

AGENDA

Meeting	Public Council Of Governors
Time of meeting	14:30-16:00
Date of meeting	Wednesday 6th March 2019
Meeting Room	Education Centre
Site	PRUH

			Encl.	Lead	Time
1. STANDING ITEMS				Chair	14:30
1.1. Welcome and Apologies					
1.2. Declarations of Interest					
1.3. Chair's Action					
1.4. Minutes of Previous Meeting – 03/10/2018	FA	Enc.			
1.5. Matters Arising / Action Tracker	FR	Enc.			
2. Reflection Session on Board of Directors Meeting	FR	Verbal		All Governors	14:35
3. FOR REPORT					
3.1. Quality Priorities Update – current 2018/19 and future 2019/20	FR	Enc.		Dr Shelley Dolan	14:45
3.2. Governor Elections 2019 – Update	FR	Verbal		Siobhan Coldwell	15:00
3.3. NED Update from their areas	FR	Verbal		NEDs	15:15
4. GOVERNOR INVOLVEMENT & ENGAGEMENT					
4.1. Governor Engagement & Involvement Activities	FR	Verbal		Chris North	15:30
4.2. Membership & Community Engagement Committee (MCEC)	FR	Enc.		Penny Dale	15:40
4.3. Patient Experience & Safety Committee (PESC)	FR	Enc.		Victoria Silvester	15:45
4.4. Governor Strategy Committee – Summary of last meeting	FR	Verbal		Mr Ashish Desai	15:50
5. FOR INFORMATION					
5.1. Sub-Committee – Confirmed Minutes	FI	Enc.		Chair	15:55
5.1.1. Membership & Community Engagement Committee, 15/11/2018					
5.1.2. Patient Experience & Safety Committee, 15/11/2018					
5.1.3. Strategy Committee, 11/12/2018					
6. ANY OTHER BUSINESS				Chair	
7. DATE OF NEXT MEETING	Thursday 9 th May 2019 (18:00-20:00) in Boardroom, Hambleton Wing, Denmark Hill site				

Key: *FE: For Endorsement; FA: For Approval; FR: For Report; FI: For Information*

Sir Hugh Taylor	Trust Chair
Elected: Chris North Jane Clark Diana Coutts-Pauling Penny Dale David Jefferys Alfred Ekellot Susan Wise Paul Cosh Emmanuel Forche Andrea Towers Jane Alberry Pam Cohen Stephanie Harris Victoria Silvester Kevin Labode Carol Olding Claire Saha Heather Weir	Lambeth / Lead Governor Bromley Bromley Bromley Bromley Lambeth Lewisham Patient Patient Patient Southwark Southwark Southwark Southwark Staff – Administration, Clerical & Management Staff – Nurses and Midwives Staff - Allied Health Professionals, Scientific & Technical Staff – Nurses and Midwives
Nominated/Partnership Organisations: Cllr. Jim Dickson Cllr Robert Evans Charlotte Hudson Richard Leeming Phidema Lisowska Anne-Marie Rafferty	Lambeth Council Bromley Council South London & Maudsley NHS Foundation Trust Southwark Council Joint Staff Committee King's College London
In attendance: Peter Herring Faith Boardman Prof Jonathan Cohen Prof Ghulam Mufti Alix Pryde Sue Slipman Chris Stooke Prof Richard Trembath Steven Bannister – Non-voting Director Bernie Bluhm – Non-voting Director Sao Bui-Van Dawn Brodrick Siobhan Coldwell Dr Shelley Dolan Lisa Hollins – Non-voting Director Nina Martin Peter Pentecost Abigail Stapleton – Non-voting Director Prof Julia Wendon Fiona Wheeler – Non-voting Director Lorcan Woods Dale Rustige	Interim Chief Executive Officer Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Interim Director of Capital, Estates & Facilities Interim Chief Operating Officer Director of Communications Executive Director of Workforce Trust Secretary and Head of Corporate Governance Acting Deputy Chief Executive / Chief Nurse Executive Director of Improvement, Informatics and ICT Assistant Board Secretary Director of Financial Recovery Director of Strategy Medical Director Acting Executive Managing Director of the PRUH Chief Financial Officer Corporate Governance Officer (<i>Minutes</i>)
Apologies: Nicola Bates Derek St Clair Catrall Dr Noel Baxter Mr Ashish Desai	Patient Patient Southwark Clinical Commissioning Group Staff – Medical & Dental

Barbara Goodhew

Lambeth

Circulation to: Council of Governors and Board of Directors

Council of Governors – Public Session

Minutes

Minutes of the Council of Governors (Public Session) meeting held on Thursday 6th December 2018 at 18:00-20:00 in the Boardroom, Hambleden Wing, King's College Hospital, Denmark Hill.

Chair:

Ian Smith Interim Trust Chair

Elected Governors:

Chris North	Lambeth / Lead Governor
Diana Coutts-Pauling	Bromley Governor
Penny Dale	Bromley Governor
David Jefferys	Bromley Governor
Barbara Goodhew	Lambeth Governor
Nicola Bates	Patient Governor
Paul Cosh	Patient Governor
Emmanuel Forche	Patient Governor
Andrea Towers	Patient Governor
Jane Allberry	Southwark Governor
Pam Cohen	Southwark Governor
Stephanie Harris	Southwark Governor
Victoria Silvester	Southwark Governor
Kevin Labode	Staff Governor – Administration and Clerical
Carole Olding	Staff Governor – Nursing and Midwifery
Claire Saha	Staff Governor - Allied & Health Professionals

Nominated/Partnership Organisation Governors:

Noel Baxter	Nominated/Partnership Governor – Southwark Clinical Commissioning Group (CCG)
Cllr. Jim Dickson	Nominated/Partnership Governor – Lambeth Council
Cllr. Robert Evans	Nominated/Partnership Governor – Bromley Council
Charlotte Hudson	South London & Maudsley NHS Foundation Trust
Dr Sadru Kheraj	Nominated/Partnership Governor – Lambeth Clinical Commissioning Group (CCG)
Richard Leeming	Nominated/Partnership Governor – Southwark Council
Phidelda Lisowska	Nominated/Partnership Governor – Joint Staff Committee
Prof Anne Marie Rafferty	Nominated/Partnership Governor – King's College London

In Attendance:

Faith Boardman	Non-Executive Director
Dawn Brodrick	Director of Workforce Development
Siobhan Coldwell	Trust Secretary and Head of Corporate Governance
Dr Shelley Dolan	Chief Operating Officer & Chief Nurse
Abigail Stapleton	Director of Strategy
Prof Julia Wendon	Medical Director
Lorcan Woods	Chief Financial Officer
Nina Martin	Assistant Board Secretary
Dale Rustige	Corporate Governance Officer (<i>Minutes</i>)

Apologies:

Alfred Ekelot	Lambeth Governor
Susan Wise	Lewisham Governor
Ashish Desai	Staff Governor – Medical & Dental

Item	Subject	Action
018/38	Welcome and Apologies Apologies for absence were noted.	
018/39	Declarations of Interest None.	
018/40	Chair's Action None.	
018/41	Minutes of the Previous Meeting The minutes of the last meeting held on 3 rd October 2018 were approved as accurate.	
018/42	Matters Arising / Action Tracker The Council reviewed and noted the action tracker. The listed actions were marked as closed and the following was noted: <ol style="list-style-type: none"> 1. 18/05/2017 (017/30): Governors had been involved in development sessions and there had been engagement with STP meetings. 2. 18/05/2017 (17/23): Reports on the staff survey results and actions had been fed back to governors. 3. 14/03/2018 (18/10): The Trust leads on the Carter Productivity work in orthopaedics had been invited to present and report at the Governors' Strategy Committee. 	

FOR REPORT

018/43 Integrated Performance Report

The Council received and noted the Integrated Performance Report for Month 7.

Dr Dolan provided a verbal update. Work was ongoing to improve the Trust's 4-hour A&E waiting time figures. Various activities and measures had been undertaken across the Trust to ensure preparedness for the winter pressures. An external consultancy, CHS Healthcare, had been contracted to assist with improving discharge rates. CHS had been doing work with dozens of other NHS trusts and it had strong links with local services.

To help with the work in improving patient flow in the emergency department (ED) an external consultancy called Hunters had been contracted, which specialised in this type of work. The Olympic Entrance at the Trust's Denmark Hill site would be opened on 10th December 2018. The Council was informed that data from the GIRFT (Getting it right first time) work showed that around 90% of the Trust's admissions came through ED and is the 5th highest nationally.

The referral to treatment (RTT) targets had been a particular challenge for the Trust and this was also an issue for other hospitals nationally. Further work was required to improve the figures and could potentially take up to two years to get right.

Compliance with cancer targets should be achieved once more in January 2019. Plenty of work had been done to improve the compliancy of diagnostic figures and should be achieved by March 2019; additionally, the backlog and staff capacity issues should have been resolved.

The Council was informed that the Trust's appraisal rate was among the highest within the NHS. Statutory and mandatory training figures were also positive.

Item	Subject	Action
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018/44	Finance Report	
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The Council received and noted the Finance Report for Month 7.

Mr Woods provided a verbal update. It was noted that the finances continue to be in a difficult position. However, there are assurances that the position should not change drastically during the last few months of the 2018/19 financial year.

Some of the challenges would be in getting the clinical income figures right; current figures were below what was expected this financial year. The delay of the CCU also had a cumulative impact on clinical income.

The Council was informed that the finance team had been working with the divisions in regards to budgeting. Staffing levels would also be reviewed to ensure it matched demand. The figures for pay were £4.8m better than target. There was also an opportunity of £30m in savings during the next six months; £10m of this would be a one-time in-year benefit. There would be further discussions with the local CCGs regarding unclaimed income from coding.

There was a question from the governors regarding how the NEDs scrutinise and gain assurance on financial performance. The Council was informed NEDs have regular oversight over financial performance through the Finance and Performance Committee and the Board of Directors. The Trust's finance team had responsibility for the operational and management function for the Trust's finances. It was acknowledged that there had been challenges with financial grip and control within the Trust's finance functions. However, firmer foundations had been established in the management structure and processes. Furthermore, Mr North (Lead Governor) commented that he was impressed with the level of challenge given by the NEDs.

The Council noted that Mr North would be writing to NHSI on behalf of the Council of Governors, with a theme of 'one year on from financial special measures'. He would note in the letter various concerns regarding the level of support NHSI would be prepared to give the Trust, such as funding towards capital, estates and facilities, and the coding income challenges.

There was a discussion regarding the concerns regarding financial reforecasting for the 2018/19 financial year. The Council was informed that the Trust had been engaged with NHSI regarding the new forecast and there had been communications regarding the potential changes in the control total.

GOVERNOR INVOLVEMENT AND ENGAGEMENT

018/45	1. Governor Engagement & Involvement Activities	
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Council received a verbal update from Mr North on the governors' engagement activities. He noted that the governors had been active in attending and engaging at Board meetings, Board committee meetings, and governor committee meetings. Governors also recently had the Trust-led Development Day.

Governors had also undertaken NED review meetings. However, it was noted that there should be more governors attending these. Governors had also participated in the King's Stars Awards, which was a well-received event. Governors had also been engaged in other activities such as volunteer work for the Trust, quality reviews, dignity meetings, mental health panels, cancer alliance meetings, KHP meetings, and engagement with partner hospitals such as SLaM.

Item	Subject	Action
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It was noted that Ms Jane Allberry had been shadowing Mr North as Lead Governor. Mr North was due to finish his term of office next year.

2. Governor Strategy Committee

No update was received due to the absence of Mr Ashish Desai, Chair of the Strategy Committee. It was noted that the Strategy Committee would be meeting on 11th December 2018.

3. Membership and Community Engagement Committee (MCEC)

The Council received and noted a summary of the recent Committee meeting on 15/11/2018. The Committee Chair, Penny Dale, provided a verbal update. It was noted that governors were encouraged to participate in patient experience and engagement activities; this would also help keep them informed on their constituency's concerns.

