

Council of Governors Meeting, 28th October 2020,
6.00pm – 7.30pm, Virtual Meeting (28/10/2020)

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COUNCIL OF GOVERNORS

Meeting to be held on Wednesday 28th October 2020
at 6pm to 7.30pm by Virtual Meeting

A G E N D A

1. **Welcome, apologies and opening remarks**
2. **Minutes of meeting held on 22nd July 2020** *attached (CG/20/17)*
3. **Matters Arising**
4. **Reflection session on Board of Directors meeting**
5. **NHS People Plan and Trust People Strategy Refresh** *presentation*
Daniel Waldron
6. **Governors' reports – to note and for information**
 1. **Lead Governor report** *attached (CG/20/18)*
Heather Byron
 2. **MeDIC** *verbal*
Samantha Quaye
 3. **Quality and Engagement** *attached (CG/20/19)*
Placida Ojinnaka
 4. **Strategy, Transformation and Partnerships** *attached (CG/20/20)*
Annabel Fiddian-Green
7. **Any other business**
8. **Dates and times of next meetings**

Arrangements for the next meetings due to be held on 27th January 2021 in the Robens Suite, Guy's Hospital will be confirmed in due course:

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

Chairman approved



Guy's and St Thomas'
NHS Foundation Trust

Public Council of Governors

Minutes of the virtual meeting held on Wednesday 22 July 2020

- Present:**
- | | |
|------------------------|------------------|
| Martin Bailey | Anita Macro |
| John Balazs | Alice Macdonald |
| Heather Byron | Margaret McEvoy |
| John Chambers | Betula Nelson |
| Marcia Da Costa | Placida Ojinnaka |
| Robert Davidson | John Powell |
| Annabel Fiddian-Green | Mary Stirling |
| Tony Hulse | Timothy Windle |
| Laura James | Peter Yeh |
| Paula Lewis - Franklin | Christine Yorke |
- Apologies:**
- Elaine Burns
 - John Knight
 - Alice Macdonald
 - Simon Yu Tan
- In Attendance:**
- Sir Hugh Taylor (Chairman)
 - Dr I Abbs
 - Mr P Cleal
 - Mr J Findlay
 - Dr F Harvey
 - Mr J Pelly
 - Ms J Screamon
 - Mr M Shaw
 - Dr S Shribman
 - Dame E Sills
 - Dr P Singh
 - Dr S Steddon
 - Mr S Weiner
- Attendance:**
- | | |
|----------------|-------------|
| Ms J Dahlstrom | (Secretary) |
| Ms B Bryant | |
| Mr S Davies | |
| Mr A Gourlay | |
| Ms A Knowles | |
| Ms R Liley | |
| Ms T Lynch | |
| Mr D Waldron | |

CG/20/21 Welcome, apologies and opening remarks

The Chairman welcomed participants to the Council of Governors meeting. Apologies had been received from Ms E Burns, Ms S Clarke, Mr J Knight, Ms J Parrott, Prof R Razavi, Ms M Ridley, Mr S Y Tan and Ms J Wendon. The Chair welcomed Councillor Timothy Windle to his first meeting as the Trust's new Stakeholder Governor,

representing Lambeth Council and thanked Jacqui Dyer, his predecessor, for her contributions to the Council of Governors.

CG/20/22 Minutes of the meeting held on 22 April 2020

The minutes of the meeting were approved as a true record, subject to the update from the Service Strategy Working Group being included.

CG/20/23 Matters arising

There were no matters arising.

CG/20/24 Reflections Session on Board of Directors Meeting

The Chairman led the process of responding to Governors' questions.

A question had been received on Never Events and actions taken as a result. There had been no Never Events since 1 April 2020. Never Events which had occurred before that date had been fully investigated and the Trust's processes had been reviewed and amended as a result.

In relation to a question received on dental care at Guy's hospital, the Council of Governors noted the risks associated with aerosol-generating procedures in the context of COVID-19. Emergency work had continued during the pandemic and a full service had now recommenced albeit at lower volume due to capacity constraints. Equipment had been purchased to enable the safe delivery of this services.

Consideration was given to the treatment received by black women in pregnancy. Measures were in place to support pregnant women who were at a higher risk of complications and the threshold for clinical assessment for these patients was lower. The Council of Governors also discussed the number of face to face appointments with disabled patients which had been postponed or cancelled and requested that an audit in this area would be conducted.

