



Public Council of Governors Meeting

**Wednesday 28th July 2021, 6pm to 7:30pm
Held virtually on MS Teams**

COUNCIL OF GOVERNORS

Wednesday 28th July 2021 from 6pm to 7.30pm
Held virtually on MS Teams

A G E N D A

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|-----|--|---------------------|
| 1. | Welcome, Apologies and Opening Remarks
<i>Sir Hugh Taylor</i> | <i>Verbal</i> |
| 2. | Declarations of Interest | <i>Verbal</i> |
| 3. | Minutes of the previous meeting held on 28 th April 2021 | <i>Paper</i> |
| 4. | Matters Arising | <i>Verbal</i> |
| 5. | Reflection session on Board of Directors meeting | <i>Verbal</i> |
| 6. | King's Health Partners Mind & Body Programme
<i>Dr Sean Cross, Clinical Director, King's College Hospital</i>
<i>Natalia Stepan, Programme Director, King's College Hospital</i> | <i>Presentation</i> |
| 7. | Trust Board Committee and Clinical Group Board Governor Seat Rotations
<i>Heather Byron, Lead Governor</i> | <i>Paper</i> |
| 8. | Governors' Reports for Information: | <i>Papers</i> |
| 8.1 | Lead Governor's Report
<i>Heather Byron</i> | |
| 8.2 | Quality and Engagement Working Group: Meeting Notes 18 th May 2021
<i>John Powell</i> | |
| 8.3 | Membership Development, Involvement & Communication (MeDIC) Working Group: Meeting Notes 25 th May 2021
<i>Rt Hon. Michael Mates</i> | |
| 8.4 | Strategy, Transformation and Partnerships Working Group: Meeting Notes 22 nd June 2021
<i>Margaret McEvoy</i> | |
| 9. | Any Other Business | <i>Verbal</i> |

The next meetings are due to be held on 20th October 2021 and will be confirmed in due course:

<i>Board of Directors meeting</i>	<i>3.45pm – 5.30pm</i>
<i>Council of Governors meeting</i>	<i>6.00pm – 7.30pm</i>

COUNCIL OF GOVERNORS

Minutes of the meeting held virtually on Wednesday 28th April, 6pm – 7.30pm

Governors present:

S Addenbrooke	P Murray
E Akoto	M McEvoy
M Bailey	B Nelson
J Balazs	P Ojinnaka
V Borwick	M Ovens
H Bridgman	J Owen
H Byron	J Powell
J Chambers	S Quaye
M Da Costa	A Shah
A Fiddian-Green	J Stern
J Hensley	M Stirling
T Hulse	W Wedzicha
L James	R Williams
C Karlsen	T Windle
J Knight	P Yeh
P Lewis - Franklin	C Yorke
M Mates	

In attendance:

P Singh (Chair)	R Grocott-Mason
I Abbs	F Harvey
S Austin	A Knowles
A Bhatia	R Liley
B Bryant	A Ogunlaja
E Bradshaw (Secretary)	J Parrott
R Burnett	J Pelly
S Clarke	M Ridley
P Cleal	J Screamon
J Dahlstrom	M Shaw
S Davies	S Shribman
N Dickinson	E Spiteri
B Falk	S Steddon
J Findlay	L Tallon
S Friend	D Waldron
A Gourlay	S Weiner
P Govender	

1. Welcome and Apologies

- 1.1. The Chair welcomed participants to the meeting of the Council of Governors, in particular the Associate Governors from Royal Brompton and Harefield hospitals and four new Partnership Governors: Sarah Addenbrooke representing Royal Borough of Kensington and Chelsea Council, John Hensley representing Hillingdon Council, Ajay Shah representing King's College London, and Wisia Wedzicha representing Imperial College. The Chair also noted that Jane Fryer had left the Council of Governors and thanked her for her contribution.

- 1.2. Apologies had been received from Sir Hugh Taylor, Tahzeeb Bhagat, Elaine Burns, Robert Davidson, Anita Macro, Lucilla Poston, Sue Slipman, Warren Turner and Simon Yu Tan.

2. Declarations of Interest

- 2.1. There were no declarations of interest.

3. Minutes of the meeting held on 27th January 2021

- 3.1. The minutes of the previous meeting were agreed as an accurate record.

4. Matters arising from the minutes of the previous meeting

- 4.1. The action from the last meeting to provide written responses to the outstanding questions raised by governors has been completed. There were no further matters arising.

5. Reflection on public Board of Directors meeting

- 5.1. Governors agreed that the Care Awards and public Board of Directors meeting earlier that afternoon had been enjoyable and interesting sessions. The Chair then led the process of responding to questions that had been submitted in advance of the Council of Governors meeting.
- 5.2. The first set of questions concerned the COVID-19 pandemic. The Trust was being sent regular stocks of personal protective equipment (PPE) and, as a consequence, no longer needed to enter into any commercial contracts for the supply of PPE. It was confirmed that no patients who had received both doses of the COVID-19 vaccine had subsequently been admitted to any of the Trust's hospitals with the virus. The Trust was working with Lambeth Council to determine ownership of the COVID-19 memorial wall, but was fully supportive of establishing a memorial for those who had died of the virus.
- 5.3. There were further questions about the COVID-19 vaccination programme, which governors agreed the Trust had implemented very successfully. An overview was provided about the huge amount of work taking place to increase staff uptake of the vaccine, all of which was in line with national direction. In particular, governors noted the important roles being played by the chaplaincy and Occupational Health. Whilst the Trust's data showed that the numbers of vaccinated staff were gradually increasing, there was a focus on how to increase uptake amongst black and minority ethnic groups, and to understand vaccine hesitancy on an individual level. There was further discussion about the concept of mandatory vaccinations for frontline staff.
- 5.4. Executive directors stated that the backlog of cancer patients was the Trust's area of greatest concern in its recovery from the pandemic. This was a national issue and not unique to GSTT. The Trust was using capacity in the independent sector and had bought two new operating robots, but efforts to treat patients were constrained by the level of specialism required for some of the most complicated operations, together with a growing increase in referrals. It was acknowledged there remained work to do on different parts of the pathway to improve performance in this area.

- 5.5. Final questions were received in respect of the costs of providing healthcare to tourists, governor concerns about the widespread provision of virtual patient care, and the work being done to address an increasing staff vacancy rate.

6. Nominations Committee Report

- 6.1. Dr Sheila Shribman's second term as a Non-Executive Director (NED) of the Trust ends on 12 June 2021. At its meeting on 30 March 2021, the Nominations Committee had unanimously recommended that Dr Shribman's term should be extended by 12 months to 13 June 2022.
- 6.2. There was strong support for the proposal from across the Council of Governors. It was recognised that Dr Shribman had made an outstanding contribution to the Trust Board of Directors over her two terms of office, notably in support of the development of Evelina London into a thriving comprehensive children's service of excellence, and also across the full spectrum of the Board's activities. Some governors highlighted the importance of thorough succession planning, particularly given Dr Shribman's role as Senior Independent Director.
- 6.3. Governors noted that, whilst the Trust's constitution permits the reappointment of NEDs for a final term of two years, Dr Shribman had confirmed she was willing to accept an extension for 12 months. Governors felt that this would give the Trust sufficient time to consider the issue of her successor in light of future developments at the Trust and within the Evelina London Women's and Children's Clinical Group.

RESOLVED:

- 6.4. The Council of Governors approved the recommendation to extend Dr Shribman's term of appointment for a further 12 months, to 13 June 2022.

7. Council of Governors 2021 Elections Update

- 7.1. The Trust was currently holding elections to 19 seats on the Council of Governors across eight public, patient, carer and staff constituencies. An overview was provided of the process: it was noted that the nominations window had closed on 29 March with a total of 106 candidates standing. Voting had opened on 22 April and would close on 18 May, with the results announced the following day.
- 7.2. Following the merger on 1 February, the governors at Royal Brompton and Harefield hospitals became 'associate governors' of the newly-merged organisation. Associate governors, whilst not technically voting members, would sit on the Council of Governors and provide valuable continuity and expertise as we integrate the two trusts. Associate governors who are not elected as 'full' governors during the current round of elections would remain in this capacity until the end of their current terms.
- 7.3. Governors thanked the Trust's Corporate Affairs and Communications teams for their work in publicising the governor elections so effectively and in stimulating such widespread engagement from across the system.