4. Patient Experience & Safety Committee (PESC)

The Council received and noted a summary of the recent Committee meeting on 10/07/2018. The Committee Chair, Victoria Silvester, provided a verbal update. The Committee had received a progress report on the outpatient transformation work. Governors had also been participating in discharge health talks. Ms Silvester had encouraged more governors to attend and engage more with patient experience activities.

FOR APPROVAL

018/46 1. Update Terms of Reference of Governor Sub-Committees

The Council received and noted the updated terms of reference for the following committees:

- Patient Experience & Safety Committee (PESC)
- Membership & Community Engagement Committee (MCEC)

Approved: The terms of reference were approved.

FOR INFORMATION

018/47 Confirmed Minutes of Governor Sub-committees

The Council noted the following minutes:

- a) Membership and Community Engagement Committee, 27/06/2018
- b) Patient Experience & Safety Committee, 10/07/2018

018/48 ANY OTHER BUSINESS

1. Development of Trust Strategy

Governors had a question regarding the Trust's approach to developing its Trust-wide Strategy and whether it considered external strategies such as the NHS's 10 year plan. The Council was informed that the Trust does consider external strategies in informing the development of its own strategies.

018/49 Date of next meeting

Wednesday 6th March 2019 (14:30-15:30) in Bromley Parish Church, Bromley

**Council of Governors (Public Session) – 6th March 2018
Action Tracker**

All actions closed; no actions due.

Date	Item	Action	Who	Due	Update

King's Quality Priorities:

Summary for Executive Quality Board, 25 February 2019

Introduction:

The national Quality Account requirements state that trusts must identify at least three priorities for quality improvement, agreed by the Trust Board. In addition, trusts must outline progress made against quality priorities outlined in the previous year's Quality Account. The report must include how progress to achieve the quality priorities is monitored, measured and reported.

In preparation for the Quality Account, this report sets out:

1. Progress against the priorities for improvement 2018-19.
2. Priorities for improvement for 2019-20.

The Council of Governors is asked to:

- Review progress against 2018-19 priorities and, where the priority is not being carried forward, add any outstanding actions to its action tracker.
- Support or amend the 2019-20 priorities for improvement, in preparation for circulating to the Trust's stakeholders on 8 March 2019, as per the national requirements.

Section 1: Results and achievements for the 2018-19 Quality Account priorities

The trust identified 7 quality priorities for 2018-19, three for patient outcomes, two for patient experience and two for patient safety.

Summary of results and achievements for the 2018/19 Quality Account priorities		
Patient Outcomes		Achieved/Not achieved
Priority 1	Improving the care of people with mental, as well as physical, health needs	Achieved Year 2 of a 3 year priority
Priority 2	Improve outcomes for people having primary hip replacement	Achieved
Priority 3	Improving outcomes for people with heart failure	Achieved
Patient Experience		
Priority 4	Improve outpatient experience	Partially achieved – Year 2 of a 3 year priority
Priority 5	Improving the experience of patients with cancer and their families	Partially achieved – Year 2 of a 3 year priority
Patient Safety		
Priority 6	Improve implementation of sepsis bundles	Partially achieved
Priority 7	Reducing harms to patients due to falls in hospital	Partially achieved

Priority 1: Improving the care of people with mental, as well as physical, health needs

Why was this a priority?

This has been an improvement priority for King's since April 2017 and we identified from the outset that it would be a 3-year priority. To recap on why this is continuing as a quality priority for King's:

- Nearly a third of people with long-term medical conditions have a mental illness, and nearly half of people with mental illness have at least one long-term medical condition
- Joining-up the care of both mind and body leads to better patient outcomes
- It is also cost-effective - £1 in every £8 spent on caring for people with long-term medical conditions is linked to poor mental health
- National studies show that there is much that hospitals like King's can do to improve mental health care.

Aims and progress made in 2018-19

Achieved: Aim 1 - Increase number of outpatient clinics screening for mental health:

- In March 2018 we had 28 outpatient clinics where screening patients for mental health problems had been implemented, with a further 17 in the pipeline and 23,426 screens had taken place.
- By January 2019, we had 29 clinics screening where screening had been implemented and a further 20 in the pipeline, and 29,691 screens had taken place.

Achieved: Aim 2 - Provide self-help resources for our patients and help patients to refer themselves to psychology services:

- An extensive collection of patient-facing resources (30+) have been co-produced with patients and clinicians for a wide range of conditions in areas including rheumatology, neurology and gastroenterology. These are freely available on the KHP Mind and Body website.
- A new online cognitive behaviour programme tailored for long-term conditions has been developed to help patients to self-manage their physical health conditions and associated distress or other psychological needs. Following extensive user-testing, it is currently being piloted (January 2019).

Achieved: Aim 3 - Work in partnership with South London & Maudsley NHS Trust, general practitioners and other local hospitals to develop new ways to join up physical and mental health care to improve the outcomes, experience and safety of our patients:

- We have established a new psychology service for patients with cancer.
- We have established a new programme of work for eating disorders in patients with Type 1 diabetes.
- Building on the success of work in diabetes, mental health screening has been integrated into clinics for patients with heart failure, chronic obstructive pulmonary disease and hypertension, resulting in 750 referrals to the mental health team.
- A new integrated Mind and Body group has been established to increase awareness of all relevant Children's and Young People's services across King's Health Partners (KHP), and provide targeted education and training.

- Work to scope the current evidenced base around men's cancers (prostate and testicular) and our understanding of the impact of mental health and psychological factors on cancer progression has been completed.
- A psychiatrist has been recruited into the Haematology Institute and a mental health screening and education event is planned.
- A mental health nurse has been recruited to work in King's kidney care services to improve outcomes for patients with moderate to severe mental illness.
- KCH medicine and pharmacy teams are working to improve the physical health of South London & Maudsley (SLAM) patients, through the provision of advice, guidance and treatment across all four SLAM sites.
- A team twinning project has been established between King's Acute Medicine and SLAM's Acute Inpatient teams, to build a collaborative relationship between the teams and improve multi-disciplinary team working and the quality of patient care.
- A psychology-led review of King's palliative care services has been completed, aiming to improve screening, education and training and links with mental health services.
- An in-reach clinic has been established in gastroenterology from the local primary care mental health service.
- A new cross-KHP Learning Disabilities strategy group was established in November 2018 with the aim of improving the care of this population.

Achieved - Aim 4: Support staff to provide better mental health care through training and supervision:

- In 2018, more than 2,500 KCH staff received training and education on Mind and Body, through a range of initiatives including induction, e-learning and face-to-face training.
- A Massive Open Online Course (MOOC) 'integrating care: depression, anxiety and physical illness' ran in September 2018 and January 2019 with more than 11,000 people registered.
- Continued delivery of 1-day Mind and Body clinical skills course for adults and new course for children, development of a new 2-day Mind and Body simulation course, 'Healthy Lives, Healthy Mind, Healthy Bodies', and funded places offered to all staff for the specialist 5-day 'Mental Health Skills for non-Mental Health Professionals'.
- The team twinning project between KCH (Denmark Hill and PRUH) and SLAM aims to improve staff knowledge, confidence and skills in relation to mental health.
- A successful Health Education England bid will enable the development of simulation training on de-escalation, communication and inter-professional working skills for KCH emergency department, acute medicine and trauma staff.

Priority 2: Improving outcomes for people having primary hip replacement

Why was this a priority?

In 2016/17 approximately 750 hip replacements were undertaken at King’s College Hospital NHS Foundation Trust, with most hip replacements undertaken on our Orpington Hospital site. Following surgery, patients’ rehabilitation is provided either at Queen Mary’s Sidcup (QMS) Hospital or at our Denmark Hill (DH) site.

We planned to measure the patient-reported outcomes (PROMS) as mandated by the NHS as well as those outcomes that are important to patients and their carers, such as a return to normal activities and improved quality of life after surgery. The findings will inform service delivery and help us to develop the best approach for all our patients.

Aims and progress made 2018-19

Achieved: Aim 1 - Look at national information already gathered on patients’ outcomes after surgery and compare the two services (QMS and DH) in detail

- Patient-reported outcomes measures for both sites, as measured by 3 internationally validated scoring tools (the EQVAS, EQ5D and the Oxford Hip Score), improved following hip surgery (see Figure 1).

Achieved: Aim 2 - Use this information to develop services that lead to the best possible patient outcomes at both hospital sites

- A method for identifying and using data to measure patient outcomes following hip replacement has been established. Figure 2 shows that, when measuring both physical and psychological outcomes that matter to patients, this surgery produces excellent results. Additional information is currently being obtained from patients, including addressing those aspects of recovery that are not included in existing measures, such as capacity to return to work.
- An approach for establishing the costs of providing this pathway of care has been developed.
- Work to embed the optimal pathway into routine care is in progress.

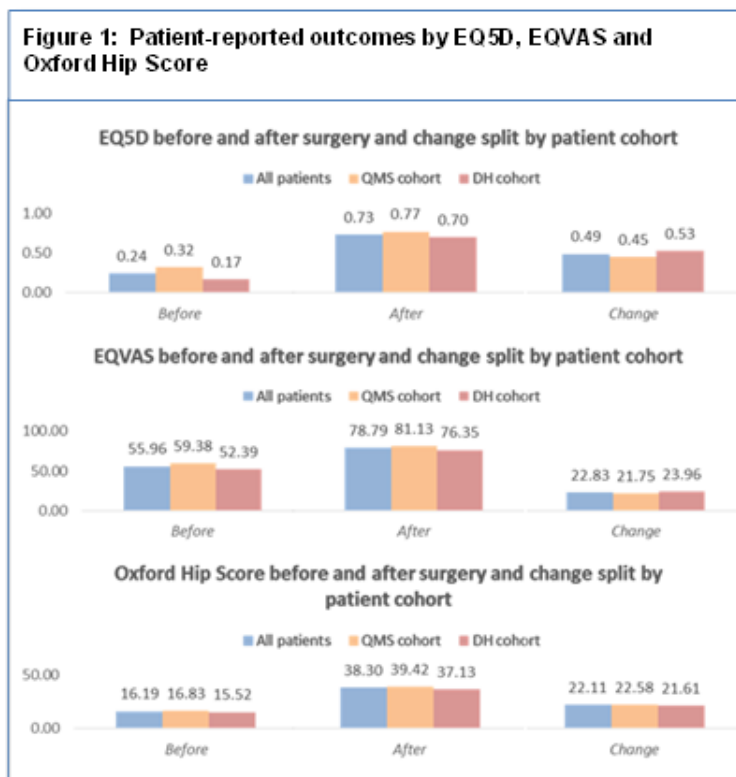
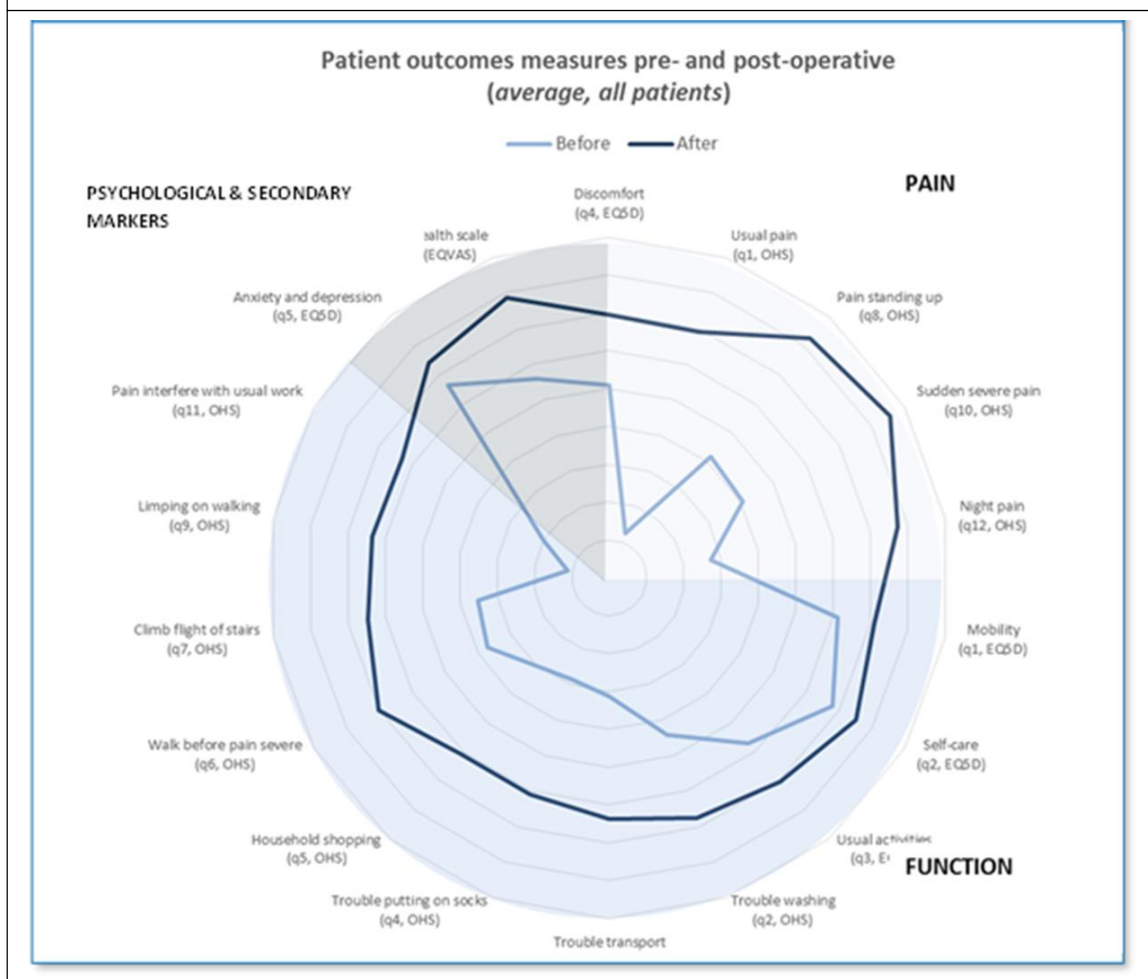