ACTION: JF

An update was provided on video and telephone consultations held with patients which had been well-received in general. There were some technical issues which would be addressed, and there were cases where a face to face appointment was the only appropriate means of assessing a patient. The importance of keeping records of virtual consultations was highlighted. The impact that face masks had had on the ability of clinicians to communicate with patients during face to face meetings was considered. The Infection Prevention and Control (IPC) measures in place at Trust site to ensure patient safety during a visit to hospital were outlined. The Trust was couriering medication to patients at home where appropriate.

A discussion took place on the recently announced pay increase for a group of NHS staff. The full impact of these had not yet been assessed by the finance team but it was likely that assurance of additional funding would need to be sought.

Governors noted the plans to engage with the Council of Governors on the proposed merger with Royal Brompton & Harefield NHS Foundation Trust (RBH). An informal meeting would take place in September to discuss the role of the Governors in relation to the transaction as well as the changes to the governance arrangements which would be required.

An overview was provided on the current capacity constraints resulting from IPC requirements and the impact of these restrictions and the COVID-19 pandemic itself on waiting lists. The importance of finding the right balance between direct and indirect risks to patients in determining the appropriate IPC requirements was highlighted and The Trust was engaging with colleagues at national and regional level on this subject.

The Trust's visitor policy was discussed with a particular focus on maternity. The framework was unchanged although patient vulnerability and other exceptional circumstances were always considered in applying the framework.

CG/20/25 Governors Reports

Lead Governor Report

The Lead Governor's written report was noted. The Council of Governors noted that working group leads had reflected with colleagues on the role of the groups and meetings had taken place to discuss areas of strength and areas for improvement.

Membership Development, Involvement & Communications

The chair of this group outlined its current scope and suggested that a more focused scope could enable the group to have more impact. Non-Executive membership was discussed and Paul Cleal had agreed to join this group. The group had a key role to play in ensuring diverse membership and leadership for the Trust and this would be an important area of focus. Priorities for this year would be set and a longer-term strategy developed.

Quality and Engagement

The chair of the group outlined the meetings which had taken place to discuss the scope of the group and the way the group interacted with the Trust's Board committees and other decision making groups. A meeting had now been scheduled for September to progress this thinking further.

Service Strategy

The chair of the group provided an overview of the discussions which had taken place. These had resulted in a recommendation to link the group more closely to the Strategy and Partnerships Committee and the Transformation and Major Programmes Committee. The name of the group would be revised to make its purpose clearer and the sequencing between meetings of the group and meetings of relevant Board committees would be considered. It would also be important to keep the group involved in Trust thinking on a more continuous basis.

CG/20/26 Questions and Answers

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

CG/20/27 New Financial Framework

The Council of Governors received a presentation on the emerging financial framework which was being put in place nationally for NHS providers to manage the NHS financial position during the COVID-19 pandemic and recovery. The Trust was currently operating with some uncertainty associated with the future approach.

The financial results year to date were presented and an overview was provided of the factors which had impacted the position. A block payment approach was currently in place but top-up payments had been received to compensate the Trust for COVID-19 expenditure incurred. Key developments in relation to income and costs were outlined and the likely next steps considered. The implications of the capital limit that had been imposed were discussed and the Council of Governors noted that the possibility of finding alternative funding sources would be examined. Consultant recruitment had not stopped as a result of the new financial constraints.

Governors noted that the Annual Public Meeting would take place in September.

CG/20/28 **Report from the Nominations Committee**

The Council of Governors received a paper setting out a decision made by the Council of Governors on 15 July 2020, following a recommendation received from the Nominations Committee. The role of the Deputy Chair and the timetable for recruiting a new Chair were discussed.

On 15 July 2020, the Governors had also received a paper proposing the re-appointment of Dr Felicity Harvey for second term. Governors expressed support for this proposal.

RESOLVED:

The Council of Governors resolved to ratify the decision made on 15 July 2020 that on the basis that the Deputy Chair position would be established and that the Trust would be ambitious in setting a timetable for the recruitment process of a new Chair, the Council of Governors approved the Nominations Committee's recommendation that the Chairman would be invited to extend his term of office by up to 2 years with effect from 31 January 2021 and up to 20 January 2023, and that an amendment would be made to the constitution to enable this.

