued engagement after transition, the Director of Nursing said that she had not yet seen the outputs of the work on the Royal Brompton KHP partnership. However, she hoped that the new Lead Nurse role would address this by supporting a better transition pathway and dedicated model of care for young people.

4. Access scoping project: an introduction

The working group chair gave an update on the Access Scoping Project, developed in collaboration with the Lead Governor. A briefing note written by the Lead Governor was included in the meeting papers. The key points highlighted during the meeting were:

- The project aims to understand how the Trust meets the access needs of, for example, people with disabilities, long-term conditions, or dementia. The group would like to bring disability and access to the forefront of discussion, and to find simple solutions
- Areas raised to the group so far include the availability of accessible parking, pick-up and drop-off spaces, the traffic leading up to Guy's, accessibility of food outlets (e.g. microwaves), support for people travelling with a carer.
- The current group members plan to meet with Alistair Gourlay (Director of Essentia), and Manal Sadiq (Associate Director for Equality Diversity and Inclusion) on the 19th of December. The chair will report back from this meeting, but membership is also open to all working group members if they would like to attend.
- The scope and focus of the project, as well as the engagement methods that will be used, will be discussed at the first meeting. This includes how patients and Trust members and Governors, could be involved.

Governors thanked the chair for her update, and asked questions about other topics, groups of people, and existing reviews that might be included in the project. Buses may be the easiest mode of transport for wheelchair users but there are not sufficient bus routes to all South London areas - can the project include a review of public

transport, as has been discussed at previous meetings? Who will conduct the review and deliver the report/recommendations?

The chair thanked the Governors for suggested topics, and explained that conversations have been had with Transport for London and the Greater London Authority about patient transport access to bus lanes. Questions about bus routes could be added to these discussions.

In response to questions about responsibility for delivering the project, the chair explained that the meeting on 19th December will address the projects milestones and the resources that might be needed. The PPE Manager suggested that the group also explores existing activities to assess accessibility, in particular by the Equality, Diversity and Inclusion team. The Head of Patient Experience, suggested that the review includes existing patient feedback available through patient experience surveys.

Actions

5.1	Working Group Chair to report back to the group about the project meeting, and include existing projects/feedback in the review
5.2	Members to contact the chair if they would like to join the group

6. Patient Experience (PE) and Patient and Public Engagement (PPE) updates

In a change to the published agenda, item 6 was discussed next. The Trust Patient and Public Engagement Manager summarised key points from the Patient and Public Engagement Update report. The following points were noted:

- The PPE team are continuing to support ongoing work on digital transformation programme and are leading work to support patient and public involvement in the procurement of an EHR system. This has included Governor Heather Byron.

- Royal Brompton and Harefield NHS Foundation Trust and King's Health Partners Programme: over 500 patients have been involved so far, with the focus of involvement being to inform the Partnership's future vision. Margaret McEvoy has continued to represent the Council of Governors
- The PPE team also continues to support the ongoing process of designing the Orthopaedic Centre of Excellence, planning further events in 2020. Governor Placida Ojinnaka has been involved in this work.
- Call Quality Assessor (CQA) report for Q2 – With the caveat that the number of calls assessed is comparatively small to the number the Trust received, performance has improved across the board in quarter 2. In particular in assessment of gaps in silence during calls and call advisor empathy, which have been a particular focus for Governors in recent years. The call centre team plans to expand the use of call recording software in 2020. The PPE team will look to increase the number of assessors to support this.