Figure 2: Outcomes that matter to patients – understanding what improves and by how much



Achieved: Aim 3 - Share this information with other local hospitals, improve the patient discharge process and information provided after a hospital stay

- This work has been shared with the KHP Chief Executive Officers’ Action Group and Joint Boards, representing the most senior managers from King’s College Hospital, Guys’ & St Thomas’, South London & Maudsley and King’s College London.
- Based on our new knowledge of outcomes that matter to patients and the optimal care pathway, information for patients is being redeveloped.
- This work has been shared nationally and internationally, including with the Institute for Healthcare Improvement National Forum, the International Forum on Quality and Safety in Healthcare, Arthritis UK, Aneurin Bevan University Health Board, the South East London Orthopaedic Network and the European University Hospital Alliance. A paper has been submitted to BMJ Quality and is under review.

Priority 3: Improving outcomes for people with heart failure

Why was this a priority?

Heart failure (HF) is the most common reason for admission to hospital for patients over 65 years of age and, without appropriate treatment, is associated with high morbidity and mortality. UK Audit data demonstrates that 30–40% of patients admitted to hospital with heart failure die within a year.

Despite this high cost to both the patient and NHS services, recognition of HF in the community setting is challenging, with many patients remaining undiagnosed. It is estimated that 9,000 people are living with heart failure in Southwark and Lambeth and less than 3,000 are known to services. The HF Service aims to promote the benefits of timely, accurate diagnosis with diagnostic pathways and help people with heart failure live longer, with a better quality of life in their own homes.

Aims and progress made in 2018-19

Achieved: Aim 1 - Ensure more patients are diagnosed and receive the treatment they need as soon as possible, and to keep people at home wherever possible:

- The HF team worked with local GPs to roll out information on using the correct test to detect heart failure (NTproBNP test and echocardiogram). Between January and April 2017 there were 54 GP referrals with 30 having the NTproBNP result (55%) and 8 (14.8%) others having already had an echocardiogram. For January to April 2018, this had risen significantly, to 129 GP referrals, 85 having NTproBNP (66%) and 19 (14.7%) others having already had an echocardiogram.
- Between January and April 2017 there were 238 new patient appointments (GP and other referrals). Between January and April 2018 there were 315 new patient appointments, representing a 32% increase.
- KCH has been working with the @home service to provide care for HF patients in their home environment wherever possible. Nationally, there has been a 4.6% increase in hospital admissions for heart failure (National Heart Failure Audit, 2016-17). At KCH, our hospital admissions increased by 3.6% (April to November 2017 there were 249 patients discharged with a primary diagnosis of heart failure, between April and November 2018 this was 258 patients), indicating that more patients are able to stay out of hospital than national average.

Achieved: Aim 2 - Work with local GP practices to ensure that it is easy for GPs to refer the right patients to specialist heart failure clinics

- To speed up the referral process, GPs are now able to refer patients to a single point of access and does not require them to assess the urgency of review.
- We have worked with Southwark CCG clinical effectiveness group to provide evidence-based guidelines for the management of HF in primary care.
- Diagnostic referral pathways have been developed and educational events delivered.
- Two dedicated local GP champions have been identified.

Achieved: Aim 3 - Provide a 'one stop shop' service for patients to ensure they get everything they need in one place, and to ensure they receive treatment quickly

- Protected slots for echocardiography have been secured for new referrals as part of the HF clinic visit, meaning that patients only have to attend one appointment. An audit of new patient appointments demonstrated that 20% of patients received an echocardiogram on the same day as their review appointment between January and April 2017. This had risen to 36% between January and April 2018.

Achieved: Aim 4 - Ensure every patient receives information to help them live with their condition

- A series of patient information leaflets have been developed in collaboration with ~Guy's & St Thomas', including Medicines for Heart Failure, the Heart Failure Team, Self-Management Tool and Managing Fluid Balance.
- KCH and GSTT produced a series of films to give patients practical advice on how to cope with HF and 108 patients used the films between January and March 2018.

Achieved: Aim 5 - Ensure that care continues after the patient leaves hospital

- Referrals to the community team following discharge has doubled. In 2015, 5.2% of discharges were referred, compared with 11.3% in 2017.
- A monthly community HF nurse specialist multi-disciplinary team meeting is held at KCH to ensure effective coordination of patients' care after discharge, including the use of the @home care service to provide care for HF patients in their home environment where possible.

Priority 4: Improving outpatient experience

Why was this a priority?

This year, we continued to focus on improving outpatient experience as part of a three year programme of work, reflecting the scale of the challenge to make real and sustainable improvement to our outpatient services. Feedback continues to show that King's falls short on the experience it delivers to outpatients. Despite a strong focus and good progress, scores from the Friends and Family Test have not shown improvement and the number of PALS contacts and complaints relating to outpatients continues to be significant.

Aims and progress made in 2018-19

Achieved: Aim 1 – Develop outpatient standards

- During the year, we held a number of development and testing workshops with our staff, patients, Members, Governors and Volunteers. New Outpatient Standards were launched in October 2018 for all front line outpatient reception trust across all sites. The standards are comprehensive and include protocols from meeting and greeting patients, informing patients of waiting times to addressing the needs of patients with learning and communication difficulties to support compliance with the NHS Information Standards
- Alongside the new Standards, a new outpatient receptionist uniform was adopted
- The bright yellow #hellomynameis badges and a staff pledge were also launched. The badges were initially brought in for patient facing staff and we are continuing to roll them out trust wide.



Achieved: Aim 2 – Launch and embed Digital outpatients

In 2018 we completed our pilot for digital patient letters in our musculoskeletal skeletal (MSK) service at Queen Mary's. Success was measured through patient uptake of the service, which at 40% was higher than many other digital interventions, which average 25% uptake. Patient feedback, as well as staff feedback, was positive. It proved difficult to assess potential impact on DNA rates and, over the pilot, DNA rates fluctuated. This could be partly due to seasonality, insufficient data and the length of time in advance that MSK appointments are booked.

- We piloted a new electronic system for updating waiting times in clinic called In Touch. This was introduced and tested in key outpatient areas including Suite 3 and the Venetian Building at Denmark Hill and in the Chartwell Unit at the Princess Royal. The pilot has received positive feedback from patients and staff.

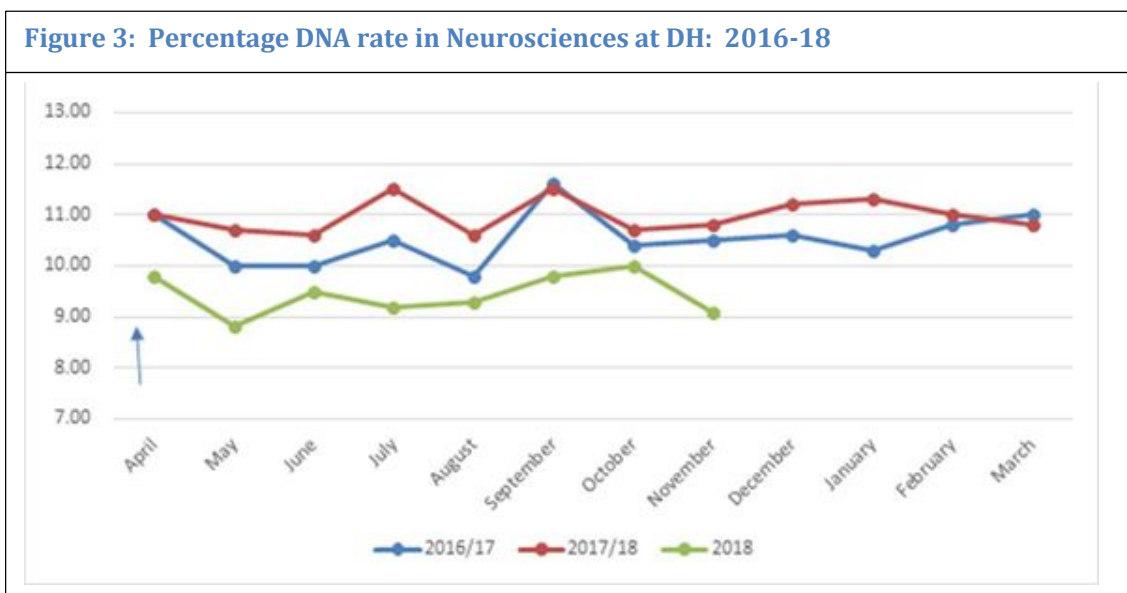
- In December 2018, the King's College Hospital Charity provided a generous grant to extend the InTouch system to a further six outpatient areas, including some of our largest specialties where patient feedback about lack of information on waiting times is poorest including:
 - DH: Suite 9, Liver, Suite 7, General Surgery and Urology, Paediatrics, Haematology
 - PRUH: Outpatients C which sees patients from colorectal, urology, gastroenterology, neurology and general surgery
 - Orpington: Main Reception with multiple specialties.
- The extension includes more detailed waiting times information identifying the consultant's clinic waiting time. There will also be new functionality for mobile check-in and information on waiting times including alerts to let patients know when their appointment time is imminent. This will allow patients the freedom to leave clinic to get refreshments etc. The project is currently in planning and is scheduled to launch in April 2019.
- We will be conducting a large scale patient survey in the Spring of 2019 to assess the success of this exciting initiative to see if it improves the experience of patients where the new system has been introduced. This will be part of our year three objectives.