The Council of Governors also resolved to approve the re-appointment of Dr Felicity Harvey for a second four year term ending 14 September 2024.

CG/20/29 **Any Other Business**

There was no other business.

CG/20/30 **Date and Time of Next Meeting**

The next formal meetings had been scheduled to be held on 28 October 2020 in the Robens Suite at Guy's Hospital. These would be the Board of Directors meeting from 3.45pm to 5.00pm; and Council of Governors meeting from 6.00pm pm to 7.30pm. The times and place would be kept under review and arrangements would be confirmed in due course.

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 28 OCTOBER 2020**

Title:	Lead Governor's Report
Governor Lead:	Heather Byron, Lead Governor
Contact:	Heather Byron
Purpose:	For information
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	A report from the Lead Governor to acknowledge what the Governors have achieved over the last three months and to outline plans for the next three months.
Recommendations:	The COUNCIL OF GOVERNORS is asked to: 1. Note the Lead Governor's Report

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS**

WEDNESDAY 28 OCTOBER 2020

LEAD GOVERNOR'S REPORT

PRESENTED BY HEATHER BYRON

1. Introduction

In this lead governor's report, I want to reflect on the opportunity and stresses that *change* can bring us. This has, and continues to be a really challenging year, but one thing that has stood out, beyond the resilience and compassion that we have spoken about in previous meetings, is the degree of change we continue to deal with in our everyday lives and here at the Trust.

As Governors of Guy's & St. Thomas', the degree of change we are engaged in talking about and being given the opportunity to influence, is vast. On the one hand, that is very exciting, but I am also conscious that it can be overwhelming and daunting, particularly when you consider the breadth of subject matter and consequences of some of the decision points.

In the last 3 months we have been particularly focused on how we can make our Working Groups more effective and valuable use of our time in supporting our ambition today, as well as deep-diving into the context and objectives of the RBH merger so that we can conduct our role as governors when it comes to casting our vote later this year.

Balancing discussions and maintaining momentum around current activities and future aspirations is always tough, but I'm very thankful to our Council of Governors for maintaining objectivity and a lens to what is right for the Trust and its patients, not what might feel right to us on an individual level.

I'm also grateful for the experience and learnings we have each brought from our personal and professional lives to bring proposals, ideas and creativity that have meant we are able to have a healthy discussion and share alternative views across a broad spectrum of topics from how we structure working group agendas, to how many new governor seats should be built into the new post-RBH transition Council of Governors and who those seats should be there to represent.

The next 3 months will see a series of critical milestones in the RBH transaction discussion and we will offer further engagement sessions to the Council of Governors to complement the 2 already held. This will allow colleagues to raise further questions and clarifications in advance of the key meeting on the 9th December where every member of the Council of Governors will be asked to attend and vote on a small number of resolutions which, in turn, will inform whether the RBH merger progresses or not.

I want to thank everyone who has been involved in meetings and discussions over the last few months and who has remained engaged. It is increasingly difficult to feel a sense of connection to the Trust and to each other, as no matter how many times we meet virtually, it isn't the same as coming together, in proximity of the organisation we want to support.

As we come into winter, and the possibility of further covid-related restrictions, I do want us to have opportunities to (virtually) come together, informally, as friends, neighbours and colleagues, whether that's as a sounding board in advance of meetings or a supportive ear through the community we have created. Looking out for each other is as important as looking out for the Trust.

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 28 OCTOBER 2020**

Title:	Council of Governors Quality and Engagement Working Group Meeting Report, 23 September 2020
Governor Lead:	Placida Ojinnaka, Working Group Lead
Contact:	Andrea Carney & Sarah Allen, Working Group Secretariat
Purpose:	For information
Strategic priority reference:	TO TREAT AS MANY PATIENTS AS WE CAN, SAFELY
Key Issues Summary:	<p>A report on the Working Group's discussion on the following:</p> <ul style="list-style-type: none"> • Patient Experience data collected during Covid-19 • Innovations at the Trust during Covid-19 • The Joint programme for patient, carer and public involvement in Covid-19 recovery • Quarterly reports for Quality Assurance, Patient Experience and Patient and Public Engagement
Recommendations:	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> 1. Note the key discussion points at the Quality and Engagement Working Group meeting