The Head of Patient Experience summarised key points from the Patient Experience Update report. The following points raised in the discussion were noted:

- Scores for the Friends and Family test remain steady. 'Do not recommend' scores were slightly higher in Inpatients in August. However, generally the Trust is on par with the national average across inpatient and community services and A&E.
- Scores improved in young patients inpatient services, and in patient transport where the Trust's scores were higher than the average for other Trusts collecting this data
- Feedback for the Emergency Department remains good despite a very busy period, with scores matching national and regional averages.
- Areas for improvement include maternity services, where postnatal wards scores for 'recommend' were lower in August and lower than the national and regional average. The patient experience team is meeting with the Women's Services Directorate to address this feedback
- The current Patient Experience Priorities are:

- Noise at night: this has been a priority area for improvement for some time. Scores in this area are steadily improving after a lot of work with inpatient areas. Tackling this should now be considered business as usual
- Improving patient experience of contacting the Trust – this will be supported by customer service platform updates
- waiting time - reducing waiting time, and ensuring patients are kept informed
- shared decision making - ensuring patients and carers are involved in decisions about care
- Supporting self- care - outpatients has seen improvement in this area. Now focusing on in-patients and the leaflets and information provided about discharge and who to contact with concerns.
- The Head of Patient Experience also summarised Mystery Shopper feedback for Quarter 2. Overall satisfaction has improved, but more work needs to be done to ensure reception teams know how patients can give feedback.
- The main highlight from the PALS report for Quarter 2 is that the number of patients reporting that they have not received an appointment letter has decreased

In response to the Patient and Public Engagement and Patient Experience reports, Governors asked questions about call centre and switchboard performance, and waiting times. Although Call Quality Assessment scores have improved, in terms of how switchboard handles calls, there is still an issue with callers being transferred to the wrong number or a number that is not answered – how is this being addressed? With regard to waiting times, will clinic staff be involved in the discussion to evaluate the issues and causes and whether there are simple solutions such as appointment scheduling?

The Head of Patient Experience explained that updating the phone directory is a priority, and that the Call Centre Manager is evaluating workloads for those responsible for answering phones in each directorate. Reception staff have many tasks, including supporting patients attending appointments, which can affect their capacity to answer phone calls. Team structures and responsibilities need to be assessed to develop different ways of working in administrative team to ensure calls are answered. This was done successfully in PALS.

The Head of Patient Experience addressed the question about waiting times and how causes and solutions are being discussed. Those directorates that are reviewing their performance in this area are evaluating all the administrative processes that might lead to a delay, for example the time taken to scan documents before or after an appointment. Each process can add time to each appointment, which means this is a complex issue.

5. Quality Update

The new Director of Quality and Assurance introduced herself and provided an update on Quality Assurance priorities at the Trust.

- The new Director of Quality and Assurance has recently joined the Trust, from a clinical and legal background including a previous role at CQC and Monitor (before it became part of NHS Improvement). Discussed with the QEWG was the Quality Assurance strategy for the Trust to achieve an ‘Outstanding’ rating from the CQC in three to five years. The Trust will have another well-led inspection in 2020.
- Another priority for Quality and Assurance is the Trust’s resilience in responding to emergency conditions.

7. Reports and updates from committees (those recently attended by Governors)

Quality and Performance Committee:

Report not circulated with papers. It was noted that committee members submitted their report in good time, but that time is often limited as the committee meets after QEWG. Governors suggested a forward planner detailing when their reports from different committees would be due.

Action

7.1	Forward planner to be drafted to assist Governors in submitting their committee reports for inclusion with QEWG papers
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Cancer Services Committee,

No notes tabled

End of Life Care Committee (EOC):


No notes tabled

8. Matters arising from the last meeting and any other business**Additional information**

No AOB raised

9. Date of next meeting:

Tuesday, 25th February, Seminar Room 2, Ground Floor, Education Centre, York Road, Waterloo.