Partially achieved: Aim 3 - Focused improvement work in specific specialties

Our plan was to carry out focussed improvement work in three specialties: Neurology, Cardiology, and Dermatology, and we completed the following work in these specialties:

Neurology:

- Clinic room availability was mapped and space freed up to schedule additional outpatient clinics to cope with capacity.
- Additional 'results clinics' provided advice to GPs to enhance the quality of referrals and avoid inappropriate referrals.
- A pilot to help reduce 'Did not attends' (DNAs) was introduced with King's volunteers telephoning patients most likely to DNA to remind them about their appointment. This, along with other measures, has proved very successful and Figure 3 below demonstrates a clear reduction in DNAs in 2018.



The pilot has now been extended to additional specialties including: Haematology, Nuclear Medicine, Radiology and we are also planning to extend to our therapy services and Ophthalmology (Glaucoma)

Cardiology:

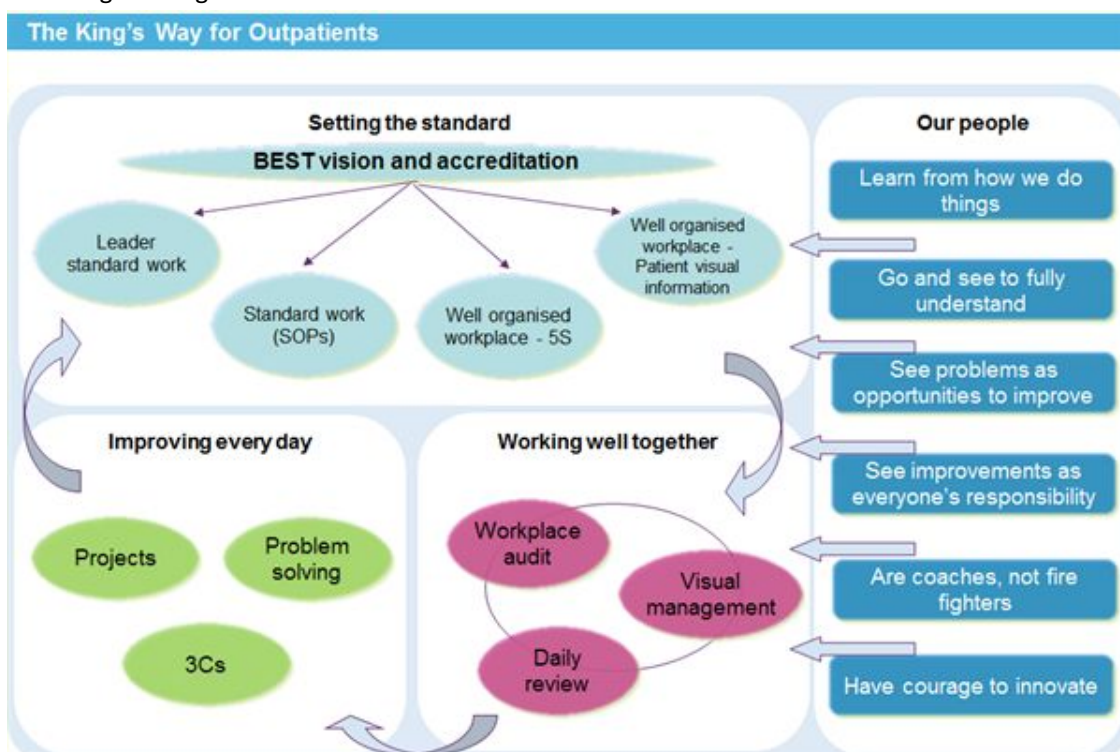
- Our work in cardiology focused on the development and pilot of King's Way for Outpatients - see Aim 4 below.

Dermatology:

- We worked with senior clinicians and operational managers to develop a model to patients on a two week cancer wait in a more efficient manner.

Partially Achieved: Aim 4 – King’s Way for Outpatients

- King's Way for Outpatients aims to bring in standardised ways of working and accreditation of outpatient areas in the same way that the trust has already successfully done on its inpatient wards through King's Way for Wards. This involves taking a close look at outpatient departments across our sites to make sure that they: all follow the same processes; are a pleasant place for patients to be seen and/or treated and for staff to work; and have the skills needed to be able to solve problems or issues that arise.
- Over this year, we successfully piloted in Suite 6 Cardiology Outpatients. This system which will allow us to measure all kinds of aspects of our outpatient service and environment and
- track how our outpatient areas are performing on a regular basis in order to be more responsive to issues such as waiting times in clinic or how clean and organised the clinic is. As part of this, we have extended the Perfect Ward digital application to outpatients so that we can regularly track how we are achieving our targets.



Partially Achieved: Aim 5 – Coaching and mentoring workshops for outpatient administration staff

As part of our work to improve the experience of our outpatients, alongside the introduction of the outpatient standards, we also ran twelve (against target of 24) coaching and mentoring workshops for outpatient administration staff across all sites to improve skills and staff morale. We know that staff who are satisfied with their job are more likely to give a better patient experience so was a key part of our priority. Research clearly shows that, when staff have a good experience, this extends to our patients.

Priority 4: Improving cancer services for patients and their families

Why was this a priority?

We focused on improving the experience of our cancer patients and their families as we aim to make sustainable changes in how our cancer services are delivered and enhanced. The National Cancer Patient Experience Survey continues to highlight and direct our areas for improvement and will continue to be our marker of success.

Aims and progress made in 2018-19

Partially achieved: Aim 1 – Workforce Development, to give patients better access to specialist, trained staff and to improve communication

- Over the past year we have offered the multi-disciplinary team advanced communication training and level 2 psychology training for relevant staff, which will continue into 2019. Delivery of Schwartz Rounds has also commenced at DH, and will be started at the PRUH in 2019.
- Many posts have been adopted by Macmillan to improve access to training as well as the provision of clinical supervision for Level 2 practitioners since August 2018.
- King's staff have attended the South East London Accountable Cancer Network tumour working groups, biannual cancer away days and team away days, to support and enhance collaborative working.
- We held our first Clinical Nurse Specialist Community of Practice event, and these will continue twice a year.
- To ensure learning from patient feedback, clinical teams have reviewed complaints, held four patient listening events, and established a pool of interested King's members, volunteers, governors and patients to take part in regular feedback events, working groups and training/interview panels for 2019-20.
- Patient experience, including detailed analysis from the National Cancer Patient Experience Survey, has been embedded into the work plan for each speciality to inform improvement actions.
- Cancer Nurse Specialist (CNS) provision has been reviewed to ensure effective cross cover and we have made two new CNS appointments through Macmillan.
- Further roles to support and develop chemotherapy, psychological input and the recovery package have also been agreed, along with increased access to benefit services at PRUH and DH.

Partially achieved - Aim 2: Accessible information for patients

- Work to optimise the usage and accessibility of the Macmillan Information and Support Centre (MISC) at DH resulted in a 40% increase in usage. In addition we ensured that information is readily accessible to patients at the PRUH and undertook preparation work for the opening of a MISC unit in Orpington by summer 2019.
- A review of current information for patients has resulted in the planning for new cancer information pack, which will include information about different treatments, the role of the multi-disciplinary team and practical information such as financial advice, benefits and free prescriptions.

- A directory of services for Bromley, Southwark and Lambeth has been produced to increase awareness for staff and patients into the services available and how to refer to or contact them. Volunteers have been recruited and trained to be able to signpost patients to information and support.

Achieved - Aim 3: Improving administration of care, including outpatients and care at home

- Listening events to capture feedback from patients and subsequent actions to develop alternative models for follow-up clinics, such as telephone or Skype clinics, have been adopted by some teams.
- The listening events have also given us insight into some of the negative comments from the National Cancer Patient Experience Survey and how to address the issues going forward.

Partially achieved - Aim 4: Implementation of the Macmillan Recovery Package

King's is committed to implementing the Macmillan Recovery Package which forms part of an overall support and self-management package for people affected by cancer, including physical activity as part of a healthy lifestyle, managing consequences of treatment, and information, financial and work support. Over the past year our focus has been on completion of the holistic needs assessment (HNA). We have:

- Appointed a project manager to deliver the Recovery Package
- Trained 85% of cancer staff in the delivery of electronic HNA, and this process is ongoing
- Increased the use of the HNA for patients within Haematology, from 11% to 50%
- Taken steps to get Nurse-led clinics on PIMS in order to capture data, workload and provide allocated time for completion as well as ensuring electronic completion of the HNA.

Priority 5: Improve implementation of sepsis bundles

Why was this a priority?

Sepsis is a rare but serious complication of an infection. It is vital that sepsis is identified and treated quickly and appropriately. Without quick treatment, sepsis can lead to multiple organ failure and death.

Aims and progress made in 2018-19

Our aim was to extend the quality improvement programme across a third year to improve our identification and treatment of sepsis in our emergency department and for inpatients.

Partially achieved – Aim 1: Extend and modify the Electronic Patient Record (EPR) toolkits on screening, and treatment bundle adherence, into paediatrics and cross-site

- The quality improvement project has worked with the electronic patient record (EPR) staff to ensure that these toolkits are available across site and across the majority of patient groups.
- A further update is currently being implemented with a view to roll-out in 2019-20, which includes a pilot version for paediatrics.

Achieved – Aim 2: Ensure that diagnostic information on sepsis is readily available to clinicians and coders alike to ensure that the hospital accurately records sepsis to support both timely antibiotic review and accurate coding

- The identification of sepsis in hospital coding has improved dramatically across the quality improvement programme and this is now much more representative of the caseload. Sepsis codes are now recorded for around 3,500 patients per year (see Figure 4).

Figure 4: Numbers of patients coded as having sepsis (Source: KCH Business Intelligence Unit) coding database

Financial year	Coded for sepsis
2014/15	500
2015/16	1781
2016/17	1898
2017/18	3596
2018/19 Q3 YTD	2558
Grand Total	10333

Achieved – Aim 3: Work towards automated flagging of patients who are qSOFA (see below) positive to the iMobile critical care outreach service, alongside the automated National Early Warning Score (NEWS) alerts, to ensure timely review of patients most at risk from sepsis

The qSOFA (quick Sequential Organ Failure Assessment) score assists clinicians to estimate the extent of organ function and the risk of serious illness and death due to [sepsis](#).

During the sepsis quality improvement programme, data has been gathered on 2625 patients screened for sepsis. All patients had their qSOFA score identified, and the data (see Figure 5) confirms that qSOFA is an effective marker of the high risk patient in the inpatient population ($p < 0.0001$). All patients were under review by the critical care outreach service.

Roll out of the National Early Warning Score (NEWS) 2 and e-observations within the electronic patient record will assist with the automated flagging of such patients.

Figure 5: Numbers of patients with the quick Sequential Organ Failure Assessment (qSOFA) completed (Source: KCH Business Intelligence Unit sepsis screening database)

Sepsis screening: qSOFA +ve patient outcomes		Patients with sepsis	% of Patients
No		1367	52.08%
	1 Med Advice	9	0.66%
	2 Self/relat	1160	84.86%
	4 Death	21	1.54%
	Not Yet Discharged	152	11.12%
Yes		1258	47.92%
	1 Med Advice	11	0.87%
	2 Self/relat	865	68.76%
	4 Death	13	1.03%
	Not Yet Discharged	345	27.42%
Grand Total		2625	100.00%

Clinical antibiotic review of patients has demonstrated compliance with the national Commissioning for Quality and Innovation (CQUIN) requirements.

