



Public Council of Governors Meeting

**Wednesday 27th January 2021, 6pm to 7:30pm
Held Virtually**

COUNCIL OF GOVERNORS

Meeting to be held on Wednesday 27th January 2021
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 9th December 2020** *attached (CG/21/01)*
3. **Matters arising**
4. **Reflection session on Board of Directors meeting**
5. **Nominations Committee report** *attached (CG/21/02)*
Sir Hugh Taylor
6. **An update on children's safeguarding concerns post the last lockdown and currently** *presentation*
Janet Powell and Sara Hanna
7. **Governors' reports – to note and for information**
 1. **Lead Governor's report** *attached (CG/21/03)*
Heather Byron
 2. **MeDIC** *attached (CG/21/04)*
Samantha Quaye
 3. **Quality and Engagement** *attached (CG/21/05)*
Placida Ojinnaka
 4. **Strategy, Transformation and Partnerships** *attached (CG/21/06)*
Annabel Fiddian-Green
8. **Any other business**
9. **Dates and times of next meetings**

Arrangements for the next meetings due to be held on 28th April 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

PUBLIC COUNCIL OF GOVERNORS

Minutes of the meeting held virtually on Wednesday 9th December 2020 at 5.30pm

Present: Evelyn Akoto
Martin Bailey
John Balazs
Tahzeeb Bhagat
Elaine Burns
Heather Byron
John Chambers
Marcia Da Costa
Robert Davidson
Annabel Fiddian-Green
Jane Fryer
Tony Hulse
Laura James
John Knight
Paula Lewis - Franklin
Anita Macro
Margaret McEvoy
Betula Nelson
Placida Ojinnaka
Jennifer Owen
Lucilla Poston
John Powell
Samantha Quayle
Sue Slipman
Mary Stirling
Warren Turner
Rachel Williams
Tim Windle
Peter Yeh
Christine Yorke

In attendance: Sir Hugh Taylor (Chairman)
Dr I Abbs
Ms S Austin
Ms A Bhatia
Ms B Bryant
Mr E Bradshaw (Secretary)
Ms R Burnett
Mr P Cleal
Ms J Dahlstrom
Mr M Darteh
Ms V Fairhurst
Mr J Findlay
Mr A Gourlay
Dr F Harvey
Ms A Knowles
Mr A Lesforis
Ms K Moore
Ms A Ogunlaja
Ms J Parrott
Mr J Pelly
Mr J Rock
Ms J Screamton
Mr M Shaw
Dr S Shribman
Dr P Singh
Ms E Spiteri
Dr S Steddon
Mr L Tallon
Mr M Tee
Mr S Weiner

CG/20/39 Welcome, apologies and opening remarks

The Chairman welcomed participants to the Council of Governors meeting. Apologies had been received from Prof R Razavi and Simon Yu Tan.

CG/20/40 Minutes of the meeting held on 28th October 2020

The minutes of the meeting were approved as a true record.

CG/20/41 Matters arising from the previous meeting

There were no matters arising from the previous meeting.

CG/20/42 GSTT-RBHT Merger - Final Governors Decision

The Chair informed the Council of Governors that the full Trust Board of Directors had formally and unanimously approved the application for the statutory acquisition of Royal Brompton & Harefield NHS Foundation Trust (RBHT), pursuant to s.56A of the NHS Act 2006 (the merger) and to approve the associated amendments to the Trust's constitution. In considering the application, key assurances had been received from the Non-Executive Chairs of the Trust's Transformation and Major Programmes and Quality and Performance Board Committees, both of which had scrutinised the Trust's due diligence process and findings.

The strategic rationale for the merger was to create one of the largest and strongest academic health systems in the country and, in particular, to ensure the sustainability of high-quality services for children with congenital heart disease. It was confirmed that any future service changes implied by the proposal to merge would be subject to full public consultation. Whilst the merger was not being done for financial reasons, it was acknowledged that some financial benefits would emerge; principally that a combined organisation would be more resilient to the financial challenges caused by an uncertain economic environment and changes to NHS funding and commissioning systems.

The Council of Governors noted that the Trust's regulator, NHS Improvement (NHSI), had classified the merger as a 'material' transaction, which meant it was comparatively low risk. The Trust had received specialist external input from its lawyers and accountants and it was confirmed that the Transfer of Undertakings (Protection of Employment) (TUPE) process had concluded without issue.