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS**

WEDNESDAY 28 OCTOBER 2020

QUALITY AND ENGAGEMENT WORKING GROUP MEETING REPORT, 29 SEPTEMBER 2020

PRESENTED BY PLACIDA OJINNAKA

1. Introduction

- 1.1. This paper provides notes from the Council of Governors Quality and Engagement Working Group meeting held via Microsoft Teams on 23rd September 2020
- 1.2. This meeting was attended by: Sarah Allen (Head of Patient Experience), Tahzeeb Bhagat (Staff Governor), Andrea Carney (Head of Patient and Public Engagement), Marcia Da Costa (Public Governor), Annabel Fiddian-Green (Public Governor) Annette Fogarty (Head Of Quality, Improvement and Patient Safety) Anna Grinbergs-Saull (Patient and Public Engagement Specialist), Paula Lewis Franklin (Public Governor), Margaret McEvoy (Public Governor), Adeola Ogunlaja (CEO Planning Officer) Placida Ojinnaka (QEWG Chair), Jennifer Owen (Stakeholder Governor), Georgina Parker (Patient Feedback Facilitator), John Powell (Patient Governor), Priya Singh (NonExecutive Director), Mary Stirling (Patient Governor), Mark Tsagli (Patient Experience Specialist)
- 1.3. Apologies were received from: Heather Byron (Lead Governor), Alison Knox (Deputy Director of Quality and Assurance)

2. Agenda Item 2: Notes from the last meeting

- 2.1. One amendment raised: Mary Stirling to be added to Apologies Received. Otherwise, the notes were approved as an accurate record of the last meeting.

3. Agenda Item 3: Patient Feedback and Innovations during Covid 19

- 3.1. The Head of Patient Experience presented a report on key findings from patient experience surveys delivered during the Covid-19 Pandemic. A copy of the slides presented during the meeting is available on request. The report outlines:
- The elective surgery (off site) survey: designed to understand to patient experience of having surgery during the pandemic, as well as their experience of using sites other than Guy's and St Thomas'
 - The virtual appointments survey: developed with Specialist Ambulatory Services, to understand patient experience of having an appointment online or over the telephone.
- 3.2. The Head of Quality, Improvement and Patient Safety presented a report on innovations made across the Trust during the covid-19 pandemic. A copy of the slides presented during the meeting is available on request. The innovations highlighted in this report included:
- Learning from the oncology team to support reduction of pressure ulcers in critical care
 - Developing the acute deterioration dashboard
 - New information leaflets for patients attending scans or x-rays, to address reluctance to attend appointments
 - Using digital technologies to enable physiotherapy exercise programmes at home
 - Safety connections webinars for staff to share their experience of redeployment
- 3.3. Governors raised the following in response to the two presentations:
- Governors raised questions about the ongoing use of 'BAME' as an acronym to report diversity, and asked for clarity around the Trust's position. Differing views on this subject are currently being explored by the Equality, Diversity and Inclusion team. **[Action:** Corporate Affairs team to raise Governor views and continued interest in the topic with the Trust Associate Director of Equality Diversity & Inclusion]
 - Governors shared their experiences of finding it difficult to contact the Trust, particularly via the switchboard, during the peak of the pandemic. **[Action:** Trust staff to report concerns to the Data, technology and Information team.]

- 3.4. Governors asked for clarification on the following points about the patient experience survey programme:
- Average length of virtual appointments: appointments varied in length but could be as long as 1 hour, depending on nature of appointment and patient needs. However, most patients were satisfied with the length of their appointment.
 - Availability of figures to show how many people chose not to proceed with treatment due to self-isolation policy: The elective survey was sent to people who had had surgery, which means that we do not have data on those who decided not to proceed. However, this is something the Patient Experience team plans to explore in future to understand how can seek feedback from this group of patients.
 - Inconsistencies in the way different Trusts have implemented self-isolation policies may have an impact on patient experience at different Trusts: The guidance on self-isolation is changing and this is something that will need to be reflected in future iterations of the survey.