Council of Governors		
Service Strategy Working Group: Report from the meeting held on 7th January 2020	29th January 2020	CG/20/06

This paper is for:		Sponsor:	Service Strategy Working Group
Decision	<input type="checkbox"/>	Author:	Jessica Levoir, SSWG Secretariat
Discussion	<input type="checkbox"/>	Reviewed by:	Annabel Fiddian-Green, SSWG Lead
Noting	X	CEO*	<input type="checkbox"/>
Information	<input type="checkbox"/>	ED*	<input type="checkbox"/>
		Board Committee*	<input type="checkbox"/>
		TME*	<input type="checkbox"/>
		Other*	<input type="checkbox"/>

* *Specify*

Council of Governors meeting, 29th January 2020
 Service Strategy Working Group report, 7th January 2020

1. Attendees:

Annabel Fiddian-Green (Chair), Devon Allison, Margaret McEvoy, John Powell, Mary Stirling, Paula Lewis-Franklin, and Marcia da Costa.

Lindsay Jones (Deputy Director of Strategy), Martin Shaw (Chief Financial Officer), Gail Beer (Director in COO Team), Steven Davies (Director of Finance) and Victoria Cheston (Commercial Director) attended from Guy's and St Thomas'.

Apologies were received from Tahzeeb Bhagat, Placida Ojinnaka, John Balazs, Rachel Williams, John Chambers, Steve Weiner, Simon Yu Tan, and Jackie Parrott.

2. Notes of the previous meeting and matters arising

2.1 The notes of the meeting held on the 8th October 2019 were approved as a true record.

3. Business planning update 2020/21

- 3.1 Gail Beer (Director in COO Team) and Steven Davies (Director of Finance) joined the meeting for this item. Steven explained that much of the material in the presentation was provided to clinical directorates at the business planning launch in November. Steven set out that a central premise of the presentation is that the health profile of the country is changing, therefore health services will be incentivised to focus on population health, wellbeing and prevention, as well ensuring care is delivered close to home wherever possible.
- 3.2 There are some significant policy changes on the horizon. There will be ring-fenced investment in Primary Care Networks (PCNs) and community services, which is a change from previous years. Steven explained that specialised services will be commissioned differently. It is widely acknowledged that changes to how specialised services were commissioned in 2012 didn't produce the outcomes intended, and given GSTT is

one of the biggest providers of specialised services in the NHS, the Trust will be involved in improving specialised commissioning going forward. There is also an increased focus nationally on digital innovation. The Trust is introducing Electronic Health Record (EHR), but what with the background and special interests of the current Secretary of State for Health, it is likely NHS Providers will be under increasing pressure to adopt new, innovative digital technologies to transform the way care is delivered.

- 3.3 There has been a noticeable shift in NHS planning guidance and policy from competition to collaboration. Recent changes include the creation of Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), and closer integration of NHS organisations, such as NHS Trusts appointing to joint board level positions. As a result, there has been an implicit shift from accountability being held at the Trust level to collective system accountability. The law hasn't changed to reflect this shift, which creates a challenging environment for NHS providers.
- 3.4 The financial environment is also challenging, and the next financial year is going to be more difficult than previous years. Historic figures of Government NHS spending show that although the NHS will see an increase in funding post-election of 3.6% real terms, this is not as significant as previous increases the NHS has experienced after an election, and follows the longest ever sustained reduction in health spending the NHS has ever seen. Further increases are required to bring health spending in line with other countries with a similar GDP to ours.
- 3.5 For this financial year (2019/20) the Trust has a deficit control total of £8.4m set by NHS Improvement. There is a plan in place to break even by the end of the year, which it currently looks likely the Trust will achieve. Over the next four years, the Trust will see a continued decrease in the amount of Market Forces Factor (MFF) it receives, which will lead to a significant decrease in the Trust's income of about £48m a year.
- 3.6 There have been major changes to the planning context this year. NHS tariffs are usually issued around Christmas, which then inform an internal planning round. The regulator then submits plans for the year ahead from January to April time. However, to inform the South East London ICS response to the NHS Long Term

Plan in autumn 2019, GSTT had to submit financial figures for the year ahead earlier than usual, without the information the Trust would usually receive and require to inform these figures.