The Chair reminded the Governors that, in approving GSTT entering into the merger with RBHT, they would need to assure themselves that the Board of Directors of GSTT had followed an appropriate process in deciding to undertake the transaction and that it had taken account of the interests of members and the public in that process. The Chair repeated that the transaction did not presuppose service change. The process to ensure Governors had obtained sufficient information from the Board of Directors on the proposed transaction to make an informed decision was set out and discussed. Governors were thanked for their attendance, engagement and input into the merger considerations and associated working groups over the previous months.

During discussions the following points were made:

- A number of Governors expressed their support for the merger;
- It was confirmed that NHS England (NHSE) had explicitly shown its support for the merger at its Board meeting in January 2020, and that the merger would help paediatric congenital heart disease services meet NHSE's clinical standards;
- There was a need for proactive communications in the event the merger was approved;
- As a merged organisation it would be important to maintain good working relationships with other trusts in London, for example Imperial College Healthcare NHS Trust; and
- The RBHT Board of Directors had approved the application to merger and the RBHT Council of Governors would formally vote on 15 December 2020.

The Council of Governors considered the draft joint application by the Trust and RBHT for the acquisition of RBHT by the Trust pursuant to section 56A of the NHS

Act 2006 (the Application). The Council of Governors considered the draft amendments to the Trust's Constitution appended to the application, which would come into effect upon the grant of the Application. The Chair noted that:

- Further to paragraph 22 of the Trust's Constitution and section 56A(2) of the NHS Act 2006, the Application may only be made with the approval of more than half of the members of the Council of Governors of each applicant;
- Section 56A(3)(b) of the NHS Act 2006 requires the Application to be accompanied by a copy of the Trust's Constitution, amended on the assumption that the Trust will acquire RBHT;
- On the grant of the Application, the proposed amendments to the Trust's constitution will have effect;
- Further to paragraph 21.1 of the Constitution, the Trust may make amendments to the Constitution only if more than half of the members of the Council of Governors voting approve the amendments; and
- The proposed Application for the acquisition of RBHT is a "significant transaction" for the purposes of paragraph 17.2 of the Constitution which the Trust may only enter into with the approval of more than half of the members of the Council of Governors voting.

RESOLVED:

The Council of Governors resolved unanimously, through a recorded process of verbal assent on the part of all Governors present, to approve:

- The Board's decision to make the Application;
- The Board's decision to enter into a significant transaction for the purposes of acquiring RBHT in accordance with the Application; and
- The proposed amendments to the Trust's Constitution appended to the Application which will come into effect on the grant of the Application.

CG/20/43 Report from the Nominations Committee

John Pelly's first term as a Non-Executive Director at the Trust is due to end on 31 December 2020. Following its meeting on 18 November 2020 the Nominations Committee unanimously recommended that the Council of Governors re-appoint John for a period of two years ending 31 December 2022.

RESOLVED:

The Council of Governors agreed to re-appoint John Pelly as a Non-Executive Director for a period of two years ending 31 December 2022.

CG/20/44 Any Other Business

The Trust's public Board of Directors had received an update on the Trust's Covid-19 vaccination programme. The Chair would consider a suitable time to provide a similar update to the Council of Governors.

CG/20/45 Date and Time of Next Meeting

The next formal meetings had been scheduled to be held on 27 January 2020. These would be the Board of Directors meeting from 3.45pm to 5.30pm; and Council of Governors meeting from 6.00pm 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 27 JANUARY 2021**

Title:	Recommendation to appoint three Non-Executive Directors of the Royal Brompton & Harefield Board to the Trust Board
Responsible Director:	Sir Hugh Taylor, Chair
Contact:	Jessica Dahlstrom, Chief of Staff and Director of Corporate Affairs
Purpose:	Appointment of Non-Executive Directors of the Royal Brompton & Harefield Board to the Trust Board
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	<ul style="list-style-type: none"> • Signed approval for the merger of GSTT and RBH has now been received from NHS England and NHS Improvement, clearing the way for the merger to proceed from 1 February 2021. • One feature of the proposed merger agreement, approved by both Councils of Governors, was that three of the current Non-Executive Directors (NEDs) of the RBH Board should be appointed to the GSTT Board. • Three such NEDs from RBH have now been identified by the Nominations Committee.
Recommendations:	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> 1. Approve the recommendation from the Nominations Committee to appoint as NEDs on the GSTT Board three members of the current Board of RBH.