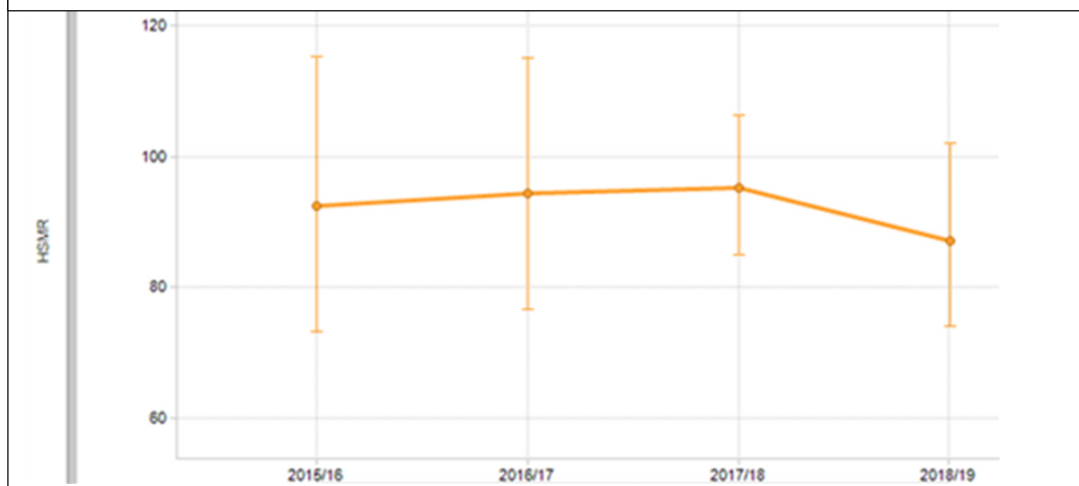
We aimed to reduce mortality and absolute mortality from sepsis has continued to decline across the trust ($p=0.0424$) (see Figure 6).

Figure 6: Absolute mortality from sepsis (Source: Business Intelligence Unit sepsis coding database)

Financial year	Death		Alive		Total Coded for sepsis
	Coded for sepsis	%	Coded for sepsis	%	
2015/16	321	18.15%	1460	81.85%	1781
2018/19 Q3 YTD	401	15.86%	2157	84.14%	2558
Grand Total	722	16.80%	3617	83.20%	4339

Risk adjusted mortality from sepsis has also declined (see Figure 7).

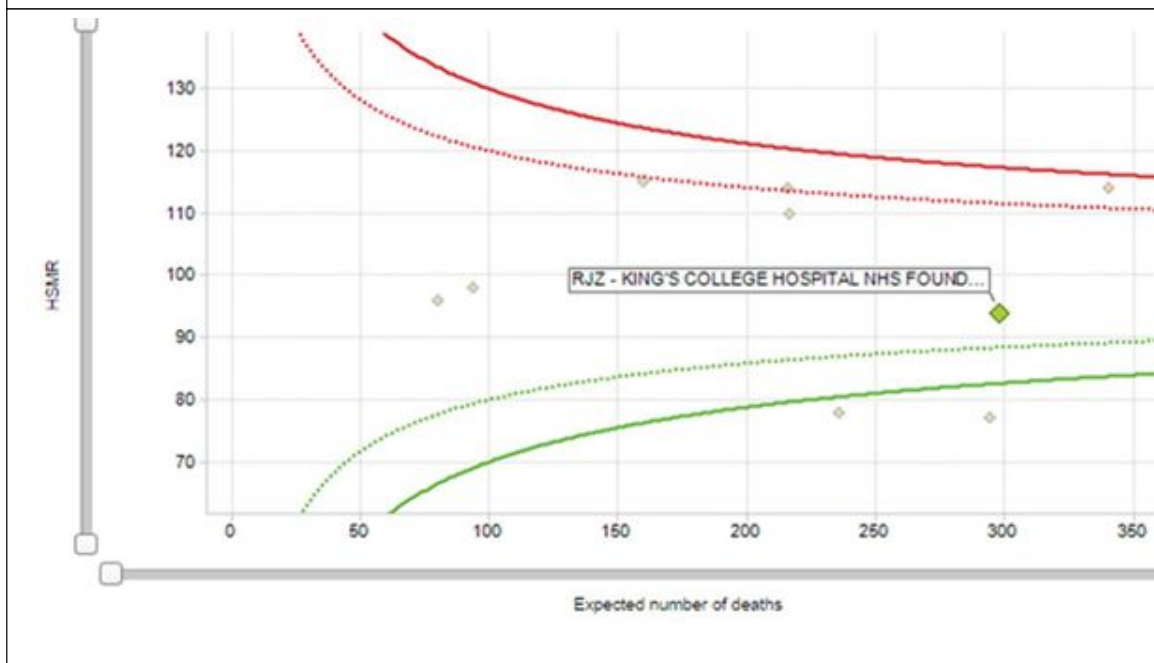
Figure 7: Hospital Standardised Mortality Ratio (HSMR): Septicaemia (except in labour) April 2015 to November 2018 (source: Hospital Episode Statistics via HED)



Risk-adjusted mortality from sepsis at King’s College Hospital is within expected national range and amongst the best performing in our peer group of NHS Trusts (the Shelford Group) (see Figure 8).

3.1

Figure 8: Hospital Standardised Mortality Ratio (HSMR): Septicaemia (except in labour) December 2017 to November 2018 – Shelford Group (source: Hospital Episode Statistics via HED)



Priority 6: Reducing harms to patients due to falls in the hospital

Why was this a priority?

Patients are at risk of falling when in hospital because their underlying illness can predispose them to being weak, unsteady or disorientated. Patients may be on medication which affects their balance and the environment is unfamiliar.

While King's has been below the national average in the number of falls reported there are still falls occurring which can lead to serious harm, namely hip fractures or head injuries. Our patient demographic is vulnerable to such injuries, as a high proportion are frail and elderly or are on anti-coagulants which may increase the risk of bleeding after a fall.

The Royal College of Physician's 2017 audit of inpatient falls showed that the Trust performed well in a number of areas. It also highlighted some areas of improvement such as assessing lying and standing Blood Pressure observations, medication review and assessment of a patient's vision.

Aims and progress made in 2018-19

Achieved: Aim 1 – Develop and standardise cross-site care plans and risk assessments (consider having an electronic assessment tool that can be audited)

- Standardised documents used across all sites with 90% compliance using the screening tool and 70% compliance using the new risk assessment with continued improvement to 95% in (2019/2020) as per roll out.
 - We have developed and agreed a new, improved risk assessment and care plan based on the Fallsafe principles as outlined by the Royal College of Physicians (RCP), which has been positively received by staff.
 - In DH the introduction of the new Risk assessment has been staggered, starting initially in surgery and liver and is to be launched in medicine shortly, launch requires in-depth teaching to appropriate ward representatives.
 - At PRUH the assessment tool is being used on Darwin 2. We are hopeful that his hard copy risk assessment is being migrated onto the Electronic Patient Record as part of the National Early Warning Score (NEWS) 2 project roll out. An electronic version will assist with completion, compliance and audit of this tool.
 - The post-falls care plan has been adapted and improved to include patients on anticoagulation to help clearly guide staff following a falls related head injury.
 - Current compliance with the new risk assessment is 100% however more work needs to be done regarding some of the actions related to the care plan.
 - At DH the team have recently taught the health care support workers (HCSW) in the Health and Aging Units to complete the bedside visual assessments and this has also been introduced to Churchill ward at Orpington.
 - All nursing staff have a 'preventing falls' session at induction and all HCSWs will now receive additional session on visual screening at their induction.

Not-achieved : Aim 2 – Improve on Lying & Standing blood pressure (BP) measurement compliance in line with NICE guidelines by promotion, training and aid memoirs

- We aimed to achieve 95% compliance with Lying & Standing BP measurement assessments where required but we have not, however, achieved our aim to date.

There is a challenge nationally in improving compliance with Lying and Standing blood pressure (L&SBP). The clinical importance of L&SBP is promoted by the RCP as an important assessment in minimising the risk of falls. This is a relatively recent addition in nursing assessment and requires a culture change. In addition, it is not an easy measure to record in our electronic vital signs observation system.

A poster and card campaign promoting the L&SBP was launched in Spring 2018, and instruction to 'how to do' L&SBP were disseminated. Screensavers were utilised to raise awareness and a Falls Focus mobile teaching board is planned which can move from ward to ward.

We continue to emphasise the importance of L&SBP in all falls awareness teaching and at other strategic meetings such as the Safer Care Forum, Clinical Governance meetings, ward managers meeting and the Falls Steering Group, and we will continue to develop our information technology to assist.

Achieved: Aim 3 – Improve adherence to standardised post-falls protocol, in particular where there was an unwitnessed fall

- An audit of all falls with moderate and major injuries occurring in 2018 was carried out across both sites and we found that the post-falls protocol was completed 95% of the time.

We noted that there appeared to be some challenges related to medical staff adjusting the frequency of neurological observations following a head injury in accordance with NICE Guidance. This meant that some neurological observations were completed less frequently than recommended (with no harms noted). As a result, we revised the post-falls algorithm and this is now included in all junior doctor induction packs. We will re-audit in Spring 2019.

The audit also highlighted that there may be delays in CT scans related to the requirement of our outsourced radiology reporting system to demand a re-request out-of-hours where the CT is not completed in-hours. The Falls Team continues to raise awareness of this via teaching, clinical governance forums, ward manager and matrons meetings, safer care forum and corporate communications such as 'Fact of the Month' and Harm-free Care Days.

We are also working to:

- Prevent readmission of frail and elderly due to falls and ensure referral to falls clinics etc. through sharing with a the Bromley Falls Service (PRUH) and the Fall Clinic at DH a 6-monthly report on all patients attending ED due to a fall. This will assist the falls clinics to identify priority patients who require assessment or review. We will analyse the data to ascertain whether this has resulted in a reduction in the re-attendance rate in ED.
- Promote early mobilisation and consider non-therapies assessments, through our falls awareness teaching. At PRUH the lead physiotherapist in medicine has developed a manual

handling/mobilisation competency document which has been rolled out on 3 wards and which aims to improve the confidence and competence of nursing staff to mobilise patients as early as possible during their admission. Promotion of mobilisation is a core element of the Fallsafe principles.

- Increase collaboration with the Dementia and Delirium (DaD) team, build this service at the PRUH and develop joint training. The Dementia team is now established at PRUH and there has been joint working to promote best practice on the wards.

Section 2: Quality Priorities for 2019/20

In December 2018 we held an engagement event for patients, the public, the voluntary sector and Trust members to showcase our progress on the 2018-19 quality priorities and to ask for suggestions for quality priorities for 2019/20. The group gave their continued support for the three quality priorities which we had already planned to carry forward – mental health, cancer and outpatients. An additional improvement area was proposed – discharge.

Our aims for each are set out below.

2019-20 Quality Priority 1: Improving the care of people with mental, as well as physical, health needs

Why is this continuing as a priority?

In 2017 we made a 3 year commitment to focus on mental health care. 2019-20 will be year 3 and mental health continues to be a quality priority because:

- Nearly a third of people with long-term medical conditions have a mental illness, and nearly half of people with mental illness have at least one long-term medical condition
- Joining-up the care of both mind and body leads to better patient outcomes
- It is cost-effective - £1 in every £8 spent on caring for people with long-term medical conditions is linked to poor mental health
- National studies show that there is much that hospitals like King's can do to improve mental health care.

What are our aims for the coming year?

Next year we will continue to:

- Increase the number of outpatient clinics undertaking screening for mental health and develop new models of screening in inpatient settings, as well as a screening platform that patients can access from home
- Provide self-help resources for our patients to help them managed their health and wellbeing
- Improve links between physical and mental health services in our local system, for example, helping patients to refer themselves to psychology services or improving the care of those with severe mental illness within King's
- Work in partnership with South London & Maudsley NHS Trust, general practitioners and other local hospitals to develop new ways to join up physical and mental health care to improve the outcomes, experience and safety of our patients
- Support staff to provide better mental health care through training and supervision.
- Undertake an in-reach pilot with mental health and advocacy groups. Working with Healthwatch Lambeth we will develop and pilot a project to involve local mental health groups in providing signposting and support to staff and patients on some inpatient wards at Denmark Hill.

How will we monitor and measure our progress?

- Progress against these aims will be reported to the Trust's Mental Health Board and Executive Quality Board and included in the Trust's Quarterly Quality Priorities Report
- Measures of success will include:
 - A 10% increase in the number of mental health screens, from 29,691 to 32,660
 - An additional 5 clinics screening for mental health
 - Self-help resources available in 2 new clinical areas
 - A further 500 members of KCH staff receiving training and education in Mind and Body.
 - In-reach project with local advocacy groups piloted on three wards and positively evaluated by patients and staff.