- 3.7 A £5m deficit target has now been set for the 2020/21 financial year, which will give the Trust around £5m of financial recovery funding (FRF) if met. FRF aims for all organisations in the health system to report a non-deficit position by the end of the next four years. FRF represents a significant shift in national policy and has replaced the provider sustainability fund (PSF), which GSTT has historically benefited from. The efficiency savings target for next financial year is £82.4m, which is currently in discussion with regulators as the Trust is of the view that the assumptions behind this are incorrect, particularly with regards to MFF.
- 3.8 The Trust receives about £600m income from specialised service activity each year. There is however currently a £150-200m financial pressure across London for specialised commissioning, much of this due to increased referrals from outside of London to London NHS providers, paid for by the London system and not reimbursed. As a result there is a significant gap between what activity regulators have committed to fund next year and the funding the Trust knows it will require to deliver these services.
- 3.9 Gail explained that the role of the Business Planning Team is to collate all available information about the wider context and understand how this impacts delivery at the local level. An essential part of this is helping to translate the national context to assist strategic business units (SBUs) and directorates understand what it means for their services. Gail emphasised that the process doesn't just focus on activity and funding; it also considers factors such as junior doctor training which the Trust receives funding for, how the Trust works with its partners, how to meet national performance targets, and how to ensure both Trust and service strategies and strategic objectives are met. The team works closely with corporate colleagues to support business units and directorates with this process, such as the Strategy, Finance and Service Transformation teams. Corporate services must also submit their own business plans.
- 3.10 Business planning is a continuous activity, looking at both what we are doing this year as well as next. The business planning cycle is designed around commissioning cycles, so it lasts a year. The process is

continuously improved, and the Business Planning team dedicates time in the cycle to reflect on what can be improved for the next year.

- 3.11 The Business Planning team holds a yearly refresh event for directorates to provide support and information for the coming year. The team aims to provide a high level of support throughout the business planning process to directorates and SBUs. There are a number of review points built into the process to ensure the plans directorates submit are reasonable and deliverable, and that opportunities for improvement and efficiency savings been identified, such as the medicines optimisation programme. This is important because the Trust uses the plans submitted by each area to inform the Trust's business planning submission to regulators, which in turn informs contract negotiations.
- 3.12 There are various operational challenges which inform the business planning process. Examples of the priorities for the coming year are the four hour A&E waiting time target, theatre utilisation, and out-of-hours emergency care provision.

During questions and discussion the following was highlighted:

- The switch from PSF to FRF is a significant change in the incentive model; redistributing funding away from hospitals in a more stable financial position to get hospitals currently in financial difficulty to a non-deficit position by the end of the financial period, could be seen as rewarding inefficiency in the health system.
- The health sector is challenged financially, therefore shifting money between health care providers and organisations will not improve the overall position.
- SEL CCGs have ring-fenced funding for activity in three priority areas; mental health, primary care and the community.
- The acute uplift for SEL CCGs in 2020/21 is less than the 4% growth the Trust is predicting, which is a risk.
- Given the policy shift towards collaboration, it is possible CCGs will move away from tendering all services as a standard.

- The Trust aims to agree a reasonable target with commissioners for efficiency savings next year that takes into consideration the challenges inherent within the health system. In terms of collaboration, London has challenging targets across the region and the vast majority of London provider Trusts are in a difficult financial position. It is hoped that in a more collaborative system there will be increased transparency between providers to enable closer working.
- Significant work has been done to review capital spending throughout the year, both in terms of capital spending over the medium-term, and priorities.
- The Trust is working with local commissioners to analyse of London funding flows, specifically focused understanding referral trends and growth from outside London. The NHS in London needs to look at services as a collective, so as to meet the financial challenge ahead; reducing expenditure as a collective is easier than doing it alone.