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

WEDNESDAY 27 JANUARY 2021

**APPOINTMENT OF NON-EXECUTIVE DIRECTORS OF THE
ROYAL BROMPTON AND HAREFIELD BOARD TO THE TRUST BOARD**

PRESENTED BY SIR HUGH TAYLOR

1. Issue

- 1.1 We now have signed approval from NHS England and NHS Improvement (NHSE/I) for the merger of Guy's and St Thomas' (GSTT) NHS Foundation Trust with Royal Brompton and Harefield (RBH) NHS Foundation Trust with effect from 1 February 2021. One feature of the proposed merger agreement, approved by both Councils of Governors, was that three of the current Non-Executive Directors (NEDs) of the RBH Board should be appointed to the GSTT Board. The Nomination Committee discussed this matter at its meeting on 6 January 2021 and was joined by the Chair of the RBH Nominations Committee for this discussion. The Nominations Committee presents its unanimous recommendation to the Council of Governors in this paper.

2. Recommendation

- 2.1 The Nominations Committee unanimously recommends to the Council of Governors the appointment as NEDs on the Board of GSTT of the following members of the current Board of RBH:

- **Baroness Sally Morgan**, the current Chair of the Trust Board;
- **Simon Friend**, the current deputy Chair of the Trust Board and Chair of its Audit Committee; and
- **Dr Javed Khan**, currently a member of the Board's Risk and Safety committee.

2.2 It is proposed that these appointments should take effect from 1 February 2021; that the appointments should run until the end of each NED's current term of appointment (in the case of Sally Morgan that is 31 December 2022, in the case of Simon Friend 31 July 2023 and in the case of Javed Khan 25 February 2022); that they should be appointed on the basis of their current remuneration, except in the case of Javed Khan whose remuneration is currently below that of the NEDs at GSTT and who should be remunerated at the same level (£20,000); and that each should be eligible for one further term of appointment on the GSTT Board, subject to the agreement of the Council of Governors.

3. Background

- 3.1 The merger agreement between the two Trusts has now been formerly approved by NHSE/I, clearing the way for the merger to proceed with effect from 1 February. Under that agreement, approved by both Council of Governors, three of the current NEDs of the RBH Board are to be appointed to the Board of GSTT.
- 3.2 A briefing note on the profiles of the current NEDs of the RBH Trust Board is attached at Annex A. The Nominations Committee recommends the appointment to the merged Trust Board of the following:
- **Baroness Sally Morgan**, who would become a Deputy Chair of the Board and Chair of the proposed RBH Committee of the Board (see below);
 - **Simon Friend**, who would become a member of the Trust Board, of the Audit Committee and the RBH Committee;

- **Dr Javed Khan**, to be a member of the Board, of the Quality and Performance Committee and a NED representative on the Evelina London Board.
- 3.3 Sally Morgan and Simon Friend would provide valuable points of continuity and expertise as the process of integrating the two Trusts and the formation of Clinical Groups moving forward. In addition to providing a further point of continuity with RBH, Javed Khan would bring to the Trust Board his experience as Chief Executive of one of the country's leading children's charities and more generally as a prominent figure in the UK's public and voluntary sectors. His appointment would also maintain the diversity of the expanded group of Board NEDs.
- 3.4 It is not intended that the merged Trust should lose the experience and expertise of the other NEDs on the RBH Board. From 1 February the services currently governed by the RBH Trust Board will become a Clinical Group within the merged Trust. It will be governed by the RBH Committee which will (unlike the boards of the other Clinical Groups) be a Trust Board Committee. The Committee will be chaired by Baroness Sally Morgan; and the other Trust Board NEDs on the Committee will be Simon Friend and Dr Felicity Harvey. All the other current NEDs on the RBH Board will be invited to become Non-Executive Advisers on the RBH Committee – and some may be able to support the merged Trust in other advisory capacities. These appointments are not subject to approval by the Council of Governors; but, as appointments are made, the Council of Governors and its Nominations Committee will be informed of these and any further developments in the wider governance of the merged Trust.