4. **Agenda Item 4: Joint programme for patient, carer and public involvement in Covid-19 recovery**

- 4.1. The Trust Head of Patient and Public Engagement shared an overview of a new joint programme for patient, carer and public involvement in Covid-19 recovery, funded by the Guy's and St Thomas' charity, with support from partner Trust charities. A copy of the slides presented during the meeting are available on request.
- 4.2. The programme will focus on four areas:
- Understanding changes in patient, carer, and public attitudes and behaviours, towards accessing care
 - Developing a wider understanding of patient experience of care before and after the pandemic onset
 - Involving patients, carers and the public in further service improvement activities
 - Community arts project to find creative ways of involving people in this work
- 4.3. Governors were informed that the Lead Governor would be nominating a representative for the programme's steering group at the end of September, and were asked to express their interest **[Action]**
- 4.4. Governors supported the plan, and requested a copy of the slides presented during the meeting. **[Action]**

5. **Agenda Item 5: Quality update**

- 5.1. Paper shared in advance of the meeting, with a request for questions. None submitted

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

- 6.1. Papers shared in advance of the meeting, with a request for questions.
- 6.2. Governors requested further information about results from the national maternity services survey. In particular, on information provided at discharge and policy on partners on wards, and how these results might be understood in light of covid-19. **[Action: The Patient Experience Team aim to include these topics in the next PE report]**

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

- 7.1. Quality and Performance Committee: Governor representative reported the Committee's main discussion topics
- Patient experience of virtual consultations
 - Black Lives Matter and plans to review and make sustainable changes at the trust
 - The staff flu programme and the learning from previous years
 - The key risk highlighted this quarter - safeguarding in children's services. Particularly in virtual appointments.
- 7.2. No notes tabled for the Cancer Services Committee

8. Agenda Item 8: Matters arising from the last meeting and any other business

- 8.1. None raised

9. Actions

3.3.1	AO to raise Governor interest in the Trust Associate Director of Equality Diversity & Inclusion ongoing review
3.3.2	Trust staff to raise governor feedback about switchboard during the pandemic with the Data, technology and Information team
4.3.1	Governors to contact the lead Governor if they would like to join the steering group
4.4.1	Copy of slides presented on the joint proposal to be shared with Governors
6.2.1	PE Team to include Governor suggestions around national maternity services survey in the next biannual report

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 28 OCTOBER 2020**

Title:	Strategy, Transformation and Partnerships Working Group Meeting Report, 6th October 2020
Governor Lead:	Annabel Fiddian-Green, Working Group Lead
Contact:	Jessica Levoir, Working Group Secretariat
Purpose:	To update governors regarding discussions at the most recent Strategy, Transformation and Partnerships Working Group (STPWG).
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	<ul style="list-style-type: none"> The working group lead and lead governor identified a need to review STPWG (formerly known as Service Strategy Working Group- SSWG) to increase accessibility, keep topics live and relevant, and ensure increased governor attendance. The group has subsequently undergone a refresh. The Chief Operating Officer presented an update on Trust elective recovery. Governors were encouraged to engage with an ongoing programme of work with the Guy's and St Thomas', Royal Brompton & Harefield and King's College Hospital charities to involve our patients following some of the changes that have occurred to services and service provision since Covid19, understand more about issues with regards to inequitable access to services during and after the first Covid19 wave, and identify solutions to this.
Recommendations:	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> 1. Comment on proposed changes to STPWG (formerly SSWG).

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS**

WEDNESDAY 28 OCTOBER 2020

**STRATEGY, TRANSFORMATION AND PARTNERSHIPS WORKING GROUP REPORT, 6TH OCTOBER 2020
PRESENTED BY ANNABEL FIDDIAN-GREEN**

1. Introduction

1.1 This paper provides notes from the Council of Governors Strategy, Transformation and Partnerships Working Group meeting held via Microsoft Teams on 6th October 2020.

2. Attendees:

Annabel Fiddian-Green (Working Group Lead), Heather Byron (Lead Governor), Margaret McEvoy (Public Governor), John Powell (Patient Governor), Mary Stirling (Patient Governor), Paula Lewis-Franklin (Public Governor), Jennifer Owen (Stakeholder Governor), John Balazs (Stakeholder Governor).