2019-20 Quality Priority 2: Improving patients' experience of outpatient services

Why is this continuing as a priority?

Improving outpatient experience is part of a three year programme of work, reflecting the scale of the challenge to make real and sustainable improvement to our outpatient services.

What are our aims for the coming year?

Next year we aim to:

- Improve clinical follow up of patients to improve safety and experience, by:
 - Improving performance against national target for turnaround of clinic letters for patients
 - Reviewing 'Copying Letters to patients', specifically on style, language and content of patient messages
 - Incorporation of patient feedback into design of clinic letter templates through patient workshops and survey feedback
 - Standardising patient appointment letters, with a new template letter agreed for clinic letters by September 2019 for piloting with phased launch by specialty commencing Q1 2020.
 - Agree template for appointment and other administration letters by September 2020 and pilot from January 2020 in key specialties during 2020.
- Improve outpatients check in processes for patients and information on waiting times in clinics, by:
 - Successful roll-out InTouch system in six further clinics at Denmark Hill and Princess Royal
 - Piloting and evaluating new waiting times information modules
 - Piloting and evaluating new mobile application for check in and information on waits
 - Increasing volunteer support in outpatient areas to support patients waiting in clinic
 - Adding additional questions to 'How are we doing?' survey relating to communication in clinic and measuring improvement from baseline survey.

- Optimise the use of outpatient appointment slots to reduce waiting times, by:
 - Working with key clinical areas to reduce DNA rates (Did Not Attend) to ensure that as many appointment slots as possible are filled which will aid reduction in waiting times for appointments.
 - Increasing volunteer support in DNA reduction
 - Rolling-out the "Drumbeat" programme which allows clinical teams to better plan clinic use in advance to ensure vacant appointment slots are filled and reduce waiting times.

How will we monitor and measure our progress?

- Progress against these aims will be reported to the Executive Quality Board and included in the Trust's Quarterly Quality Priorities Report.
- Measures of success will include:
 - 85% compliance with national target of 7 day turnaround for clinic letters
 - 5% reduction in DNA rates in pilot specialties
 - 5% reduction in unfilled appointment slots
 - Improved patient feedback, as measured by improved results in the 'How are we doing?' survey.

2019-20 Quality Priority 3: Improving cancer services for patients and their families

Why is this continuing as a priority?

In the National Cancer Patient Experience Survey (NCPES) King's was ranked 136th out of 209 cancer care providers and in 2017 improving the experience of cancer patients was identified as a three year quality priority, to ensure we achieve a step change in patient and family experience and one that can be sustained. This is the second year of the three year improvement work and it will continue to be informed by listening to patients with cancer and their families.

What are our aims for the coming year?

Next year we aim to:

- Develop our workforce, by:
 - Ensuring continued commissioning of Advanced Communication Skills Training
 - Provision of Psychology level 2 training and Sage and Thyme for all staff
 - Increased opportunities to access specialist training and uptake of specialist cancer courses by highly specialist CNS'
 - Enhancing knowledge of the Macmillan Information and Support Centres and community services to support staff with meeting patients' needs.

- Improve access to and the service provided to patients and their families by cancer Clinical Nurse Specialists, by:
 - Completing a Cancer Clinical Nurse Specialist (CNS) review to ensure better service coverage to improve patient access to CNSs
 - Evaluating potential of support worker role and submission of business case to help coordinate care and improve data collection, freeing CNSs for complex clinical or psychological consultations
 - Reviewing patient pathways to ensure coordination of care and access to CNS' at any stage of the pathway from diagnosis to Living With and Beyond Cancer (LWBC).

- Improve information and support for cancer patients and their families, by:
 - Reviewing and revising current cancer information and utilisation and provision of the Macmillan Information and Support Centres to ensure timely provision and effective support to patients and their families, including:
 - Raising the profile of Macmillan Information and Support Centre at Denmark Hill with staff, patients and community
 - Working with Bromley Clinical Commissioning Group to develop Information Centre in Bromley catchment
 - Establishing and sustaining a group of patient representatives who can assist with improving cancer care across King's College Hospital
 - Ensuring defined processes and procedures for recruiting and utilising patient representatives.

- Improve access to wider support for patients and their families, by:
 - Increasing the availability of cancer psychological support across King's College Hospital sites, including:
 - Launching our Cancer Psychological Support Project Team with three Cancer Psychological Support Staff planned to develop and deliver services at both Denmark Hill and the PRUH
 - Exploring options for provision of specialist cancer AHP services focusing on Physiotherapy, Dietetics and Occupational Therapy across both sites
 - Ensuring delivery of Holistic Needs Assessments (HNAs) to identify needs and increase access and uptake of well-being events and support
 - Working with local CCGs to ensure coordination of care, communication and provision of services.

- Implement the Recovery Package, by:
 - Embedding Holistic Needs Assessment(HNA) and Health and Well-Being events (HWBE) as mandate practice for King's College Hospital and embed them as part of the standard pathway of care, including:
 - Setting up working groups to improve compliance with holistic needs assessments offered to patients around wider issues of cancer, social, emotional and practical support
 - Standardising use of the electronic HNA in order to set up reporting validation processes of data and quality assurance
 - Provision of generic HWBE at Denmark Hill and Beckenham Beacon
 - Achieving open access follow up in breast, colorectal and urology (the national priority) by setting up the Somerset remote monitoring system.

How will we monitor and measure our progress?

- Progress against these aims will be reported to the Executive Quality Board and included in the Trust's Quarterly Quality Priorities Report.
- Measures of success will include:
 - Improvement in the 2019/20 National Cancer Patient Experience Survey (NCPES) results, from our last position of 136, to be within the top 100 trusts.
 - To increase King's overall score in the NCPES to at least national average (KCH most recent score 8.6, national average 8.7).
 - Upper range for clinical nurse specialist (CNS) targets in the NCPES questions relating to patients' contact with CNSs (current target >90%)
 - To implement real time feedback questionnaires (based on the NCPES) for each tumour group, linked to the Friends and Family Test, and improve responses in line with the NCPES outcomes.
 - To achieve:
 - >95% of CNS workforce trained in advanced communication skills
 - >95% of CNS workforce trained in level 2 psychology
 - 80% of CNS posts adopted by Macmillan to enhance access to continuing professional development
 - Training of 100 staff members, targeting bands 2-6 in Sage and Thyme Communication Training
 - >95% of CNS workforce with access and trained to use my care plan (electronic HNA).
 - To successful bid to Macmillan to secure 4 support workers posts.
 - To offer pre chemotherapy consultations to >95% of patients starting new cycles of chemotherapy.
 - To increase the availability of cancer psychological support across King's College Hospital sites, including:
 - Establishing Key Performance Indicators, referral criteria and pathway and collating service activity and outcomes
 - Setting set up a Project group to evaluate and monitor progress
 - Submitting a business case for specialist cancer Allied Health Professionals.
 - To ensure that 70% of pts from decision to referral will have been offered an HNA within 31 days of diagnosis
 - An increase of 50% in the number of individuals receiving Treatment summaries.

2019-20 Quality Priority 4: Improving communication and information for patients leaving hospital

Why is this a quality priority?

Effective patient discharge commences on admission and is a smooth transition to ensure that the patient is safe at home or in the community after leaving the hospital. There are many factors and elements of planning and communication that must be put in place to achieve this.

Across KCH we have learned of incidents where the communication and information provided to the patient and other healthcare services has been sub-optimal. The CQC National Inpatient Survey reports disappointing results for KCH in relation to lack of information and communication with patients about leaving hospital and this is supported by our own patient surveys. Information provided to patients was raised as an issue during feedback from an engagement event held with the public, commissioners, Members and trust governors in December 2018.

What are our aims for the coming year?

We aim to:

- Undertake a quality improvement project to improve communication and information around the discharge process on 4 wards, including surgical, medical and paediatric wards. Staff and patients will identify gaps in information and communication and develop and agree areas for improvement on each selected ward. Quality standards for information and communication about discharge for patients and carers will be agreed and implemented
- Provide coaching and support for ward staff in managing their improvement work, from experienced quality improvement leads within the Trust.
- Align this work with other initiatives to improve discharge planning, both internally and with our external partners.

How will we monitor and measure our progress?

- Progress against these aims will be reported to the Executive Quality Board and included in the Trust's Quarterly Quality Priorities Report.
 - Measures of success will include:
 - Improved scores (+5 points) for the pilot wards in the Trust's inpatient survey *How are we doing?* survey questions:
 - *Did you feel you were involved in decisions about your discharge from hospital?*
 - *Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?*
- These were two of the worst scoring questions from the CQC National Inpatient Survey.

Meeting:	Council of Governors
Date:	6th March 2019
Topic:	Summary of the Membership and Community Engagement Committee (PESC) Meeting, 7th February 2019
Action:	For Information

1. Communications Update

The Committee received and noted the communications activity report relating to community/membership engagement.

The Trust had been involved in various media campaigns such as the Guardian podcast on the launch of the NHS's long term plan, which particularly featured King's. A social campaign ran featuring a 24-day advent theme, which was successful and received 167,000 interactions.

The team had been actively dealing with a range of press/media enquiries. These included the recent Sun newspaper story about the mortuary service at the PRUH, which had numerous factual inaccuracies. Due to the nature of the new story and its potential impact to patients and staff, the Trust had written a formal response, including the submission of a formal complaint to IPSO (Independent Press Standards Organisation).

A communications campaign would be run on the governor elections for 2019. This would include an article in @King's on the benefits of becoming a governor.

There had also been a communications campaign relating to the upcoming CQC visit and the Trust-wide flu jab campaign.

The Committee was informed of a consultation by Southwark Council on development projects and improvement works for the local area in Camberwell. Feedback was also received by the Committee on the one-way system for entering and exiting the platforms at Denmark Hill station. This was aimed to ease congestion and increase safety for commuters. Some signage had been installed. However, not all commuters appeared to be following the new rules; there also appeared to be a lack of active enforcement of the new system by station staff. It was noted that the focus group involved in this initiative would provide feedback to National Rail.

2. Membership Update

The Committee received and noted the membership update report for the period of October 2018 to January 2019. Lucy Hamer, Patient Experience & Engagement Manager, provided a verbal update. There had been an increase in younger members joining during the past several months. This was in line with the strategy to increase the number of younger members.

An emergency department discharge planning event was held. Events were also held in December 2018 to gain feedback from members/patients on the Trust's quality priorities. A survey was run to gain feedback on the proposals for a Trust-wide wi-fi service for patients; a strong demand for the service was received. Engagement events were delivered on the rebranding of the King's College Hospital Charity.

There were approximately 50 organisations registered as associate members, which was positive; more engagement work would be done in Bromley to increase the interest in associate membership there.

There was a discussion regarding more opportunities for governors to engage with patients, the public and their constituents. The Committee was informed that the engagement and experience team ensured that information on events that would be of potential interest and relevance to governors was circulated.

3. King's Volunteers Update

The Committee received and noted an update report for the King's Volunteers service. Petula Storey, Head of Volunteering, provided a verbal update. Between April and December 2018, volunteers had contributed a total of 25,803 volunteer hours to the Trust. There had been 78,883 patient interactions. A total of 456 volunteers had reported in during that period.

Volunteers were provided with iPads to log the details of their volunteering activities, which also ensured that all activities are accurately captured.

Volunteers across all sites were surveyed. 93% said that they would recommend King's to family and friends. 97.67% said that they were satisfied with their volunteer experience at King's. Positive feedback had also been received from patients regarding their experience with volunteers.

New services had also been launched such as end of life companions and home hamper services. Hairdressing services were also available and a total of 92 patients were seen during the reporting period. Volunteers also helped with calling patients who did not turn up to medical appointments to follow up on their bookings.