4. Guys and St Thomas' commercial strategy 2020-2025

- 4.1 Victoria Cheston (Commercial Director) joined the meeting for this item. Victoria explained that the supplementary paper provided was the commercial brochure used by the commercial team for marketing, and provides a summary of what the team does. Victoria set out that the purpose of the item was to give governors an update on the refreshed commercial strategy, as the commercial team is about to embark on a Trust-wide engagement exercise.
- 4.2 The commercial team is well established, and has existed for 35 years. The team is one of the biggest and most successful in the NHS, contributing around £30m of profit to the Trust's bottom line annually. The 2014-19 commercial strategy has been delivered successfully. The Trust Board has subsequently set the ambition of doubling commercial profits over the next five years, which will underpin the new strategy. In order to achieve this ambition, diversification of income will be key.
- 4.3 The commercial team have significant commercial, finance and legal expertise. During recruitment, priority is given to recruiting team members with commercial and financial expertise, rather than specific NHS experience.

*Council of Governors meeting, 29th January 2020
Service Strategy Working Group report, 7th January 2020*

- 4.4 Victoria described her team as a catalyst, contributing to and facilitating a broad range of Trust initiatives, not all of which will earn income. The team has significantly contributed to the clinical strategy for the Trust over the last five years. This includes the establishment of the new cancer centre, for which the commercial team led the negotiations with HCA. The team also led on the negotiations with the NIHR and facilitated MHRA accreditation, agreeing the Joint Venture with the University of Leeds underpinning this. The team has a broader function than just commercial, also involved in retail and private patients.
- 4.5 Victoria took the group through an example of some recent work carried out by the educational service line in the team, which established a partnership with the Hamad Medical Corporation (HMC) in Qatar to develop specialist intensive care services. Following successful treatment of a patient at GSTT with MERS, and a directive from Public Health England that patients with MERS should not travel to England for treatment, GSTT worked with the HMC to establish the only ECMO registered service in the Middle East, taking the intensive care unit at HMC from good to excellent. The commercial team ensured there was no impact on clinical care at GSTT, working around consultant rotas, and that the work did not compromise GSTT values. There are also significant benefits to the staff at GSTT who work on assignments such as these.
- 4.6 The work done by the commercial team also brings benefits to patients. NHS funding streams have changed significantly, and given the long term financial challenge, supplementing Trust income through commercial means supports Trust finances and funds services for NHS patients.
- 4.7 Due to the success of the strategy over the last five years, and the size and scale of the Board ambition to increase commercial income, the approach for the new strategy is to look at new, diverse sources of income, aligned to the Trust clinical strategy, whilst considering and embedding broader benefits to GSTT for staff and patients. As a result, a major emerging commercial theme for the new strategy includes establishing partnerships with industry where GSTT will benefit not only from having early access to technology, industry thinking and operational efficiencies, but also from the resulting profits. Examples of this include the J&J building, and innovative uses of data and AI at the Med Tech Hub at St Thomas'. Another theme for the 2020-2025 strategy involves building on the Trust's reputation as a renowned education provider by significantly increasing the size of the successful GSTT visiting observer programme. The Trust is also looking to develop a Joint Venture with Kings, enabling the organisations to develop faster routes to take innovative ideas to market. Another major theme will be to shift the culture at the Trust in order to harmonise

and bring together private patient and NHS work, as there are significant benefits to having GSTT consultants carry out their private practice on GSTT sites. The Trust also aims to position itself as a retailer partner of choice; whilst there is already retail on site, there is opportunity to redevelop this offer, and Alastair Gourlay's team are leading on this. There is also scope to further develop the Commercial Team's international business development and consulting arm, which is in the early stages currently.