8. Southwark and Lambeth Together

8.1. Representatives from the Integrated and Specialist Medicine Clinical Group gave a presentation on how the Trust was working with partners in south east London to improve the health and wellbeing of the local population to enable more people to live safe, well and independent in their communities. Governors noted that the work had four key objectives:

- Focussing on our people and our partnerships;
- Supporting resilient neighbourhoods through improved health and wellbeing;
- Timely urgent and emergency care; and
- Positive acute care, in terms of outcomes and experience

8.2. Local and national commissioners were supporting an increased focus on population health and improved management of health conditions. Evidence shows that working collaboratively and in an integrated way with partners improves population health. Governors noted that this work was primarily being done through two formal partnerships, 'Lambeth Together' and 'Partnership Southwark', and that the Trust's partners included King's College Hospital, social care homes, domiciliary care providers and the voluntary sector. Examples of the initiatives in train were set out.

8.3. Governors thanked those involved for an excellent presentation and it was suggested that the work should be shared with other trusts. In discussion there was consideration of the challenges to establishing better collaborative relationships, for example data and diversity, and it was acknowledged that whilst partnership working had accelerated during the COVID-19 pandemic, there remained more to do. Whilst governors stressed that the same approach would not necessarily work in all communities it was agreed that listening to patients should always be the starting point for delivering and improving services. Consideration was given to the funding model and whether this was linked to activity or outcomes. Governors welcomed the work the Trust was doing with homeless people.

9. Governors' Reports

9.1. The two governors' reports were noted. Governors were reminded that a health seminar on COVID-19 and the vaccination programme was scheduled for 4 May.

10. Any Other Business

10.1. The Chair confirmed that written responses would be provided in respect of all governor questions which were not discussed during the meeting.

10.2. Some governors queried whether the format of the Council of Governors meetings would remain virtual going forward. There was support for a 'hybrid' model where some governors could attend in person and others remotely.

10.3. There was no other business.

The next meetings are due to be held on 28th July 2021 and will be confirmed in due course:

Board of Directors meeting 3.45pm – 5.30pm

Council of Governors meeting 6.00pm – 7.30pm

Case for change

People are not separated into minds and bodies, and their health does not conform to medical specialties or disease-specific diagnoses.

We know that the mind and body are inseparable and that people have multiple, interacting health conditions.

Yet too often we diagnose, treat and care for patients and service users in a disconnected way.



Nearly half

of people with mental illness also have at least one long-term physical condition



30%

of people with long-term physical health conditions also have a mental illness



15-20 years

shorter life expectancy for someone with a severe mental illness or learning disability than for those without



£8bn

a year is spent by the NHS treating the effect of poor mental health on physical illnesses

Overview of the Mind & Body Programme



Assessment

By assessing all patients for common mental and physical health conditions in all care settings, the right support or treatment can be identified as soon as possible.



Service redesign

Developing and enhancing service & system infrastructure to fully embed a joined-up approach. This includes staff working together in multi-disciplinary teams across primary, secondary and community care.



Training

By raising awareness and understanding of the connections between mental and physical health and how they should be managed, we should all be better equipped to get the care we need, in the right place.



Mind & Body Champions



Expert Advisory Group

Key achievements

Successes

- IMPARTS screening used to collect mind & body outcomes for tens of thousands of patients across ~70 outpatient services
- Integrated mental and physical health care models developed, including in mental health, diabetes, cardiology, respiratory, haematology, urology, critical care, chronic pain, dermatology and renal services.
- Over £4.5m in external charitable income generated
- Over 16,000 staff have undertaken Mind & Body training
- Compass live in eight NHS services and showing significant improvements in participants' outcomes
- Over 900 Mind & Body Champions recruited across KHP organisations

Strengths

- Strong track record of delivering and enabling service improvements and transformation
- Successful fundraising for mind and body projects
- Enthusiasm and support from clinical teams, as well as senior leadership
- Extensive learning about mind and body care models in secondary care
- Strong patient involvement through valuable contribution from Mind & Body Expert Advisory Group
- System leadership role as part of King's Health Partners
- Large network and reach supports awareness raising and training
- Alignment with national strategic priorities

Our strategy for Mind & Body

The aim of the Mind & Body Programme is to be an ambitious and collaborative programme, codesigned and co-delivered with our partners, patients and communities, and working to make the advancement of integrated mind and body care a reality.

However, as part of our strategy refresh we are shifting the focus of the Mind & Body programme in a number of areas.

- We will strengthen our focus on **'high impact innovation'** by prioritising work to develop new ways to provide mind and body care for our local communities, aligning with the top ten most common long-term conditions.
- Having built up an understanding of mind and body care models within secondary care, we will work more closely with **partners across south east London Integrated Care System**, in particular primary, community and voluntary care.
- We will ensure that **improvements can be disseminated** so that people across south east London, and beyond, can benefit from improved mind and body care. To that end, we will work with local and national partners to develop a Mind & Body accreditation scheme, setting out a framework for what good integrated mind and body care looks like.

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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 28 JULY 2021**

Title:	Board Committee & Clinical Group Board Governor Seat Rotation – Update
Responsible Director:	Heather Byron, Lead Governor
Contact:	Heather Byron, Lead Governor
Purpose:	For information
Strategic priority reference:	TO BUILD RESILIENT HEALTH AND CARE SYSTEMS WITH OUR PARTNERS
Key Issues Summary:	A report to update governors about the seat rotations across the GSTT Board Committees and Clinical Group Boards to allow greatest breadth and diversity of voices from our representatives.
Recommendations:	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> 1. Note the report; and 2. Following the Council of Governors meeting on 28 July, to vote for the governors they wish to appoint into the five Trust Board Committees and Clinical Group Boards by the deadline stated (5pm on Tuesday 3rd August).

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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 28 JULY 2021**

**BOARD COMMITTEE & CLINICAL GROUP BOARD GOVERNOR SEAT ROTATION – UPDATE
PRESENTED BY HEATHER BYRON**

1. Introduction

- 1.1. Governors have seats on seven Trust Board Committees and Clinical Group Boards. It has been agreed that the governor representatives on these groups will be rotated, as in all cases the incumbent governor has moved on and/ or been in the seat for at least 18 months. This will help ensure that governors continue to bring a variety of voices, experience and perspectives to these groups.
- 1.2. In June 2021 the Council of Governors received a paper that: 1) provided information about each of the groups that have governor seats; and 2) outlined the process for rotating these seats. An update regarding this exercise is now set out for governors' information.

2. Outcome of Self-Nominations

- 2.1. The number of self-nominations received is summarised here:

Board Committee / Clinical Group Board name	No. of self-nominations
Transformation & Major Programmes Board Committee	5
Quality & Performance Board Committee	0
Finance, Commercial & Investment Board Committee	2

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Royal Brompton and Harefield Clinical Group Board	3
Evelina London – Women's and Children's Healthcare Clinical Group Board	5
Integrated and Specialist Medicine Clinical Group Board	6
Cancer and Surgery Clinical Group Board	3

- 2.2. The two governors who self-nominated into the Finance, Commercial and Investment Committee are therefore appointed as the governor representatives on this Committee. These are Margaret McEvoy and Michael Bryan.
- 2.3. The Quality and Performance Committee received no self-nominations. Those governors who self-nominated for another group, but who are unsuccessful in the forthcoming voting, will be asked if they wish to sit on this Committee. If there are more than two nominations another vote will be held in due course.
- 2.4. The remaining five Board Committees/Clinical Group Boards all had more than two self-nominations. As such, a vote will be needed; details of this are set out below.