Jackie Parrott (Chief Strategy Officer), Martin Shaw (Chief Financial Officer), Lawrence Tallon (Deputy CEO), Jon Findlay (Chief Operating Officer), Felicity Harvey (Non-Executive Director) and Steve Weiner (Non-Executive Director), Adeola Ogunlaja (Corporate Affairs), Jessica Levoir (Secretariat), attended from Guy's and St Thomas'.

3. Service Strategy Working Group Reset/Refresh – Strategy, Transformation and Partnerships Working Group.

2.1 Annabel Fiddian-Green explained that despite the working group covering agenda items which were vital to

aiding in governors' understanding of GSTT's strategic direction and developments, governor attendance at the group remains low. As a result, the group has undergone a refresh, with a view to improving accessibility and engagement. This included a name change from Service Strategy Working Group (SSWG) to Strategy, Transformation and Partnerships Working Group (STPWG), and previous presenters will begin to provide one page updates for sharing with group members between meetings to ensure momentum is maintained throughout the year, as per the example distributed on Fundraising ahead of this meeting. Agenda items will also be aligned to those covered at similar forums in the Trust such as the Strategy and Partnerships (S&P) and Transformation and Major Programmes (TMP) Board Committees.

- 2.2 Felicity Harvey and Steve Weiner thanked the group for inviting them to the meeting, and explained their roles as Non-Executive Directors (NEDs). Felicity explained that the S&P committee is an important committee to ensure GSTT takes care of its strategic partnerships. A key role of S&P is to manage strategic risks, the Trust's complex strategic agenda, and partnerships.
- 2.3 The S&P board committee links to the executive forum Strategy and Partnerships Oversight Group (SPOG). SPOG works alongside the S&P board committee to ensure executives have a forum in which to discuss issues ahead of board committee. The agenda and content for S&P is agreed at SPOG beforehand.
- 2.4 The S&P and TMP are also linked; Felicity and Steve work closely with the Executive leads Jackie Parrott (S&P) and Lawrence Tallon (TMP) to ensure discussions at these committees are joined-up. Steve explained that Lawrence Tallon has responsibility for Trust's transformation agenda, and TMP is the forum in which the board adds value by seeing the strategy through into action.
- 2.5 Senior Responsible Officers (SROs) are members of TMP. SROs are responsible for delivery, so join TMP to discuss the major programmes at the Trust. These are the six major change programmes that the Trust is focused on today.
- 2.6 Lawrence Tallon added to Steve's explanation, stating that whilst GSTT are doing a great job thus far, and is

now one of the biggest and best academic centres in Europe, it needs to be highly professional about how it leads these large change programmes, and has an active process to monitor implementation.

During questions and discussion the following was highlighted:

- Delivery of the Trust's strategy is monitored through Strategy into Action, which S&P use to review progress of delivery. The focus on transformation and major programmes is a good development. It was noted that monitoring implementation is key, particularly given the increasing complexity of the Trust's strategic landscape.
- With regards to the Trust's increasing size, it is unknown how big the Trust would need to be in order for it to start to limit its own performance i.e. the Trust becomes too big to govern and manage. Following the RBH merger, the Trust will be the largest in the country and has therefore been mindful to redesign its structures and governance to adapt to its increasing size, with the SBU structure aiming to group similar areas to enable communication and collaboration between these. The RBH merger enables the Trust to build on its already excellent reputation for being a local hospital provider as well as a provider of world-class specialist services for patients from across the country, and continue to attract even more talented people. With increased size, the Trust will have more purchasing power. The NHS is moving towards fewer, larger organisations with greater concentration of skills. Acknowledgement that given the amount of work ongoing, maintaining Executives' bandwidth is a challenge. The Trust uses the learnings and experience of NEDs as much as possible. Prioritisation is also important, aligning resource and bandwidth to our four clinical priorities.
- STPWG leads are thinking through how governors can submit questions in advance of meetings to presenters so that answers to these can be factored into presentations. Reflections were made as to how STPWG can help drive initiatives, and whether this can develop into a forum which enables tangible thinking and governor input on key strategic issues, as it provides a significant opportunity for governors to deep dive into topics.