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 27 JANUARY 2021**

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 27 JANUARY 2021

LEAD GOVERNOR'S REPORT

PRESENTED BY HEATHER BYRON

1. Introduction

- 1.1 Happy new year to you all. It's with a sense of optimism that I provide this (hopefully final written) update to our Council of Governors (CoG).
- 1.2 I know I represent all Governor colleagues in again giving the greatest thank you and sharing a huge sense of pride for all of the incredible work those across Guy's and St Thomas' (GSTT) have put in dealing with this pandemic. The fact after 12 months everyone is still managing to deliver incredible care and response with such consideration, dignity and compassion for the patients, shows the professionalism, resilience and trust that exists across all teams and Directorates.
- 1.3 Even though Covid has taken so much attention, it's testament to the Executive leaders and their teams that so much 'business as usual' has been able to continue. I want to express my thanks to all colleagues who engaged so proactively in our Royal Brompton and Harefield (RBH) Merger meetings and turned up and shared such a positive, supportive voice in the final decision meeting in December. I am very much looking forwards to welcoming the RBH Governors into our GSTT community from February, and the diversity in representation and thinking that they will undoubtedly bring.
- 1.4 I am also excited with the opportunity for change that 2021 brings our CoG.

- **Elections:** With the Corporate Affairs team, we are already starting to prepare for our 2021 Governor elections which will see an incredible number of seats opening up for (re)election. I am delighted that several colleagues have already indicated that they plan to stand for a second term but also know that we will have new council members. In order to give us the best chance of attracting the diversity in applicants we thrive for, we are working with colleagues in HR to look at strategies to attract people from across the spectrum of the communities and populations we serve.
 - **Board & Clinical Group representation:** A recurring concern from Governors has been the ability to vary the (representative) Governor voice in Board Committee and Clinical Group (formerly SBU) Committee meetings. With the maturing of our Clinical Groups and refreshed terms of references emerging, there is a valuable opportunity to facilitate some rotation of the Governors observing them. I will be working with the NED Chairs in the coming weeks to look at rotation approaches as well as the experience and voice they would most value from our governor representation.
 - **Working Groups:** There is no doubt our working groups would not have the impact or information sharing success they do without the Governors who invest their time to shape and chair them. I want to thank Sam Quaye (MeDIC) and Placida Ojinnaka (QEWG) and Annabel Fiddian-Green (STP-WG) for all of their work over the last months leading their working groups and for the thought leadership they brought in shaping the revised agendas. Sam and Placida have decided now is the right time for them to conclude their terms as Chair, which means we are looking for others to take on these roles. If you'd like to put your name forwards for either, please let me know.
- 1.5 The pressures that the hospital and our wonderful staff are under remains extraordinary and shouldn't be understated. However, with 3 approved vaccines and a significant roll out programme underway, there is certainly light at the end of the tunnel and I hope that it will not be long before we are able to meet again in person.

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 27 JANUARY 2021**

Title:	Membership Development, Involvement and Communications (MeDIC) Working Group Report, 15 December 2020
Governor Lead	Samantha Quaye, Working Group Lead
Contact:	Adeola Ogunlaja & Elena Spiteri, Working Group Secretariat
Purpose:	For information
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	<p>A report from the Working Group's discussion on the following:</p> <ul style="list-style-type: none"> • Membership objectives for 2021 • Refresh of membership offer and materials • Restarting Listening Line • Council of Governors elections 2021
Recommendations:	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> 1. Note the key discussion points at the last MeDIC Working Group meeting

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

WEDNESDAY 27 JANUARY 2021

**MEMBERSHIP DEVELOPMENT, INVOLVEMENT AND COMMUNICATIONS (MEDIC) WORKING GROUP
REPORT, 15 DECEMBER 2020**

PRESENTED BY SAMANTHA QUAYE

1. Introduction

- 1.1. This paper provides notes from the Council of Governors' MeDIC Working Group meeting held virtually on Tuesday 15 December 2020.
- 1.2. The meeting was attended by Evelyn Akoto (Stakeholder Governor), Sarah Austin (Director of Integrated Care); Martin Bailey (Public Governor); John Balazs (Stakeholder Governor), Paul Cleal (Non-Executive Director); Marcia Da Costa (Public Governor); Jessica Dahlstrom (Chief of Staff and Director of Corporate Affairs); Tony Hulse (Staff Governor); Laura James (Staff Governor); Margaret McEvoy (Public Governor); Placida Ojinnaka (Patient Governor); Adeola Ogunlaja (CEO Planning Officer); Samantha Quaye (Working Group Lead and Public Governor); Elena Spiteri (Membership and Governance Co-ordinator); Mary Stirling (Patient Governor); Philippa Yeeles (Patient and Public Engagement Specialist); and Christine Yorke (Patient Governor).
- 1.3. Apologies were received from Heather Byron (Lead Governor) and Michael Carden (Head of Media and Corporate Communications).