3. Voting Process

- 3.1. Each governor will have one vote *per Board Committee/Clinical Group Board* – a total of five votes each. Governors should read the supporting statements from those who self-nominated for these five groups, which are set out in **Appendix 1**. Following this, governors should send an email to CorporateAffairs@gstt.nhs.uk that clearly sets out, for each group, the name of governor for whom they wish to vote. You may not vote for yourself.
- 3.2. We request that you paste the following table into your email for consistency and to ensure there is no confusion around who you are voting for:

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Board Committee / Clinical Group Board	Name of candidate you are voting for
Transformation & Major Programmes (TMP)	
Royal Brompton and Harefield Clinical Group Board	
Evelina London – Women's and Children's Healthcare Clinical Group Board	
Integrated and Specialist Medicine Clinical Group Board	
Cancer and Surgery Clinical Group Board	

3.3. The deadline for voting is **5pm on Tuesday 3 August 2021**.

3.4. For the avoidance of doubt, the two candidates with most votes will take the 'core' seats, and the candidate with the third most votes will take the reserve seat.

3.5. A small number of 'frequently asked questions' is set out in **Appendix 2**.

NHS CONFIDENTIAL - Management**Appendix 1: Supporting Statements****Transformation & Major Programmes Board Committee**

Governor Name	Supporting Statement
Victoria Borwick Patient Governor	<p>I chaired the Patient Quality group at the RBHT. Our recent focus has been the implementation of remote patient services and this was implemented rather quicker than planned!</p> <p>I served on the Membership committee, building up membership and listening to patients experiences. I believe it is important for Governors to be able to visit the hospitals and see for themselves the amazing medical care, but also to listen to patients, to improve services.</p> <p>Previously, I have been interested in “never” incidents, because it is important to have an opportunity to learn and share best practice.</p> <p>All of us are hoping that the coming together of expertise in both hospitals enriches the care and outcomes for patients. I bring 20 years of business experience in project management, transforming and merging teams and budgets. I would like to work with my colleagues to achieve these transformation plans.</p>
Elfy Chevetton, Staff Governor	<p>I would like to be considered to represent the Board of Governors on the Transformation and Major Programmes Committee to see that initiatives are professionally and properly directed to provide assurance to the board.</p> <p>I am interested in IT and transformation and have more than 25 years’ experience with writing and assessing capital bids and have developed the laryngology service from scratch to a super-specialist laryngology service with multimillion pound investment and growth of the department. Most recently,</p> <p>I have been heavily involved in the transformation of the new Surgical Assessment Lounge at Guy’s Hospital and kept a close eye on sense-checking plans, layout and facilities for the various surgical teams.</p> <p>I am suitable for this role as I have an analytical eye having published over 45 papers, book chapters, organised the Semon Club for 23 years (an ENT Conference run twice yearly) and critically evaluated thousands of abstract entries for this event.</p>

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Governor Name	Supporting Statement
Annabel Fiddian-Green Public Governor	<p>Acting as chair of the STPWG gave me a valuable insight into the vital link between the Strategy team and the TMP, the process of ensuring the pathway towards implementation of agreed programmes is concisely and effectively undertaken.</p> <p>The variety of programmes that come under the gaze of the TMP is broad and that variety, in itself, is also a draw for me.</p>
Leah Mansfield Patient Governor	<p>My interest in joining this Board Committee stems from my area of professional focus and my acquired skills to date, which I believe would enable me to make a positive contribution to the stated purpose of this group.</p> <p>I have many years' experience in strategic planning across the private, public and charitable sectors, and in both designing and leading key programmes to bring about an appreciable positive difference to the beneficiaries. I have also worked extensively as part of a team to build the same.</p> <p>I have already had involvement in two of the three key initiatives of this Committee (the Pathology Programme and the Electronic Health Record Programme) as an active member of the Trust in a core patient group.</p> <p>I am passionate about how these initiatives will make vast improvements to the speed of test results and ongoing monitoring, and also in ensuring more efficient patient care.</p>
Jordan Abdi Public Governor	<p>The Transformation & Major Programmes Committee has an exciting set of programmes in the pipeline to improve clinical and operational excellence.</p> <p>My background is business and financial strategy and have worked in roles various roles in the private sector supporting companies with their financial planning.</p> <p>I have also deep prior experience working at Electronic Health Records companies, which I understand to be central to GSTT's future transformation efforts and I have knowledge of what EHRs can and cannot be expected to do.</p> <p>My passions sit around leveraging data for meaningful clinical improvement, and largely that is what my career to date has centred on, however I fundamentally believe this cannot be achieved without the buy in and support from the public and patients who are providing this data.</p>

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Governor Name	Supporting Statement
	As healthcare shifts towards being more data driven, more public engagement is going to be critical to its success and I would like to engage my constituents in this transformation.

The Royal Brompton & Harefield Clinical Group Board

Governor Name	Supporting Statement
John Bradbury Patient Governor	<p>I was recently elected as a Patient Governor having been fortunate enough to undergo a heart transplant at Harefield Hospital in August 2017.</p> <p>I seek to focus on issues of particular interest to patients including information on treatment options, clarity on clinical roles, hospital inpatient services, role of allied health professionals and outpatient clinic administration.</p> <p>As a Patient Governor representing the Royal Brompton and Harefield Hospitals Group, obviously I seek to ensure that both hospitals world leading work in cardiac and respiratory medicine and surgery continues to flourish.</p>
John Hensley Partnership Governor	<p>I wish to nominate myself to continue to sit on the Royal Brompton & Harefield Clinical Group.</p> <p>Having been a Governor of that organisation for many years has enabled me to gain a good working insight into the operational activity of these two renowned hospitals.</p> <p>Continuity of the care provision is paramount especially the operational activity and safety whilst working within a financial framework.</p> <p>My professional background will assist me in reviewing the group's systems of management control and overall performance in the delivery of clinical care for the patient.</p>
Leah Mansfield Patient Governor	I have been a patient of the Royal Brompton for many years, and I am a newly elected governor representing this constituency. As such, I consider it to be essential that I am an active member of a key group dedicated to its interests.

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Governor Name	Supporting Statement
	<p>I am a member of the Patient and Public Engagement Group at the Royal Brompton, which enables me to join with other patients and spearhead new initiatives and programmes for positive change, and I feel that involvement in this Board Committee would magnify the impact that I could make in linking identified patients' needs with key programmes designed to improve their experience of receiving care.</p> <p>I bring many years of board level experience specialising in strategic planning, advocating for key medical services, working with newly merged groups in larger organisational structures and an understanding of the issues of concern and current programmes for improved services.</p>

Evelina London – Women's and Children's Healthcare Clinical Group Board

Governor Name	Supporting Statement
Raksa Tupprasoot Staff Governor	<p>I am a Consultant Paediatric Anaesthetist at the Evelina London Children's Hospital. I am Airway, Equipment and Remote Site Lead for the Department of Paediatric Anaesthesia.</p> <p>Working in one of the largest departments in ELCH has enabled me to cultivate good working relationships with other specialties. However, being a mother and having accessed paediatric services here recently, I also appreciate what it is like to be on the other side.</p> <p>ELCH is currently undergoing a remarkable period of service expansion with a new Children's Day Surgery Unit, the planning of which I have been involved in, and the large-scale Evelina expansion project.</p> <p>Serving on this clinical group board, particularly during this time of immense development, will enable me to go one step further in providing high-quality care for my patients and their families; by advocating their interests and ensuring that the patient is at the heart of everything we do.</p>
Rishi Pabary Staff Governor	I have been a consultant at Royal Brompton Hospital (RBH) since 2017 been involved in meetings around the Evelina expansion since that time. I feel this gives me insight into two of the main focus areas outlined for discussion by this clinical group during 2021, namely the RBH integration and Evelina Expansion Programme.