3. Guy's and St Thomas' Elective Recovery

- 3.1 Jon Findlay (Chief Operating Officer) joined the meeting for this item. The Trust continued to provide critical services throughout the first wave, and thus was able to maintain a significant number of patients' care via the partnerships established with the independent sector provider HCA, based at London Bridge Hospital and the Cancer Centre. The Trust has been in Phase Three since the end of July. The Trust was issued a detailed set of criteria for Phase Three recovery from the National NHS team, with the expectation that the Trust would return to providing all non-Covid19 services, with set targets. Timings for Phase Four are to be confirmed.
- 3.2 There is a recognition in the NHS that there is likely to be a second wave of Covid19. It is not clear when this may be, but it may coincide with winter. This could mean the Trust must maintain recovery from the first wave, manage winter pressures and respond to a second wave of Covid19 at the same time. The NHS London regional team has requested NHS hospitals expand critical care capacity to build resilience in the instance of a second wave. Covid19 has had a significant impact on the NHS workforce, and has been traumatic for many people both professionally and personally. There were also inequalities apparent in our local populations with certain ethnic groups being more significantly impacted than others.
- 3.3 The response to Covid19 involved working across the health sector to equalise access to services across organisations and boroughs. In South East London, the response was collaborative between GSTT, King's College Hospital (KCH), and Lewisham & Greenwich Hospitals to provide mutual support and reduce discrepancies in waiting times. The South East London Acute Provider Collaborative (APC) became the main vehicle for coordination of cross-sector working, with a focus on increasing the volume of certain elective services across the sub-region. The specialities selected were set by the NHS London regional team, and cover three quarters of all the patients on elective waiting lists. The South East London Cancer Alliance is also focusing on ensuring the region catches up on cancer work. Surgical hubs are also being established for both short term recovery and also medium-long term recovery. Individual NHS Trusts will still be responsible and accountable for the care of their patients, which continues to include reporting to Trust boards on progress against performance standards.
- 3.4 The Trust's response to the first wave of Covid19 was split into three broad areas. A command and control

structure has been in place since March, and has not been fully stood down since, instead flexing the scale of this up and down. Some of the changes in services have been driven by requirements in infection prevention and control (IPC), and social distancing to maintain the safety of patients and staff. All services have individual challenges with this.

3.5 The Trust has been set the target to return to 100% activity compared to the same week last year. The Trust has made good progress against this target, although outpatients services have been the most challenging. Many appointments have returned to face to face as there still remain instances where virtual or phone appointments are not as suitable clinically for patients. Numbers of patients attending hospital for their appointments has begun to drop again as we go into winter, so the Trust has continued to ask patients to come to hospital for appointments and treatment.

During questions and discussion the following was highlighted:

- The Trust is not experiencing a second wave currently, but if it does and critical care attendances go above the expansion value then the Trust will rely on anaesthetists for additional support, which will reduce the elective capacity and recovery. The sole focus of the NHS cannot be responding to Covid19, so it is imperative NHS organisations maintain elective services and recovery for as long as possible.
- The possibility of a sudden increase in referrals and attendances to hospital as a result of patients deferring their appointments and treatment in primary and secondary care remains, but the Trust has not yet seen the increase in referrals initially anticipated once non-Covid service provision returned. The Trust has produced a video for patients to promote coming in to hospital, advising this is safer than not. This link has subsequently been shared with governors, to engage their local communities.
- The Trust is working with patients to improve access to services for vulnerable groups, and reduce the inequalities experienced by some of our patients due to their race or ethnicity, particularly with regards to health outcomes during the first wave of Covid19 and access to services after the first wave. The Guy's and St Thomas' charity is working with the RBH and KCH charities to fund a patient engagement programme to understand what is preventing people from coming in to hospital, and what the three NHS organisations can do about it. Population health and inequalities, as well as GSTT's role as an anchor institution, was also the

focus of a discussion at a recent GSTT board away day. The Trust is aware of the further erosion of trust that the black community have had in the NHS since the Covid19 breakout. As part of the programme of work, the Trust will be working on ensuring everyone is included, included those with disabilities, and encourage governors to reach out to Jackie Parrot if they are interested in helping the Trust to improve this.

- South East London (SEL) have been slower to adopt surgical hubs, given there is not one organisation which obviously dominates in any one of the six specialities, or which has the spare capacity. There are some very good clinical networks in place around common standards and some shared aid, therefore SEL plans to build on these networks.