2. Notes of the meeting held on 11th February 2020

2.1. The notes of the meeting held on 11th February 2020 were agreed as a true record.

3. Matters arising

- 3.1. The Chief of Staff gave an overview of the discussions at the Governors' Constitution Review Working Group relating to dividing the public governor consistency by the local boroughs served by the Trust. In preparation for the merger with Royal Brompton and Harefield (RBH), the Trust Constitution was compared to the RBH Constitution, where the public governor constituency had separate classes aligned to their local boroughs to ensure representation from each of the areas served by RBH. As not all local boroughs served by Guy's and St Thomas' were represented on the Council of Governors, a suggestion was made to adopt a similar approach.
- 3.2. However as there were a number of possible ways to approach dividing the constituency and allocating public Governor seats, the working group agreed to postpone this work and had asked the MeDIC working group to be involved in taking the work forward for future amendments to the Trust Constitution and to give careful consideration to the appropriate approach.
- 3.3. The Chief of Staff would develop a paper with input from members of the MeDIC working group, though there would be no changes affecting the next Governor elections. The aim was to start to develop a work programme for discussion at a future meeting. A discussion on the arrangements for RBH Governors post-merger took place.
- 3.4. Suggestions were made including the need to maintain a focus on equality and diversity when looking at representatives from local communities, and to consider that the nature of both Trusts were different which would therefore influence relationships with their local populations. The Membership Offices of both Trusts would work closely together going forward on the Governor elections, membership development and engagement.

3.5. The Chief of Staff would be seeking input over the coming months. There would be correspondence via email or via online discussions on this topic prior to the next meeting.

ACTION: JD

4. MeDIC Refresh Discussion and Outputs

- 4.1. The working group lead introduced the item, noting that the paper circulated included suggestions from the Membership Office for membership development and engagement activities to be explored in 2021. It was also important to address the gaps in the information that the Trust holds about members, which should remain on the agenda.
- 4.2. **Objectives for 2021:** The three suggested objectives for 2021 were to update the membership information and membership database; to develop our membership by attracting new members, and to better engage with current members.
- 4.3. The suggestions for attracting new members included building relationships with local community groups and South East London CCG to understand the needs of the local communities, working closely with the voluntary, charity, patient and public engagement teams and Evelina London Hospital to recruit new members at events, creating a 'Get Involved' page on the Trust website to bring together all engagement and involvement opportunities, engaging Trust staff in patient membership recruitment, and promoting membership internally and externally through social media and other communication channels.
- 4.4. The suggestion for engaging current members included reinstating the Trust's members' health seminars in 2021 on the postponed topics last year which were ophthalmology, genomics, respiratory and movement and exercise. A new 'know our members' project was also proposed, which involved the Membership Office contacting a target number of members on a monthly basis to obtain their up-to-date information in order to update their

membership profiles. The Membership Office also suggested publishing members' stories in the members/Governors page of the GiST magazine. The Membership Office would also work closely with volunteers to promote membership among patients and their communities, and suggested holding informal events to engage with members of diverse backgrounds and their families.

- 4.5. The working group welcomed the suggestions and agreed to provide any feedback to the Corporate Affairs team via email following the meeting.
- 4.6. **Refresh of membership offer and materials:** The Membership Office was working to update membership materials. A new membership card and a draft of the revised membership leaflet was circulated for discussion. A number of changes were suggested for the leaflet including clarifying that potential members could choose whether they wished to either become public members or patient members if they were eligible for both. Staff membership details could also be included in the leaflet to increase engagement with staff.
- 4.7. There was also a discussion about possibly including sexual orientation questions in the leaflet. It was important to capture the same details as the Patient Experience and Patient and Public Engagement teams to ensure Trust leaflets, questionnaire and survey questions were aligned. The possibility of adding QR barcodes to the leaflets was discussed, for direct link to the online membership form to enable easy access.
- 4.8. The Membership Office was enquiring with the language support team, the possibility of translating membership materials into different languages to recognise diversity. Work was also underway with CIVICA Engage, the Trust's membership database provider, on updates to the online membership application form. The suggested changes to the online form was circulated.
- 4.9. The working group welcomed the suggestions and agreed to provide any feedback to the Corporate Affairs team via email following the meeting. It was also noted that the materials would need to be updated to reflect the post Guy's and St Thomas' and Royal Brompton and Harefield merger state, working closely with colleagues in RBH.