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Governor Name	Supporting Statement
	<p>Having been a staff Governor at RBH since February 2020, I also bring experience of the Governor role to the clinical group and would act as a voice for children, their families and the paediatric staff who will continue to be based at RBH for a number of years.</p> <p>I am a relatively young consultant and anticipate working in the new joint services being developed in the future; I therefore have a vested interest in ensuring that the integration successfully combines the best of what both services currently offer in order to optimise care for all our patients</p>
Annabel Fiddian-Green Public Governor	<p>I am drawn to the option of working alongside the team at Evelina London for a variety of reasons, mainly that we were frequent users of paediatric services, including surgeries, for over 15 years with my son and, to a much lesser degree, with my daughter – both of whom were born at St. Thomas's. I therefore know the importance of a combination of leading-edge technology along with specialist knowledge and compassion.</p> <p>I'm very interested in the exciting challenges of RBH integration as well as the growth of paediatric cancer services across the region and feel my business experience of advising pharma companies would be valuable here as well.</p>
Marcia Da Costa Public Governor	<p>I am well versed on issues and health needs of women and children, dealing with their issues - including the wellbeing of women and complex health issues in both age groups. I managed adult and children's services in local government for 30+ yrs – including through GSTT and Kings College Hospital.</p> <p>I believe I can make a good contribution to the work of the Evelina Board; having previously managed services, chaired boards, provided services for patients, carers, service users and accountable for departmental finances; thus understanding the issues, and fulfilling my obligations towards GSTT and my Governor colleagues.</p> <p>Lastly, I represented the Governors on the Quality and Performance Board, where I contributed in the Board meetings, scrutinised reports on hospital finances, overall care of the hospital, patient care, staffing and other specialisms in the full range of health care provided by this hospital.</p>
Michael Bryan Patient Governor	<p>A paediatric patient of the Trust, I stood because I have been the beneficiary of unparalleled support - from the care given to my family to the emergency operation I successfully overcame. Working with the Evelina would enable me to not only champion effective patient involvement in children and women's health but hone my insight as an aspiring</p>

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Governor Name	Supporting Statement
	<p>paediatric surgeon.</p> <p>I would bring the experience of working alongside the Royal College of Paediatrics and Child Health to lead a study into COVID-19's effects. The research brought best practice from thirty trusts and took the views of 66,000 young people and parents to inform national policy.</p> <p>Similarly, I would draw on serving as a trustee for Plan UK, where my work led me to oversee sexual and reproductive health programmes for over 5.5 million girls. My commitment would be to target challenges associated with cancelled elective surgeries and comorbidities left untreated.</p>

Integrated and Specialist Medicine Clinical Group Board

Governor Name	Supporting Statement
<p>Laura James Staff Governor</p>	<p>The most vulnerable in our communities can easily fall between the gaps. With a focus on population health, the Integrated and Specialist Medicine Clinical Group Board can be pivotal in helping to identify these gaps through the use of data.</p> <p>I have extensive experience with staff and patient engagement data sets – both in carrying out my own research, and in drawing insights from local and national findings. As Governor, I would be well placed to hold the Board to account by reviewing the quality, interpretation, and application of data.</p> <p>With over 5 years' experience working in NHS internal and external communications, I can usefully comment on successful approaches to population health education across very diverse patient, staff and community groups – and as a Trust Wellbeing Champion and mental health first aider, I've seen first-hand how imperative it is that the Trust fulfil its commitment to a mind and body approach.</p>
<p>Mary Stirling Patient Governor</p>	<p>Reading both the minutes from the previous meeting and the 2021 focus areas and helpful governor skills/interest areas has encouraged me to put myself forward.</p>

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Governor Name	Supporting Statement
	<p>I feel that population health, mental health and community are all essential focus areas for the coming year. I believe that partnership working is critically important in order to maximise learning opportunities through sharing best practice.</p> <p>I am very excited about the Ambulatory Programme putting patients in control of their own care and ensuring technology, systems and knowledge are continuously evolving the way care is delivered.</p> <p>I am a member of the Mind and Body Expert Advisory Group and have been part of the focus group developing the Mental Health Strategy for GSTT. I believe in the holistic approach to healthcare bringing mental and physical health together. As a qualified and experienced teacher, I am currently involved in a number of health related research projects including pain management.</p>
Serina Aboim Staff Governor	<p>As a new staff community governor, I feel it would be important to sit on a clinical group that oversees the largest community services within GSTT. I would like to sit on the Integrated and Specialist Medicine Clinical Group Board (ISM).</p> <p>Further reasoning for this is the ISM main focus areas for this year:</p> <ul style="list-style-type: none"> • Public health • Mental health • Community <p>I have worked in the community for 10 years I have extensive experience. I am interested in social determinants of health which is linked closely to the ISM focus this year. Furthermore working in the community I am best placed to voice what is actually happening and to observe, listen and to critically appraise what ISM want to achieve representing staff, patients and carers.</p> <p>I have the skills and experience of integration I strongly believe in joint up working and improving the health outcomes and experience for our staff, patients and carers.</p>

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Governor Name	Supporting Statement
Annabel Fiddian-Green Public Governor	<p>One of the cornerstones of my healthcare communications career lay in medicines and healthcare services that actively benefit people in their day to day lives.</p> <p>The evolution of broadening healthcare provision beyond hospital grounds is clearly of benefit to patients but also helps ease the pressure on hospitals and other clinics.</p> <p>The appeal of this Board Committee is that its scope addresses the issues that affect us all – access to both general and specialist healthcare, recovery post-intervention, through to pharmacy and other services in local communities.</p>
Betula Nelson Patient Governor	<p>I have been a member of the Cancer & Surgical Clinical Group Board for 18 months now and have enjoyed it a great deal. I have learned how the Boards operate and what is expected of me as a Governor. I have provided summaries of the meetings to other Governors for information and continue to do so.</p> <p>I have an interest in all medical subjects and my working experience in Multidisciplinary Teams in Mental Health Care during my Social Work Career has contributed to my interest in medical aspects of care and developments in health care.</p> <p>I would like to make a contribution from a lay person/patient point of view and represent the interests and concerns of patients in this important Clinical Group.</p> <p>I feel, alongside my interest, knowledge and the membership of the Cancer & Surgery Clinical Group Board enables me to be a suitable candidate for the membership of the ISM Group.</p>
Marianna Masters Public Governor	<p>I wish to self-nominate for the Clinical Group Board dedicated to Integrated and Specialist Medicine.</p> <p>I believe my experience as Chair of Lambeth & Southwark Joint Overview & Scrutiny Committee (JHOSC) on Lambeth Hospital Redevelopment would mean I can positively contribute to the Board's focus on mental health.</p> <p>I Chaired a cross-party committee scrutinising the proposal from Lambeth Clinical Commissioning Group and their provider South London and Maudsley Hospital NHS Foundation Trust (SLaM), to reconfigure mental health inpatient services for Lambeth, by transferring in-patient services currently located in Lambeth Hospital to a new facility on the</p>

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Governor Name	Supporting Statement
	<p>Maudsley Hospital site.</p> <p>I requested reports and witness statements from SLAM, Lambeth Council, Southwark Council, NHS South East London CCG, and other stakeholders to assess the impact of proposed future service provision. I carried out community outreach and consultation and tabled interim recommendations which have been accepted and are being implemented.</p>

Cancer & Surgery Clinical Group Board

Governor Name	Supporting Statement
<p>Elfy Chevretton, Staff Governor</p>	<p>I would like to be considered to represent the Board of Governors on the Cancer and Surgery Clinical Group Board to optimise and advise the operational recovery of this section, improve theatre capacity now and for the future. I have 40 years' experience of patient surgical care.</p> <p>I have a special interest particularly in laryngology, ENT and surgery in general, including head and neck cancer. I have been heavily involved in multidisciplinary working regularly working with Speech and Language Therapists, nurses, and other medical/surgical specialties.</p> <p>I am therefore well suited for integrating different opinions and representing multiple voices. As a consultant ENT surgeon since 1993 I have experienced many changes in the NHS and consequently have understanding of modifications NHS services with a trusted opinion of what has worked and what has not over that period of time.</p>
<p>Christine Yorke Patient Governor</p>	<p>I became a cancer patient at Guys in the summer of 2018, when I experienced investigations, surgery, and after-care.</p> <p>I would like to share my in-patient experience with the Committee, so that they are more aware of cancer care procedures and how they affect patients and staff. One example from 2018 is that the air conditioning in the operating theatres could not cope with the extreme heat, so affecting surgeons carrying out delicate operations.</p>