During questions and discussion the following was highlighted:

- The group commended the commercial team on successes to date and income figures. The commercial team have identified current key sources of income, and have used this and research into other industries to inform the new strategy and commercial model. For example, the retail sector has increasingly used data and AI to increase sales.
- One of the significant barriers to achieving the £60m target set by the Trust Board is the limited capacity within the clinical directorates to support and carry out some of this income-generating commercial activity. The commercial team aim to work on flexible staffing models with directorates so as to enable more staff to work on commercial assignments in the future.
- It was recognised there are some ethical and moral considerations to increasing the amount of commercial activity the Trust do. Patient data for example must be fully anonymised to be used by the Trust without individual patient consent. The commercial team is continuing to look at how best to engage patients in the uses of their data for commercial purposes, as it is likely that 'big data' will increasingly be used in place of clinical research trials. The commercial team also recognises that, where any form of patient data is used in partnership with industry, it is important the Trust and the public purse receives an appropriate financial return from this.
- The commercial team only take on work that aligns with the Trust values. This has proven especially important when deciding whether to take on work internationally. The team only partner with international organisations who work to UK clinical standards. In terms of the development of retail on GSTT sites, the

commercial team are aware of the need to balance commercial return to the Trust with ensuring value for money for the public and the needs of GSTT patients visiting hospital sites.


- In the past, there were private patient facilities at both Guy's and St Thomas' Hospitals. There is likely to be a greater focus on developing services at St Thomas' as part of the new strategy.
- The private patient work and international work takes up a significant amount of the commercial team's time. Much of the international work focuses on building long term relationships and foundations for future partnerships.
- The commercial team is relatively large, at about 100 whole time equivalents, including a small team in Germany running a legacy procurement for British armed forces based there. The commercial team is self-funding, and as a result does not have a Trust cost centre. When costing new work, the team applies a private sector approach and costs bottom-up.
- Sustainability and commercial elements of the Trust's estate development are led by Essentia, and do not come under the commercial team's remit.

5. Any other business

5.1 The working group suggested the following future agenda items;

- Joint clinical strategy with Kings College Hospital
- The cancer strategy

5.2 Dates for future 2020 meetings have now been set. All future meetings for this year will be held in the Education Centre on York Road.

Council of Governors	 Guy's and St Thomas' NHS Foundation Trust	
Questions and Answers	29th January 2020	CG/20/07

This paper is for:	Sponsor:	Corporate Affairs	
Decision	Author:		
Discussion	Reviewed by:		
Noting	CEO*		
Information	ED*		
	Board Committee*		
	TME*		
	Other*		

* *Specify*

1. Summary

This report provides a list of queries which have been raised by governors. Answers are included or are ongoing and will be provided to governors once available. We would like to encourage governors to continue to raise questions.

Note: *Governors are asked to send any queries to the Membership and Governance Co-ordinator or the Director of Corporate Affairs and not directly to directorates. We will log questions and ensure they are properly handled.*

2. Request to the Council of Governors

The Council of Governors is invited to note the report.

3. Detail/Commentary

Matters of interest/question	Issue number & date raised	Responses	Progress/further information	Completed date
A question about the daily supply lorry coming from a new hub in Dartford. I come from Kent, and it takes a long time to drive from Dartford to London Bridge, with the engine running in constant traffic jams, which seems to negate the idea of a greener footfall. I wondered whether a closer hub could not have been found?	18/20043 2019-11-28 Christine Yorke	The Trust intends to adopt electric trucks to ship consolidated deliveries from the new Supply Chain Hub with pilots scheduled for early this year. The main volume deliveries are overnight to avoid day time traffic and align with the Trust's just-in-time overnight put-away service model. The Dartford location was selected due to close proximity to the M25 and availability of a new build multi-purpose facility. Alternative site options were explored but locations near into Central London did not offer the same space or standard of facility required. 2020-01-24		
Please can DPJ share the list of as well as demographics within, of the groups / audiences that it has consulted to understand what patients want from their 'digital' journeys at GSTT in the future? A recent paper presented to the digital committee made a number of patient statements and it would be useful to understand how representative of our overall patient group those views are, or if they are specific to certain groups.	18/20024 2018-07-25 Heather Byron	Refer to the Patient & Public Engagement report to the Board on 23-10-2019. 2020-01-23		