- 4.10. **Restarting Listening Line:** The working group discussed suggested topics for the next issue of the Governors' newsletter, Listening Line. There were a number of major programmes being undertaken by the Trust which could be included in Listening Line to maximise engagement with members.
- 4.11. If reinstated, additional resources and support would be required to manage the production of the newsletter. The purpose of the newsletter was for Governors to have a distinct and direct communication with members. The working group discussed other possible ways communication with members could be explored, including having more of a presence in the Trust's GiST magazine which was widely circulated to members. The Membership Office would discuss this with colleagues in the Communications team.

ACTION: AO

5. Council of Governors Elections 2021

- 5.1. The working group noted that there were 21 available seats for election in 2021. 13 seats were available for Guy's and St Thomas' Governors, including: 3 patient seats; 6 public seats; 3 clinical staff seats; and 1 community staff seat.
- 5.2. Additionally, 8 seats were available for Royal Brompton and Harefield Governors, including: 1 public seat in the area surrounding RBH; 1 public seat for rest of England and Wales; 3 RBH patient seats; 1 carer seat in the patient constituency; 1 RBH clinical staff seat; and 1 RBH non-clinical staff seat.
- 5.3. The working group noted that for public governor seats, public members could stand for election depending on where they lived and not necessarily which hospital they were members of.
- 5.4. The steps of the election process were discussed, including the Membership Office's plans to work closely with colleagues at RBH on the broad process and timetable for the election which would be shared with Governors in the New Year. There would also be a focus on equality and diversity during the election process.

6. Any other business

6.1. There was no other business.

7. Date of next meeting

7.1. The next meeting would be held on Tuesday 2nd March at 5:30-7pm by virtual meeting.

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 27 JANUARY 2021**

Title:	Council of Governors' Quality and Engagement Working Group Meeting Report, 1 December 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"> • Surgical Strategy and Surgical Transformation Programme • 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 27 JANUARY 2021

QUALITY AND ENGAGEMENT WORKING GROUP MEETING REPORT, 1 DECEMBER 2020

PRESENTED BY PLACIDA OJINNAKA

1. Working Group Lead Summary

- 1.1. The last Quality & Engagement Working Group (QEWG) meeting was held on 1 December 2020, and the meeting was well attended.
- 1.2. The Trust's strategic priority for this meeting was "To treat as many patients as we can safely". A presentation from the Surgical Strategy and Surgical Transformation Programme was followed by a discussion. Full details are included in the meeting report below.
- 1.3. We hope to identify and set the key Quality Priorities for 2021-22 at the next meeting. We also hope to provide feedback on what the Trust has done and continuing to do to ensure patient safety with visitors attending the Trust during Covid-19 and lockdown periods.
- 1.4. An action arising from the last meeting is included in this report so that we as governors have more information about GSTT staff handing DNR (Do Not Resuscitate) leaflets to elderly and vulnerable patients in the community.
- 1.5. I'm hoping to step down but will support QEWG just as an 'ordinary' governor with an interest. In the meantime, happy to co-chair from the next meeting onwards until the end of my current term. Before these changes occur, Heather Byron, Lead Governor, will reach out to colleagues to gather interests in leading the working group.

2. Introduction

- 2.1. This paper provides notes from the Council of Governors Quality and Engagement Working Group meeting held via Microsoft Teams on 1st December 2020.
- 2.2. This meeting was attended by: Sarah Allen (Head of Patient Experience), John Balazs (Stakeholder 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 Franklin – Lewis (Public Governor), Adeola Ogunlaja (CEO Planning Officer) Placida Ojinnaka (QEWG Chair), John Powell (Patient Governor), Priya Singh (Non-Executive Director), Max Tolhurst (Director of Operations), Mark Tsagli (Patient Experience Specialist), Rachel Williams (Staff Governor) Philippa Yeeles (Patient and Public Engagement Specialist), GSTT surgery patient (Expert by experience).
- 2.3. Apologies were received from: Elaine Burns (Public Governor), Heather Byron (Lead Governor), Robert Davidson (Stakeholder Governor), Alison Knox (Deputy Director of Quality and Assurance), Samantha Quaye (Public Governor), Mary Stirling (Patient Governor), Warren Turner (Stakeholder Governor).