There was a discussion regarding the length of stay of volunteers and whether there were any trend reports relating to this. It was noted that a report had not been done recently. The Committee was informed that volunteers were asked to make an initial commitment of six months when they join.

4. Governor engagement and input into Trust service changes

The Committee had a discussion on how governors could be more involved and provide some input into service changes proposed by the Trust. It was noted that an agreed process was in place relating service changes and the engagement steps required. However, it seemed that the process had not been embedded across all divisions. The Committee was informed that there would be some engagement work with the divisions to ensure that they were reminded of the process.

Meeting:	Council of Governors
Date:	6th March 2019
Topic:	Summary of the Patient Experience and Safety Committee (PESC) Meeting, 14th February 2019
Action:	For Information

1. Matters Arising

a. Noise from waste collections during the night hours

The Committee noted that an update had yet to be received regarding its feedback about noise complaints from patients on waste collection during the night hours. There was a discussion about broader and more general noise concerns reportedly happening in the wards during the night hours; governors had plenty of anecdotal evidence and feedback regarding this from patients. Mr Ashley Parrott, Director of Quality Governance, noted at the meeting that the noise concerns could be made one of the themes as part of the care group reviews that would be undertaken across the Trust. Work from this would be fed back to the Committee as the work progresses.

b. Visitors overstaying

There was a discussion regarding visitors overstaying beyond the allotted visiting times. It was noted that staff would usually offer reminders to visitors and information would be available regarding visiting times. However, discretionary allowances would sometimes be given to some visitors on a case-by-case basis. Governors would like further discussion with the new Chief Nurse on this matter.

c. Patient information leaflets

The Committee received an update on the Trust's internal process for approving patient leaflets. There was a structure in place in which the Communications Department would review draft versions of core patient leaflets, before they are published or issued. It was noted that there were challenges in being able to monitor every single leaflet produced across the Trust due to the size of the organisation. However there were plans, as part of the 'Perfect Ward Audit', to ensure that care groups would be responsible in checking their leaflets and that these are properly vetted and approved.

2. Patient Experience Quarterly Report (Q3)

The Committee received and noted the quarterly report. It was noted that there had been good progress on the redevelopment of the Trust's internal complaints process. There had been a significant reduction of overdue complaints. The aim was to get the figure down to zero. The Trust's internal targets of dealing with complaints had also been revised. The Trust has an internal target of 25 days, but it was identified that this was not enough time to deal with more complex complaints; therefore, more complex complaints would be allocated a deadline of 40 days.

3. Quality Priorities 2019/20 – Progress Update

The Committee received a verbal report on the 2019/20 quality priorities. It was noted that the Trust was asked by NHSI to select particular priorities relating to 4-hour A&E waiting times, 62-day cancer treatment target, and SHMI (Summary Hospital-level Mortality Indicator) reporting.

Further updates on the quality priorities would be provided at the Council of Governors meeting in March 2019. A report was being produced on the progress of current priorities for 2018/19. A report would also be produced on the new priorities for 2019/20, including a proposal on metrics/indicators to track and measure progress.

4. Quality and Performance Report

The Committee received and noted the report on the December 2018 data. It was noted that there had been good progress with the work being done by Hunters, an external consultancy contracted to improve patient flow in the Trust's emergency department. Improvements in this area would also have an indirect impact on improving patient experience and reducing complaints.

There was a discussion regarding the diagnostics data quoted in the report: "11% seen over six weeks in November". It was noted that this was a national issue. There had generally been a higher demand for imaging services.

The Trust's level of reporting for no harm / near miss incidents at 82% was good; i.e. good reporting. The national average was 73%.

5. CQC Update

The Committee received a verbal update on the progress of the recent CQC visit. It was noted that the Trust had provided over 700 reports and documentation in response to information requests from the CQC. Initial feedback had been received, most of which were expected by the Trust. Particular feedback was given regarding the emergency department at the PRUH, There was also some feedback on how the Trust addressed incidents of violence and aggression.

Enc. 1.2

Governors' Membership & Community Engagement Committee

Minutes

Minutes of the meeting held on Wednesday 15th November 2018 between 09:00-11:00, in the Dulwich Meeting Room, King's College Hospital, Denmark Hill

Present:

Penny Dale	Public Governor (Committee Chair)
Jane Allberry	Public Governor
Barbara Goodhew	Public Governor
Stephanie Harris	Public Governor

5.1

In attendance:

Siobhan Coldwell	Trust secretary and Head of Corporate Governance
Lucy Hamer	Patient Engagement and Experience Manager
Sarah Middleton	Head of Stakeholder Relations
Ricard Leeming	Nominated Governor – Southwark Council
Ashley Parrott	Director of Quality Governance
Dale Rustige	Corporate Governance Officer (<i>Minutes</i>)

Apologies:

Sao Bui-Van	Director of Communications
Jessica Bush	Head of Engagement and Patient Experience
Chris North	Public Governor
Craig Jacobs	Patient Governor

Item	Subject	Action
18/35	Welcome and Introductions Apologies for absence were noted.	
18/36	Declarations of Interest None.	
18/37	Chair's Action None.	
18/38	Minutes of the Previous Meeting The minutes of the last meeting held on 27 th June 2018 were approved as an accurate record.	
18/39	Action Tracker / Matters Arising The Committee noted the action tracker.	
	1. 27/06/2018 (018/25): Governor engagement concerns It was noted that the Chair had raised the Committee's concerns regarding the low level of engagement on the Committee, at the Council of Governors (CoG) meeting in October 2018. Committee members were encouraged to attend and engage at the meetings. In addition, an invitation would be sent to all Governors to attend Committee meetings. (Action closed)	
	2. 19/04/2018 (018/18): Feedback from constituency to Governors	

Enc. 1.2

Item	Subject	Action
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There was a discussion on exploring more ways that Governors can engage and receive feedback from their constituents and the public. It was noted that there were various opportunities available such as attendance at PPG's and engagement through general Governor volunteer work. Richard Leeming also noted that local councils held regular meetings with the public, which would be an ideal forum for Governor engagement. He noted that the Trust Chairman had attended one of these meetings.

There was also a discussion regarding how the Committee and Governors could have some input into planned service changes undertaken by the Trust. It was noted that a broader formal structure for service changes did not yet exist within the Trust. **Action: There would be a further discussion within the Committee regarding the mechanisms on how this can be done.**

Committee Members

5.1

There was also a discussion regarding CCG representation/engagement at Board and Council of Governors level, as it would be useful to know what is happening at the CCG level. It was noted that CCGs did engage with the Trust in a variety of ways – through working groups, and direct engagement with the Trust's at director and clinical levels.

COMMUNITY FOCUS

18/40 Communications Update

The Committee noted a report highlighting the latest communications activities. Sarah Middleton, Head of Stakeholder Relations, provided a verbal update.

There were various communications campaigns delivered across the Trust which include: the "A day in the life of" stories of staff; awareness days (e.g. organ donations week), community engagement events relating to service updates. There were also a couple of articles published involving Governors particularly the piece on Penny Dale and Rosemary Andrews.

The Trust hosted its first Annual King's Stars Awards ceremony on 15th November to celebrate the achievements and successes of its staff.

There was a recent engagement activity with Bromley Councillors, which involved a visit of the emergency department and other areas at the PRUH.

There were plans to extend the access time of the Trust's helipad to 24 hours. Local residents had been engaged in the planning process. It was noted that the extension of the access times would equate to an average of an extra 1.6 landings per week.

An update was provided on the proposed trial of a no entry system for vehicles on Champion Hill (near Denmark Hill station) to improve pedestrian and cyclist safety. The Trust expressed full support of the trial. The Trust had also been involved in talks regarding the proposed opening of additional entry/exit capacity at Denmark Hill Station to help with commuter congestion.

MEMBERSHIP ENGAGEMENT

Enc. 1.2

Item	Subject	Action
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18/41	King's Membership Update	
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The Committee noted the quarterly membership update report. Lucy Hamer, Patient Engagement and Experience Manager, provided a verbal report. She noted that the current membership figures were in line with the membership strategy. That was a campaign to promote membership to younger people and the Trust was seeing much more interest from that area.

A range of events had been delivered to members and patients which include talk-back sessions on outpatient standards, orthopaedic services, heart failure services, critical care service, and cancer care listening events.

There were a total of 123 members and associates that attended the Annual Members Meeting (AMM) on 3 and 4 October 2018 across Southwark and Bromley. Feedback from the event had been positive overall and also saw an increase from the previous year.

There was a discussion on how Governor engagement with Associate Members could be improved. It was noted that at previous Committee meetings, a speaker would be invited to increase information and links with outside organisations, including Associate Members. These meetings had not always been well attended by Governors. It was suggested that an alternative would be to invite Associate members to meetings where all Governors could be engaged – possibly twice a year at Council of Governor meetings.

18/42	King's Membership Action Plan July 2018 – July 2019	
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The Committee noted the Membership Action Plan.

There was a discussion about encouraging Governors to write more articles regarding their activities, for publication on the Trust's magazines/bulletins. It was noted that there were some articles run on Governors. However, it would be nice to see more exposure highlighting the work that Governors do.

18/43	Annual Members' Meeting Quality Priorities Feedback	
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The Committee noted a report on the feedback received from members at the AMM regarding the Trust's Quality Priorities for 2019/20.

The Committee had a query on how the feedback would inform the selection or development of the Trust's Quality Priorities. It was noted that the Trust would have meetings specifically to plan and agree the Quality Priorities. The Committee was reassured that all feedback received would be included in the reviews.

18/44	King's Volunteers Update – Emergency Department Intensive Volunteering Pilot Evaluation Report	
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The Committee noted an evaluation report on the King's Volunteers Emergency Department Intensive Volunteering Pilot. The pilot involved volunteers aged 50-plus doing between 8-15 hours a week, with a focus on helping improve patient experience. The outcomes and feedback from patients, staff and volunteers involved in the pilot were very positive.

Enc. 1.2

Item	Subject	Action
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COMMITTEE GOVERNANCE

18/45 Terms of Reference – Annual Review

The Committee reviewed and approved its terms of reference, which would be ratified at the Council of Governors meeting on 6th December 2018.

18/46 Annual Work Plan 2019

The Committee noted the draft annual work plan for 2019.

ACTION: It was agreed that a separate meeting to discuss and agree the work plan would be arranged between the Chair, Siobhan Coldwell and Dale Rustige.

Dale Rustige

Post-meeting note:

A meeting was held on 23rd November 2018 in which the work plan was discussed and agreed. This action has been marked off as completed.

18/47 ANY OTHER BUSINESS

The following items were noted by the Committee for information:

- The Trust was undertaking a quality review across all areas as part of its readiness for the CQC visit.
- Some work was being done on accessible information standards, which looks at how the Trust handles cases in which there are additional communications needs.
- The emergency department was being redeveloped to further improve the service; the new entrance near the Jubilee Wing was due to open.

18/48 DATE OF THE NEXT MEETING

Thursday 7th February 2019 (11:30-13:30) in the Dulwich Room, Hambleden Wing, Denmark Hill site.

5.1

King's College Hospital NHS Foundation Trust – Patient Experience & Safety Committee

Minutes

Minutes of the Patient Experience & Safety Committee (PESC) meeting held on Thursday 15th November 2018 at 11:15-13:15 in the Dulwich Meeting Room, King's College Hospital, Denmark Hill.