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Governor Name	Supporting Statement
	<p>Today I attended a governor training course on the Integrated Care System. Apparently governors now have a duty to ensure better health and wellbeing for all all individuals.</p> <p>One relevant experience is that Guys don't have district nurses, so patients have to cope with medical procedures at home, and travel to Guys soon after their operations with tubes attached to them. Hopefully the Committee could help to alter such systems for the well-being of patients.</p>
Michael Bryan Patient Governor	<p>In January 2020, an emergency surgery to remove a tumour at St. Thomas' led me to re-train.</p> <p>The kindness of staff and extent of support I received led me to embark on a career in paediatric surgery. Serving on the Clinical Group would enable me to give back, learn, and draw on experience of developing novel biotechnologies.</p> <p>After losing my dad to Parkinson's, I identified sufferers would appear distant when they went to laugh and smile. Consequently, I coupled my medical studies to develop a tool employing facial recognition to diagnose and monitor the condition.</p> <p>My hope is to enable the Trust's oncology and surgical specialties to deliver the best treatments.</p> <p>To quell the challenges associated with staff burnout, cancelled elective surgeries, and comorbidities left untreated, I would hope to champion the importance of patient voice and staff wellbeing as well as the opportunities afforded by technology, interoperability, and outreach.</p>

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Appendix 2: Frequently Asked Questions

Question	Answer
Can I vote for myself?	No – please don't vote for yourself.
Are 'associate governors' eligible to vote?	Unfortunately, as governor colleagues in 'associate governor' roles as a result of the merger with Royal Brompton and Harefield are not eligible to sit on these seats, we have decided that they should also not be eligible to vote.
What happens if someone is voted into more than one group?	In this event we would ask the successful governor which group they would prefer to sit on. They would then be removed from voting considerations for any other groups they were successful in, and the results for those groups adjusted accordingly.
How many groups can one governor sit on?	Governors can only sit on one group unless they have self-nominated into another group that attracted two or fewer votes. In such a scenario, the governor could sit on the group they were directly appointed into, and one further group that they were voted into.
What will be done with the Q&P Committee that had no votes?	Once voting has taken place and we have a set of outcomes we will contact all governors who were unsuccessful in the voting to see if they wish to sit on this Committee. If there are more than two nominations, we will run a similar voting process.
Was there a separate process with a seat on the Nominations Committee?	There is one staff seat available on the Nominations Committee, for which staff governors alone were asked to self-nominate into. However, no such nominations were received. We are therefore considering the next steps.
When will the voting results be communicated?	Corporate Affairs will communicate results to governors, together with any next steps, by close of business on Friday 6 August.
Will you share all voting information?	Yes, we will share the number of votes each candidate receives, so that the transparency around the process is maintained throughout.
When will the transition take place	Once the voting outcomes have concluded, the Lead Governor and NEDs will agree and share a transition timeline for when the newly-appointed governors will take over from the incumbents. It should be noted that in some cases there may be a request from NEDs to stagger transitions to maintain continuity.

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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 28 JULY 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: <ul style="list-style-type: none"> 1. Note the Lead Governor's Report

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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 28 JULY 2021**

**LEAD GOVERNOR'S REPORT
PRESENTED BY HEATHER BYRON**

1. Thanks & Welcome

- 1.1. Firstly, I want to take this opportunity to thank all of the governors whose terms ended in June and are no longer part of our Council of Governors. They each contributed a great deal of time and value during their term and they will be missed. I wish them all the very best and thank them for everything they did.
- 1.2. Which leads me nicely into welcoming those who joined us on the 1st of July whether as brand new Governors, or as re-elected Governors in their second terms. Our election process this time around saw the greatest number of self-nominations in some time which made for a very competitive process. You have my congratulations on being elected to the Council of Governors by your constituencies and I look forwards to working with you in the coming months.

2. Thanks & Welcome

- 2.1. Since we last met in April, we have had held a number of working group meetings which the Chairs have provided summaries of for you to read as part of the CoG papers. These working groups really are a fantastic way to get under the skin of the Trust a bit more and understand more around the governance and how we as Governors can contribute so I highly recommend attending as many as you can.

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- 2.2. Sam Quaye chaired her last MeDIC meeting before her Governor term ended, and I'm delighted to announce that Michael Mates has stepped forwards to chair that working group going forwards. Michael already has a busy agenda to share with colleagues including some progress in discussions with the Mayor of London's office around patient transport pilots (using bus lanes) and some thoughts on more dignified robes for patients that other Trusts have piloted that we will look to also discuss.
- 2.3. We are very lucky to have John, Margaret and Michael at the helm of our working groups and I delighted that they are each so passionate and motivated to keep the good work that has come in the last years, going.

3. Reflections

- 3.1. We have seen over the last months a gradual increase in the Trusts return to more normal operations, thanks to the reduction in hospital admissions due to COVID and I know I speak for us all when I say that I remain grateful for everything that all of the staff across the Trust are doing to continue to provide exceptional quality of care despite the relentless months they have faced. That is exemplified by a recent unannounced CQC visit to our A&E department in late June, which was focused on the provision of emergency care for patients with mental health conditions. CQC's feedback following the visit was positive, with recognition of how the Trust had implemented good flow systems and how staff identified safeguarding concerns and followed these up with social services. There were some specific areas for improvement, for example around ambulance handovers and documentation, and an action plan is being developed by the Trust's emergency team to address these.
- 3.2. That said, I urge us all to remain pragmatic and considerate as our environments start to open up again as a result of "Freedom Day" as the media seems to have named it. I have noticed certainly around my residential and working areas that many are still electing to wear face coverings and keep a social distance, and indeed you may have seen that at the Trust we continue to require all staff, patients, and visitors to wear masks in our buildings, unless they have a valid cause for exemption, to continue to use hand gel when entering and exiting

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our buildings, and to keep a safe distance from others wherever possible when on our sites. All Trust staff will continue to wear the appropriate level of PPE for the clinical area they work in.

- 3.3. I've mentioned before also around COVID-19 vaccinations. While there is cause for pride and optimism in the vaccine rollout, you may have seen reported that London has the lowest uptake of vaccinations in the over 18s with 65% having had first dose and 45% second dose (per data from the 14th July). As a Trust we have really played our part in helping to provide people with information to make an informed choice, including holding members seminars on vaccine hesitancy which were well attended with some exceptional questions asked. If you do encounter any friends, family, or Trust members who are still undecided, please remember we have a lot of collateral we can share, from general facts about the vaccine, myth busting guides around common misconceptions, to support their decision making.

4. Board & Clinical Group Rotations:

- 4.1. Finally, as you will see in the papers for July's meeting we also had a really positive response to the Board and Clinical Group committee seat rotations that we have been discussing recently. We have an exceptional group of people who have offered their time, experience and voice for these forums and I am grateful to them for putting themselves forwards.
- 4.2. From myself and the NED Chairs, I want to reiterate my thanks to those colleagues who have attended those groups in the last 18 months as you have each brought a passion, curiosity and perspective to the meetings which has brought value and at times healthy challenge which I know has been much appreciated. I can personally say that I will miss being so closely involved in the Evelina London Women's & Children's Clinical Group, but also know from the calibre of individuals who are looking for your vote, that the Evelina Exec, NEDs and NED Advisors will be in very capable hands with whoever is elected.