3. Agenda Item 2: Notes from the last meeting

- 3.1. The notes were approved as an accurate record of the last meeting.
- 3.2. The Head of Patient Experience responded to action points raised at the previous meeting:
 - BAME acronym: It was noted that this has also been raised with the Chief People Officer for further clarification. The Trust position on the use of this is consistent with its use in wider society, but the general advice is to spell out the acronym in full.
 - Governor feedback about switchboard challenges during the pandemic to be fed into the Outpatient Transformation work stream which is focussing on patients contacting the trust and waiting times.

- The next Patient Experience report should have the national benchmark results covering women's experiences of maternity services across a number of areas including discharge.

4. Agenda Item 3: Surgical Strategy and Surgical Transformation Programme: ensuring the patient voice informs change

4.1. The Director of Operations outlined the background to the development of a Guy's and St Thomas' surgical strategy and transformation programme. Governors noted:

- The immediate need for focussed work in surgical services to develop a unified vision and strategy in the light of the COVID-19 pandemic, theatre capacity challenges, and changes to the South East London system.
- Plans over the next few months to establish a transformational programme underpinned by the engagement of staff, patients and carers.
- The scope of the work to involve no pre-determined priorities at the outset, and covering all elements of surgical, interventional and peri-procedural services.
- A key objective to provide the Trust with a coherent view of what to invest in, prioritise and deliver over the next 5-10 years.
- Early involvement of the Care Redesign Improvement and Innovation System team and the Patient and Public Engagement team and the Patient Experience team to make sure that patient involvement is instrumental in this.
- The surgical strategy to be signed off and ready by end of March 2021.
- The Patient and Public Engagement Specialist and a GSTT surgery patient (Expert by experience) followed on with a presentation of preliminary engagement work undertaken with patients and carers to help inform the strategy. Governor representatives in the meeting noted:
 - The involvement of a broad demographic of patients/carers in online discussion groups and telephone interviews.
 - Feedback from patients and carers on the programme about:

- understanding what works well
 - areas for improvement
 - what makes an excellent service?
 - what their expectations for the future are on surgical services
- The GSTT surgery patient (Expert by experience) shared their experiences of participating in the patient engagement events; their thoughts on the programme; motivation to get involved and what the experience has been like so far.
 - Responding, governors thanked the team for their presentations and welcomed the additional perspective from a service user's experience. Governors also referred to the good work that had been done in other areas such as the kidney team where patients were involved in redesigning of services and wondered whether this could be replicated for surgery. Governors reiterated the importance for patients to continue to have the opportunity to share their positive and negative experiences and also making sure services are guided by compassion, communication and learning from good or bad experiences.
 - The Lead Governor stressed the need to continue to ensure that patients' voices are always heard. She expressed governors' support and shared optimism that the programme delivers a service that patients/users expect to see in the future.

5. Agenda Item 4: Quality update

The Head of Quality Improvement and Patient Safety provided a general update on current quality initiatives including the Quality Priorities. The following were noted:

- 5.1. The Quality Priorities focussing on three key domains (clinical effectiveness, patient safety and patient experience) are set annually to support the delivery of the quality goals in the Trust's 5 Year Quality Strategy.
- 5.2. Priorities for 2021/2022 will be decided early next year. The Quality and Improvement team will be triangulating data from different sources of work to identify key priorities and present to governors at the February meeting.

- 5.3. A reminder of the Trusts Quality Accounts which the Trust is required to publish by the Department of Health (DoH) and the Governor selected indicator for audit. The February update will also cover the Quality Accounts.
- 5.4. The 2020/21 Quality Priorities are all progressing well.
- Patient Safety - Improvement projects already undertaken include the provision of live dashboards for recognising deteriorating patients, the launch of a mental health strategy, ongoing training for rapid tranquilisation, making sure there is a process for recording dementia and delirium, and working with the Safeguarding team to offer training to identify young people at risk of exploitation and violence.
 - Clinical Effectiveness – There are a number of initiatives underway including learning from deaths and making sure good practice is shared cross the organisation. The establishment of a Trust Diabetes Committee to ensure continued safety in medication. The work on COVID research will be covered in February update.
 - Patient Experience – There is continuing focus on End-of-life Care looking at care planning education for staff, patients contacting the trust, updating patients on waiting times, communication and carers following discharge as well as work with virtual appointments.
- 5.5. General Quality Update: NHS Patient Safety Strategy released by NHS Improvement in 2019 – Trust response:
- Four new patient safety specialists identified in the trust to share learnings from national networking events.
 - Patient Safety Investigation Framework: The process is being streamlined to look at different ways incidents are investigated. This includes working with multidisciplinary teams as soon as an incident has occurred with focus on learnings and prevention.
 - Patient safety partners initiative expecting to start in 2021 with a focus on ensuring that patients are involved in the patient safety improvements.
- 5.6. Quality Improvement events recently undertaken:
- Clinical Audit Awareness Week - events carried out virtually in the Trust. Good staff attendance at these virtual meetings were noted.

- Nightingale Conference – members from the Quality Improvement team making presentations to the nursing teams about quality improvement events they can undertake in their local areas.
- Clinical Governance Workshop – an external company undertaking training and refreshers for different aspects of clinical governance.
- Trust wide audits looking at the 5 steps to safe surgery as well as carrying out audits on consent.

Governors commented on:

- 4.7.1 Requested clarification regarding Trust measures in relation to patient safety on monitoring and checking the right people are visiting the hospital during COVID. **[Action]**
- 4.7.2 A query was raised regarding the issuing of 'Do Not Resuscitate' (DNR) orders to elderly patients in the local community. **[Action]**

6. Agenda Item 5: Quality update

- 6.1. A previous version of the Patient Experience report was circulated in error, a new report will be circulated to governors with the notes of the meeting.
- 6.2. The Head of Patient and Public Engagement summarised key points from the Patient and Public engagement report. Paper circulated with notes discussed the following items:
 - Royal Brompton and Harefield NHS Foundation Trust (RBHT) and King's Health Partners (KHP) Programme.
 - Ambulatory Transformation Programme.
 - Joint Patient, Carer and Public Involvement COVID-19 Recovery Programme.
 - Growing Evelina London.
 - Orthopaedic Centre of Excellence.

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

- Quality and Performance Committee: No notes tabled.
- Cancer Services Committee: No notes tabled

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

8.1. None raised

9. Actions

4.7.1	AF to feedback on what the Trust is doing to ensure patient safety about visitors attending the trust during COVID.
4.7.2	AF to provide more information about GSTT staff handing DNR leaflets to elderly patients in the community.
5.1	PE report to be recirculated

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 27 JANUARY 2021**

Title:	Strategy, Transformation and Partnerships Working Group Lead Summary, 6 October 2020
Governor Lead:	Annabel Fiddian-Green, Working Group Lead
Contact:	Jessica Levoir, Working Group Secretariat
Purpose:	To provide a summary of discussions at the last Strategy, Transformation and Partnerships Working Group (STPWG) and future plans.
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 had undergone a refresh. Future meeting agendas would cover items which were vital to aiding in governors' understanding of the Trust's strategic direction and developments. • Felicity Harvey and Steve Weiner, Non-Executive Directors, would support the working group going forward and agenda items would be aligned to the Strategy and Partnerships and Transformation and Major Programmes Board Committees. • The Chief Operating Officer presented an update on Trust elective recovery since the first wave of Covid-19.
Recommendations:	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> 1. Note the working group lead summary.

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

WEDNESDAY 27 JANUARY 2021

STRATEGY, TRANSFORMATION AND PARTNERSHIPS WORKING GROUP LEAD SUMMARY, 6 OCTOBER 2020

PRESENTED BY ANNABEL FIDDIAN-GREEN

1. Summary

- 1.1 The first meeting of the refreshed STPWG was held in October 2020 during which it was discussed that this working group would cover agenda items which were vital to aiding in governors' understanding of Guy's and St Thomas' (GSTT's) strategic direction and developments. One key example of this is the Trust's business planning.
- 1.2 We are lucky to have two NEDs supporting this working group – Felicity Harvey and Steve Weiner – and agenda items will 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.
- 1.3 At the last meeting, Jon Findlay (Chief Operating Officer) ran through the Trust's response to the first wave of Covid-19 but since then of course the country is again in lockdown. Business planning would normally be presented at the first meeting of the year but we had to cancel that meeting due to pressures on GSTT teams.