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 28 JULY 2021**

Title:	Council of Governors Quality and Engagement Working Group Meeting Notes, 18 May 2021
Governor Lead:	John Powell, 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"> • Involving patients, families and carers in Apollo • 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 from the Quality and Engagement Working Group meeting

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

WEDNESDAY 28 JULY 2021

QUALITY AND ENGAGEMENT WORKING GROUP MEETING NOTES

PRESENTED FOR INFORMATION

1. Introduction

- 1.1. This paper provides notes from the Council of Governors Quality and Engagement Working Group meeting held via Microsoft Teams on Tuesday 18 May 2021. The meeting was co-chaired by outgoing and incoming chairs.
- 1.2. This meeting was attended by: Sarah Addenbrooke (Stakeholder Governor), Evelyn Akoto (Stakeholder Governor), Sarah Allen (Head of Patient Experience), John Balazs (Stakeholder Governor), Tazeeb Bhagat (Staff Governor), Victoria Borwick (Associate Governor), Helena Bridgman (Associate Governor), Andrea Carney (Head of Patient and Public Engagement), Marcia Da Costa (Public Governor), Annette Fogarty (Head Of Quality, Improvement and Patient Safety), Paula Franklin–Lewis (Public Governor), Lisa Garnett (Head of Transformation, Workforce and Engagement, Apollo Programme), Anna Grinbergs-Saull (Patient and Public Engagement Specialist), John Hensley (Stakeholder Governor), Laura James (Staff Governor), Margaret McEvoy (Public Governor), Paul Murray (Associate Governor), Betula Nelson (Patient Governor), Placida Ojinnaka (QEWG Chair), John Powell (New QEWG Chair), Holly Salisbury (Engagement Manager, Apollo Programme), Priya Singh (Non-Executive Director), Mark Tsagli (Patient Experience Specialist), Christine Yorke (Patient Governor).
- 1.3. Apologies were received from: Robert Davidson (Stakeholder Governor), Rishi Pabary (Associate Governor), Samantha Quaye (Public Governor), Ajay Shah (Stakeholder Governor), Mary Stirling (Patient Governor), Warren Turner (Stakeholder Governor). Peter Yeh (Public Governor),

2. Agenda Item 2: Notes from the last meeting

2.1. The notes were approved as an accurate record of the last meeting.

3. Agenda Item 3: Involving patients, families and carers in Apollo

3.1. The Head of Patient and Public Engagement introduced the item noting that patients have been involved in Apollo since 2017, and that the programme's patient and public engagement plan outlines an approach to involving patients throughout. The Engagement Manager for the Apollo Programme (HS), and Patient and Public Engagement Specialist/ Staff Governor (LJ) presented the paper recently approved by the Apollo Programme Board.

- Patient and public engagement to date has included: designing digital letters, informing the programme's specifications, the procurement process to choose the provider.
- The key objectives of the new patient and public engagement plan are:
 - Integrating patient and public engagement in the programme governance structure
 - Involving patients and carers in designing, developing and testing the patient facing digital platforms
 - Continuous monitoring of patient experience of, and attitudes and behaviours towards digital healthcare
 - Involving patients in designing and reviewing communications and materials to support patients to use the app when it is launched
- Patients and carers will be involved in the programme as patient influencers reviewing and informing the design, and the approach to delivering Epic when launched. Lead patient influencers will represent the group within programme governance
- The approach to recruitment will seek to include those who do not use digital technologies. The programme will offer the London living wage, and reimbursement of internet costs to support people to be involved.

3.2. Governor discussion

- Governors raised questions about:

- The timescale for recruiting to patient roles, and how the programme would manage the limitations to online meetings
- The time commitment for the patient influencer role, and the importance of making this clear from the outset
- How the Apollo patient portal would interact with and complement other NHS patient portals such as the NHS App and patient Access
- User-friendliness of the patient portal. How Apollo will ensure that digital letters will be useable on different devices, and Apollo's role in improving patient experience of scheduling, access to information and contact with the Trust.
- The plans in place to ensure patient data security and minimise the risk of hacking
- Governors welcomed the suggestion that Epic should be invited to a future meeting to demonstrate the system, its design and features **[Action]**.
- **ACTION: Identify an opportunity to demonstrate the Epic electronic healthcare record system at future meeting**

3.3. Governors noted that their role in Apollo could involve:

- Supporting user testing, or joining the patient influencer panel
- Providing feedback on the approach to communications about the programme and the clarity of patient-public messaging and suggesting community groups and networks who could be involved
- **ACTION Governors to contact Apollo team with any further questions, feedback and suggestions about the programme**
- **ACTION: Governors to provide comments on the communications materials for the patient influencer role**

4. Agenda Item 4: Quality update

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

- NHS England has not mandated that Trusts publish formal quality accounts for this year. However, the Trust will publish a report, which will be shared with Governors for comment **[Action]**
- The Trust is on track to deliver most 2020/21 priorities, despite the pandemic. Priorities for the timely recognition of deteriorating patients, and improving patient experience of contacting the Trust were delayed by the pandemic and pressures on services. However, they remain a key priority to be monitored on an ongoing basis.
- Research was not measured this year as metrics were suspended for 2020/21 to focus on Covid-19
- The Quality priorities for 2021/22 are being drafted. An outline was shared during the meeting and will be distributed to Governors for comment **[Action]**
- **ACTION: Quality report and 2021/22 priorities to be shared with Governors**
- **ACTION: Governors to submit comments on the quality report and proposed priorities for 2021/22**

4.2. Governors noted:

- Governor interest in the opportunity to review and comment on 2021/22 priorities
- A request for more information about plans for virtual appointments, increasing use since the pandemic and how access to face to face appointments will be ensured and managed for those who need them **[Action]**
- The need to ensure that any non-covid related impacts on progress against priorities are captured
- **ACTION: AF to provide an update on plans to manage access to virtual and face to face appointments**

5. **Agenda Item 5: Patient Experience and Patient and Public Engagement update**

5.1. Paper shared in advance with Q3 and Q4 reports for both Patient Experience and Patient Public Engagement.

6. **Agenda Item 6: Reports and updates from committees (those recently attended by Governors)**

6.1. Quality and Performance Committee: No notes tabled

6.2. Cancer Services Committee: No notes tabled

6.3. QEWG Chair noted that new Governor representation will be sought for committees where current representatives are standing down. Chair requested that Governors make suggestions as to what would be most useful to include in committee reports to the working group. Governors were also asked to suggest items of interest to help representatives report more effectively

- **ACTION: Corporate Membership team to circulate reporting template**
- **ACTION: Governors to share feedback on the purpose and content of committee reports, and make suggestions for items of interest.**
- **ACTION: Identify new Governor Representative for Quality and Performance Committee**
- **ACTION: Governor representatives to circulate Cancer Services Committee report after the meeting**

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

7.1. It was noted that the meeting was Placida Ojinnaka's last meeting as chair. Working group members thanked the outgoing chair for her contribution and welcomed John Powell as the new chair of the group.

8. Actions

3.2.1	Identify an opportunity to demonstrate the Epic electronic healthcare record system at future meeting
3.3.1	Governors to contact Apollo team with any further questions, feedback and suggestions about the programme
3.3.2	Governors to provide comments on the communications materials for the patient influencer role
4.1.1	AF/Corporate Membership team to share Quality Report and 2021/22 priorities with Governors
4.1.2	Governors to submit comments on the quality report and proposed priorities for 2021/22
4.2.1	AF to provide an update on plans to manage access to virtual and face to face appointments
6.3.1	Corporate Membership team to circulate reporting template
6.3.2	Governors to share feedback on the purpose and content of committee reports, and make suggestions for items of interest.
6.3.3	Governors to identify new representative for Quality and Performance Committee
6.3.4	Governor representatives to circulate Cancer Services Committee report after the meeting

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST

MEMBERSHIP DEVELOPMENT, INVOLVEMENT AND COMMUNICATIONS (MEDIC) WORKING GROUP

NOTES OF WORKING GROUP MEETING

Governor Lead	Samantha Quaye, Working Group Chair
Contact	Elena Spiteri, Working Group Secretariat

1. Introduction and apologies

The meeting was attended by:

Public Governors

- Samantha Quaye
- Martin Bailey
- Margaret McEvoy
- Marcia Da Costa
- Paula Lewis-Franklin

Patient Governor:

- Mary Stirling
- Placida Ojinnaka

Staff Governor:

- Laura James

Trust Staff

- Edward Bradshaw (Deputy Director of Corporate Affairs)
- Elena Spiteri (Membership and Governance Co-ordinator)
- Nancy Dickinson (RBH Corporate Governance & Membership Manager)
- Philippa Yeeles (Patient and Public Engagement Specialist)
- Sarah Austin (Director of Integrated Care)

Partnership Governors:

- Sarah Addenbrooke
- John Hensley
- John Balazs

Associate Governor

- Victoria Borwick
- Helena Bridgman
- Jeremy Stern
- Michael Mates

Non-Executive Director

- Paul Cleal

Apologies received from: Peter Yeh (Public Governor); Robert Davidson (Partnership Governor); Christine Yorke (Patient Governor Governor); Paul Murray (Associate Governor); Michael Carden (Head of Media and Corporate Communications), Jessica Dahlstrom (Chief of Staff and Director of Corporate Affairs); Adeola Ogunlaja (CEO Planning Officer).

2. Notes of the meeting held on 2nd March 2021

The notes of the meeting held on 2nd March 2021 were agreed as a true record.

3. Guy's and St Thomas' NHS Foundation Trust membership overview

The working group received an overview of Guy's and St Thomas' membership including numbers of each membership constituency, monthly breakdown of patient and public members over 12 month, and breakdowns by gender, age and ethnicities. This was done with three primary objectives:

1. To analyse and better understand the existing membership
2. To attract new members
3. To retain and further engage current members

- ***Understanding and analysing the existing membership:***

Total membership numbers for GSTT (excluding Royal Brompton and Harefield hospitals) were 26,351 (Patient membership: 3,623, Public membership: 5,667, and Staff membership: 17,061). Membership numbers were reported to be stable with a slight decline (0.7%) over the past 12 months.

There are more female than male members and the majority of members are aged 60 or over. Patient and Public membership ethnicity breakdown shows that 20.9% of our members are from a White (English, Welsh, Scottish, Northern Irish, British and Irish) background and 20.2% are from other ethnic groups.

- ***Membership Development – Attracting new members.***

The Membership Office is working to update membership materials. A QR code membership application had been developed and would be displayed in public areas in the hospitals and in local GP surgeries. The QR application for membership would allow patients and the public to electronically apply for membership and it is safe against COVID-19. It would be displayed in a double-sided A5 acrylic holder. Images of the QR code were presented to the group. The membership office was also working on the membership card which will include a QR code, paper application form and membership office contact details.

Promoting membership: The Membership office works closely with the GSTT Communications Team to promote membership via the Trust's social media accounts - Twitter, Facebook and LinkedIn. We also publish membership articles in GP newsletter, Southwark News, GiST magazine and the e-GiST newsletter. Since we start using social media to promote membership – 155 new members had joined the Trust, of whom 63% were between 18 and 50 years old and 35% between 50 and 66 years old.

The Membership Office was building relationships with NHS South East London CCG, The Abbey Centre, Stockwell Charity organisation and Look Ahead Southwark Services. We attend South Westminster Neighbourhood Network meetings and plan to invite their members to attend our events. Trust staff would also be engaged in patient membership recruitment and the Workforce Team would add membership information to the staff induction programme. Membership information would also be included in the staff bulletin and Team Briefings.

• ***Retaining current members – Engage and Diversify members' experience:***

To engage current members the Membership Office has organised a number of health seminars, all of which have been very well received. Upcoming foundation trust seminars were reported as being:

- The role of genetic testing in diagnosing health conditions, 3 June 2021
- Respiratory, 15 June 2021
- Movement and Exercise, 6 July 2021

To diversify members' experience, the Membership Office was working with Breathe Arts Health Research to organise a taster session and an introduction to Arts and Health event to offer members an opportunity to learn more about the benefits of arts and health. The Membership Office also works closely with the Patient and Public department - patient members had been invited to a series of online workshops from May to June 2021 to hear the views of patients, their carers and families on heart and lung care.

To involve members and governors and diversify their experience, the Membership Office works closely with Communications Team to publish their stories including images in GiST magazine and in the 'Two minutes with' feature. Heather Byron shared her story about why she decided to step up last year into her role as Lead Governor and Claudette shared her experience at the Trust and explained why she decided to become a member after having surgery at Guy's and St Thomas'. Membership objectives were to:

- Continue to analyse the membership data to understand who our market is and where to reach new members.
- Continue to create & develop membership awareness to attract new members.
- Continue to interact with current members to understand what members need and what they are not getting from us and what we therefore need to provide.
- Continue to engage members and their families at events, to show how much we appreciate them.
- Continue to build & create long-lasting relationships with members and their families proving to them why they would benefit from the membership.
- Continue to diversify members' experience to grow membership satisfaction.

(Guy's and St Thomas' Membership overview slides are attached as Appendix A)

4. Royal Brompton and Harefield membership overview

Nancy Dickinson, the Royal Brompton and Harefield membership manager, presented an overview of membership strategy pre Covid-19 through to present and discussed next steps and challenges for 2021/2022.

Pre pandemic and current member figures comfortably exceeded requirements in each constituency. Current member figures stand at 10,587 (Staff membership: 3,659; Patient membership: 4,217; and Public membership: 2,711). As a result, the focus over the past 12 months has been and will continue to be on engagement rather than recruitment.

The membership strategy has three key objectives:

1. Communicate effectively and efficiently with our members
2. Offer meaningful opportunities for members to get involved
3. Recruit an engaged and representative membership

A monthly digital newsletter Connect had been launched in July 2020 to support the first objective, and had received positive member feedback. A new events programme of online webinars had been launched following feedback from a member survey in August 2020. The survey highlighted the desire for three categories of events: health intelligence, wellbeing and Trust updates. 15 events had been hosted since the programme launched, averaging over 100 attendees per event. These events had served as a useful recruitment tool and had engaged outside support groups as well as charities and other Trusts.

Members have become further involved by joining the patient and public engagement group, volunteering, supporting our charities, participating in the KHP workshops, registering to get involved in the Apollo programme and signing up to the research lay support groups.

Next steps include further collaboration across Trust wide membership, beyond administrative tasks such as merging the member databases and application forms (GSTT and RB&H). There would be challenges to remain relevant and accessible to a diverse membership including those who have limited access to digital devices. Overcoming these challenges would require close working with other areas of the Trust, such as the team leading on digital inclusion. It was also noted that membership needed to be relevant to staff with further thought required on how this is achieved.

Discussions were held after the membership presentations and there was some discussion about how to fill the gaps in information the Trust hold about members, for example age, ethnicity, interests. Edward Bradshaw, the Trust's Deputy Director of Corporate Affairs, explained that all staff who join Guy's and St Thomas' are now automatically enrolled as a staff member of the Trust unless they opt out.

5. Governor election debrief

The working group received an overview of the 2021 Council of Governors election process and results. Civica was the Trust's election services provider and there were 106 candidates standing for 19 places across eight constituencies. The voter turnout was 12%. The results had been announced on Thursday 20th May.

The working group was provided with breakdown of the elections by constituencies, nominees and ethnicity of newly elected governors. Ethnic diversity of successful candidates: nine are from a white background, nine are from other ethnic groups and one has not stated. Six current governors had been re-elected.

The upcoming Council of Governors meetings were set out as follows:

- Governor's Informal meeting on Tuesday 8 June.
- Strategy and Transformation Working Group meeting on 22 June.
- Public Board of Directors and Council of Governors meetings on 28 July.

First meeting with new Council of Governors is scheduled for Thursday 1 July which will be a new Council of Governors introduction meeting, with all governors invited. New governors would be invited to attend the corporate induction in July.

The working group discussed how to improve the election process to involve more members in the elections. It was suggested that the Corporate Affairs team would make a plan ahead of the next election to improve the election process going forward, using social media to raise awareness of the elections and governors role.

Positive feedback was received from governors about the elections process. The Trust should look to build greater understanding of the role of governor and motivate people to stand for elections in the future, for example using the 'associate governor' concept.

The Chair thanked the Communication and Corporate Teams for their responsiveness and excellent work in relation to producing translated, promotional material for the election. She congratulated everyone for their support in increasing the number and diversity of nominees.

6. Joint Programme for Patient, Carer and Public involvement in COVID recovery.

Philippa Yeeles, Patient and Public Engagement Specialist, gave an update from the Patient and Public Engagement team about the Joint Programme for Patient, Carer and Public Involvement in the COVID recovery.

The aim of programme was to ensure that patients, carers and public voices remain central in the ongoing changes and developments to services necessitated by the COVID pandemic. There are several reasons why this working programme needed including significant shifts in patient-carer and public attitudes and behaviours toward accessing care in different parts of the healthcare system. We need to understand and

evaluate how the changes we are making or have made impact on the experiences of patients, their families and carers and also, we need to understand variations in experience of accessing care between different populations - including marginalised and seldom heard groups and communities. Also, we need to work with these groups and communities to offer them services they need.

The Programme was developed with three partners - Guy's and St Thomas', Royal Brompton and Harefield and King's College Hospital. The programme began in September 2020 and will run for two years. The Programme has been funded from Guy's and St Thomas' Charity with support from King's College Hospital Charity. Jackie Parrott, the GSTT Chief Strategy Officer, is Senior Responsible Officer and chairs the steering group. The Head of Patient and Public Engagement has responsibility for oversight. The following key objectives were set out:

- Attitudes and behaviours – understanding patient, carer & public attitudes and behaviours to accessing care and services.
- Capturing the patient experience – monitoring experience & continuous improvement.
- Patient-public participation – ensuring patient-public participation in service design, change and major transformation.
- Community arts project – creating legacy and memorial projects involving patients, carers and public.

The current focus of the Programme is to explore attitudes and behaviours in relation to accessing services at GSTT, RBH Hospitals and KCH during the pandemic, and during COVID recovery. Telephone survey is being conducted by Ipsos MORI throughout May. The survey would tell us about:

- How have people felt accessing services during the pandemic (both face to face and virtually)?
- What challenges and barriers have they faced?
- How do they feel about accessing services in future?
- What would make them feel more comfortable?

It is involving 1,500 participants from across GSTT, RBHH Clinical Group and KCH adults, children, community - sample from across different periods of the Covid timeline. People have been asked to respond from one of three perspectives either patients or parents or carers. The survey is gathering demographic data and experiences of long term conditions. It is being conducted by Ipsos MORI, research partner, throughout May.

Next steps are to complete field work in May (which has been completed), in June to draft report to steering group and in July findings will be shared widely.

Two members of the Joint Programme's steering group who are also governors and members of MeDIC, shared some reflections on the Joint Programme.

(Joint Programme for Patient, Carer and Public involvement in COVID recovery slides are attached as Appendix B).

7. Any other business

Discussions were held after the presentations and there was some discussion about how to increase interest and demystify Governor roles, it was agreed that younger members and associates should be buddied up to shadow Governors. Also, it was agreed to organise online sessions 'Meet the Governor' and / or "What do Governors do?" for members so that patient and public would understand more the role of governor.

Working Group discussed about resumption of face-to-face meetings and agreed that the decision is pending government announcements.

There was a suggestion to involve and engage more staff members and promote the staff membership benefits by using the Trust communication channels so that staff would understand more about the membership and agreed that information about membership should be given to new staff at the end of their probation period so they have time to process it and get involved.

The next meeting would be held on Tuesday 14th September at 5:30-7pm by virtual meeting or venue TBC.

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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 28 JULY 2021**

Title:	STRATEGY, TRANSFORMATION AND PARTNERSHIPS WORKING GROUP MINUTES 22nd June 2021 meeting
Responsible Director:	Jackie Parrot, Lawrence Tallon, Martin Shaw
Contact:	Margaret McEvoy (Chair), Maria Higson
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"> • Lawrence Tallon (Deputy Chief Executive) provided an update and answered questions on the ongoing integration of Royal Brompton and Harefield (RBH). • Steven Davies (Director of Finance) provided an update and answered questions on business and financial planning.
Recommendations:	<p>The COUNCIL OF GOVERNORS is asked to:</p> <ol style="list-style-type: none"> 1. Note the minutes from the Strategy, Transformation and Partnerships Working Group (STPWG) meeting on 22nd June 2021.

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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 28 JULY 2021**

STRATEGY, TRANSFORMATION AND PARTNERSHIPS WORKING GROUP MINUTES 22ND JUNE 2021

1. Attendees:

Margaret McEvoy (Chair), Tony Hulse, Victoria Borwick, Cllr John Hensley, Christine Yorke, John Balazs, Helena Bridgman, Annabel Fiddian-Green, Cllr Sarah Addenbrook, Jennifer Owen, Placida Ojinnaka, Paula Lewis-Franklin, Marcia Da Costa

Lawrence Tallon (Deputy CEO), Steven Davies (Director of Finance), Steve Weiner (Non-Executive Director), Ed Bradshaw (Corporate Affairs), Maria Higson (Deputy Director of Strategy), attended from Guy's and St Thomas'.

2. RBH integration

- 2.1 Lawrence Tallon commented that this merger is unusual in the NHS in that it comes from a shared vision for excellence, as opposed to from a situation of one organisation being in failure. Furthermore, it was completed during the pandemic.
- 2.2 The vision for the partnership was set out, with a shared vision including specialist clinical care and cutting-edge research and development.
- 2.3 Despite the ongoing impact of the pandemic, significant work has been completed, with the Royal Brompton and Harefield Clinical Group having been successfully established and further programmes of work in clinical and research post-merger integration underway.
- 2.3 It was agreed that slides would be circulated following the discussion.

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During questions and discussion the following was highlighted:

- Given the operational pressure and the fatigue of the staff, there has been a focus on continuing and managing the level of change. However, there has been a focus on getting to know each other through a period of discovery.
- Both organisations are well networked internationally and will use evidence from other organisations and external advice as needed to ensure that the best model is created. However, this will follow the current period of exploration.
- The importance of Harefield hospital was expressed, and the continued commitment of Guy's and St Thomas' to the site as part of our Trust's long-term plan. It was requested that a positive communication be published expressing this sentiment.
- The merger has not impacted on operational performance. It is difficult to separate the impact of staff moral from the impact of COVID, but there is a sense of excitement amongst the staff.
- Savings of c. £5m were included within the business case, which is a small fraction of the overall income. Any further opportunities will be considered where they would allow for reinvestment from corporate functions into patient care.
- Guy's and St Thomas' have clear plan to continue to provide the care pathways currently provided, both for local populations and for patients from across the region and nationally.
- The issue of NHS capacity being constrained was raised, in that waiting lists have grown. The advantage of larger centres of expertise is that medicine can become more specialised as technology improves and specialist clinicians are brought together into a single organisation.

Action: circulation of the RBH integration PowerPoint presentation.

3. Business planning and finance update

- 3.1 Steven Davies outlined the context for the item, in that the business planning process was not completed in the usual way during COVID. However, given the unique circumstance and the need to respond to the changing financial regime it is important that financial planning is completed. This includes for specialist commissioning, which contributes c. £1bn of income for the combined organisation.
- 3.2 There are several planned major investments, such as the Apollo (electronic health record) programme, which will need to be funded; this is made more complex given the level of uncertainty.
- 3.3 Elective activity has been below the usual levels through COVID. However, we have recovered to c. 95% of usual levels, which is

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above the level expected by NHS England. There is also a focus on reducing the number of patients who have had a long wait for treatment.

- 3.4 At the beginning of COVID an emergency financial regime was put in place, which was based on block payments. This is likely to continue for the foreseeable future, which impacts on how colleagues across Guy's and St Thomas' plan their services. There is also a lack of certainty from the centre regarding funding. However, to create stability the Trust has assumed that the known funding for the first six months of 2021/22 will be continued for the second six months.
- 3.5 Capital limits are moving towards being set at an Integrated Care System and an organisational level. This is a major change for Foundation Trusts. Whilst the level of capital assigned through negotiation to Guy's and St Thomas' (including Royal Brompton and Harefield) is significant, it leaves a cap of c. £100m versus the planned capital spend on major programmes. A number of prioritisation processes have been completed.

During questions and discussion the following was highlighted:

- Whilst £1.1bn of additional spending is due to be spent nationally, none of that is currently planned to go to Guy's and St Thomas'. However, many of the buildings need investment and we hope to receive further capital in the future.
- Additional working at the weekend will require additional staff; however, investment in staffing has been approved by the Board and the Trust is generally successful at recruiting staff.
- It was suggested that Lawrence Tallon be invited back to discuss the progress of the Major Programmes.

Action: an agenda item for Lawrence Tallon to speak about the progress of the Major Programmes is to be added to the forward plan

4. Any Other Business

- 4.1 All members were asked to provide suggestions for future agenda items.