Present:

Victoria Silvester	Public Governor (Chair)
Chris North	Public Governor / Lead Governor
Jane Allberry	Public Governor
Diana Coutts-Pauling	Public Governor
Penny Dale	Public Governor
Barbara Goodhew	Public Governor
Stephanie Harris	Public Governor
Anne-Marie Rafferty	Stakeholder Governor
Claire Saha	Staff Governor AHP

In attendance:

Jessica Bush	Head of Engagement & Patient Experience
Siobhan Coldwell	Trust Secretary and Head of Corporate Governance
Ashley Parrott	Director of Quality Governance
Dale Rustige	Corporate Governance Officer (<i>Minutes</i>)
Helen Fletcher	Associate Director of Nursing for Quality, Patient Safety & Improved Experience (<i>Part meeting</i>)
Desmond Carter	Programme Manager for Transformation (<i>Part meeting</i>)

Apologies:

Pam Cohen	Public Governor
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Item	Subject	Action
018/34	Welcome and Introductions The Committee welcomed Ashley Parrott, Director of Quality Governance, to the Committee. It was noted that Mr Parrott would be invited to all future meetings.	
018/35	Declarations of Interest None.	
018/36	Chair's Action None.	
018/37	Minutes of the Previous Meeting The minutes of the last meeting held on 10 th July 2018 were approved as an accurate record.	
018/38	Action Tracker The Committee reviewed the action tracker and the following update was noted: 1. 10/07/2018 (18/26): Outpatient Transformation Update An update on outpatient transformation was included on the meeting agenda and the Committee would be receiving an update from a staff member from the transformation team.	

Matters Arising

Item	Subject	Action
1.	<p>Noise concerns from waste collection during night hours It was noted that the Committee received feedback from patients regarding noise concerns from the collection of waste at the hospital during the night hours.</p> <p>ACTION: It was agreed that this should be looked into further. Helen Fletcher would speak to Danny Spanks, Head of Waste Management, regarding the noise concerns and the Committee would be updated on how this could be resolved.</p>	<p>Helen Fletcher</p>

PATIENT EXPERIENCE

5.1

018/39 Outpatient Transformation – Update

The Committee noted a verbal report from Desmond Carter, Programme Manager for Transformation, regarding progress on the outpatient transformation work.

Mr Carter reported that the ICT work had progressed well. The in-touch system had been implemented in Suite 3, Venetian and Chartwell at the PRUH; the system provides patients with live information on their appointment waiting times. Further upgrades being implemented on the system would enable more details to be shown such as the doctors’ names.

A pharmacy courier service using volunteers had been introduced in outpatients for less able patients. Also, pathways were redesigned at the cardiac unit.

The efficiency programme for outpatients is underway. A review was undertaken of template letters to ensure consistency and accuracy. Administrative staff working within outpatient departments across all sites would be undergoing training. Standard operating procedures (SOPs) were also developed for administrative processes.

There was a question regarding how patients without internet access (particularly more elderly patients) would receive appointment information. It was noted that physical letters would continue to be sent by post. The receipt of appointment details digitally is an opt-in service.

018/40 Learning from Complaints and PALs

The Committee received a verbal update from Ashley Parrott, Director of Quality Governance.

Mr Parrott noted that the Complaints Department and PALs team were in need of more resources and staff. Recruitment will be undertaken as a priority to ensure that there is enough capacity. The teams had been working hard to ensure that all priorities and workloads are covered in the meantime.

It was noted that the Trust has an internal target of responding to complaints cases within 25 working days. Current data had shown that the Trust responded to 56% of cases within this target. It was noted that this 25-day target had been an internal target set by the Trust and was not obligated by external regulation.

Mr Parrott noted that further work would be done to ensure efficient triaging of complaints. The use of digital systems would be explored to ensure that data statistics and reports can be generated more efficiently.

Item	Subject	Action
018/41	Quality Priorities 2018/19 – Update	
	<p>The Committee noted a verbal update from Mr Parrott. He noted that assurances were received regarding the Trust's progress on its quality priorities for 2018/19. Plenty of work had been done on mental health. There had also been good progress with the King's Health Partner's Mind & Body programme. Incidents of falls had been reduced, particularly at the PRUH. There were improvements in sepsis mortality.</p> <p>There was a question on whether governors had been given enough opportunities to provide input and feedback on the selection of the Trust's quality priorities. It was noted that there would be plenty of opportunities where governors would be involved. Progress on the 2018/19 quality priorities was presented at the Annual Members Meeting on 3rd and 4th October 2018; feedback and suggestions were received regarding future priorities.</p> <p>The Committee would also have an opportunity to review and input into the quality priorities and indicators for 2019/20 at the beginning of 2019. The proposed quality priorities for 2019/20 would be presented at the Council of Governors meeting in March 2019.</p>	
	PATIENT SAFETY AND RISK MANAGEMENT	
018/42	CQC Report – Progress Update	
	<p>The Committee received a verbal update from Helen Fletcher, Associate Director of Nursing for Quality, Patient Safety & Improved Experience.</p> <p>Ms Fletcher noted that regular updates had been sent to all staff regarding the expected CQC visit. As part of the preparations, an internal quality review would be undertaken in 24 areas across all sites, with unannounced visits being made. Actions from the previous CQC report had also been picked up, particularly on the well-led piece. The Trust was assured about the performance across all areas.</p> <p>The key challenges would be in the emergency and outpatient departments, particularly relating to mental health patients with challenging behaviours.</p>	
	GOVERNOR FEEDBACK	
018/43	Commissioners Quality Review Group (CQRG)	
	<p>The Committee noted that it had not heard from Derek St Clair Cattrall for an extended period. Derek was the governor nominated to attend CQRG meetings, with the intention of providing feedback to the Committee afterwards.</p> <p>AGREED: The Committee had agreed to nominate other governor representatives to attend CQRG meetings. Jane Allberry and Barbara Goodhew put themselves forward and volunteered to attend future meetings. Additionally, Diana Coutts-Pauling agreed to attend if Jane and Barbara were not available.</p>	
018/44	Chair's Summary of the Quality Assurance & Research Committee (QARC) meetings	
	<p>The Committee noted the Chair's meeting summaries from the QARC meetings on 17th July 2018, 28th August 2018, and 16th October 2018.</p>	

Item	Subject	Action
018/45	<p>Update from Committee Members and Governors in attendance on activities</p> <p>The Committee received a verbal update on activities relating to patient experience and safety from its Committee members and governors in attendance:</p> <ul style="list-style-type: none"> • The Chair attended Food Audits, Patient Experience Committee meetings, Patient Food Service meetings and Health Talks. • Clair Saha attended the Patient Review Board, Dignity Dining meetings and the Trust's Coding meetings. • Chris North has been the governor representative on the KHP Mind & Body Programme, so had been attending meetings there. • Penny Dale had been attending Patient Experience Committee meetings, Freedom to Speak Up Guardian Committee, End of Life meetings, Dignity Dining meetings, Dignity Awards, and the Annual Kings Stars Awards. • Barbara Goodhew attended the Dignity Awards, King's Commendations, Parkinsons Singing Group, PPG meetings, Health Talks and National Self-care Week. • Jane Alberry attended the Dignity Awards, Quality Reviews, End of Life Committee, and the South East London A&E Winter Planning Group. • Diana Coutts-Pauling attended Bromley Membership Engagement meetings and the Dignity Awards. 	
	<p>COMMITTEE GOVERNANCE</p>	
018/34	<p>Terms of Reference – Annual Review</p> <p>The Committee reviewed its terms of reference. There were minor updates to the terms, which were noted.</p> <p>Particular note was given to item 2.3 of the terms of reference, which read: "Review and provide input into materials, communications and publications for patients". There was a discussion on whether this section was still valid, as the Committee had not provided input into communications relating to patients so far.</p> <p>ACTION: Siobhan Coldwell had agreed to contact Sao Bui-Van (Director of Communications) to provide some clarity on the Trust's internal mechanisms for the production of letter templates and patient leaflets.</p> <p>The Committee APPROVED the terms of reference.</p> <p>Post-meeting update on the above action: Mr Bui-Van confirmed that the production of content for patient information materials (i.e. posters, leaflets, flyers) would be done locally within care groups/teams. The materials would then usually be sent to the Communications Department for proofing/review.</p> <p>Letter templates would be produced centrally. However, the production of content for patient letters are done locally by care groups/teams.</p> <p>AGREED: It was agreed that a random sample of patient information materials (e.g. posters, leaflets, flyers) would be reviewed by the Committee once or twice a year. This would be added to the Committee work plan.</p>	<p>Siobhan Coldwell</p>

Item	Subject	Action
018/35	Annual Work Plan for 2019	Dale Rustige
	<p>The Committee noted the draft annual work plan for 2019.</p> <p>ACTION: It was agreed that a separate meeting to discuss and agree the work plan would be arranged between the Chair, Ashley Parrott, Siobhan Coldwell and Dale Rustige.</p> <p>Post-meeting note: A meeting was held on 23rd November 2018 where the work plan was discussed and agreed. The above action has been marked off as completed.</p> <p>FOR INFORMATION</p>	
018/36	Patient Safety Report (Q1)	Dale Rustige
	<p>The Committee noted the Patient Safety Report (Quarter 1).</p> <p>It was noted that a Trust representative used to attend the Committee meetings to present the report on patient safety. It was also noted that the patient safety reports were already submitted and reviewed by Quality Assurance and Research Committee (QARC) on a quarterly basis. Therefore, it was agreed that it would not be the best use of staff time to be duplicating work.</p> <p>AGREED: Following discussion, it was agreed that the patient safety report would no longer be circulated to the Committee. Instead, Mr Parrott would present a verbal update to the Committee at each meeting on quality and performance, which would incorporate up-to-date information on patient safety. It was also agreed that the Committee would also have sight of the quarterly quality and performance reports submitted to QARC. Mr Parrott would be present to take any questions from the Committee on the report.</p> <p>Additionally, it was noted that there was a governor observer seat on the QARC to keep informed of concerns, which was currently occupied by the PESC Chair.</p> <p>ACTION: The Committee work plan would be updated to reflect the above changes.</p>	
018/37	Safeguarding Adults Annual Report	
	<p>The Committee noted the Safeguarding Adults Annual Report 2017/18.</p> <p>There was a discussion on whether this report should continue to come to the Committee, as this is already submitted to QARC and the Board. Therefore it may not be the best use of Committee resources to receive the report as well.</p> <p>AGREED: It was agreed that the Committee would no longer receive the report as routine. However, a verbal report would be received from a staff representative on the key findings of the report and an update on actions.</p>	
018/38	Patient Experience Report: DH Frailty Assessment Unit – Inpatient Survey (Sep & Oct 2018)	
	<p>The Committee noted the report for information.</p>	
018/39	PESC Annual Review Report 2018	

Item	Subject	Action
	The Committee noted its Annual Review Report for 2018, which summarised its key activities to date.	
018/40	ANY OTHER BUSINESS None.	
018/41	DATE OF NEXT MEETING Thursday 14 th February 2019 (09:00-11:00) in the Dulwich Room, Hambleden Wing, Denmark Hill.	

Governors' Strategy Committee

Minutes

Minutes of the Meeting of the Governors' Strategy Committee held on Tuesday 11th December, 2018 at 5.30-7.00pm in the Board Room, Hambleden Wing, Denmark Hill

Members:

Ashish Desai	Chair
Chris North	Public Governor
Carole Olding	Staff Governor
Penny Dale	Public Governor
Claire Saha	Staff Governor
Stephanie Harris-Plender	Public Governor
Jane Allberry	Public Governor

In Attendance:

Abigail Stapleton	Director of Strategy
Siobhan Coldwell	Trust Secretary (minutes)
Prof Jules Wendon	Medical Director
Heather Gilmour	Interim Deputy Director of Strategy
Victoria Silvester	Public Governor
Sarah Middleton	Head of Stakeholder Relations
Noel Baxter	Nominated Governor
Ann-Marie Murtagh	R&D Director of Operations GSTFT and KCH (interim)

Apologies:

Kevin Labode	Staff Governor
Craig Jacobs	Patient Governor

5.1

Item	Subject	Action
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STANDING ITEMS

018/25 Welcome and Apologies

All were welcomed to the meeting.

018/26 Minutes of the Previous Meeting – 25 September 2018

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

TRUST STRATEGIC FOCUS

018/27 Trust Strategy

The Director of Strategy outlined the draft proposals for the new Trust wide strategy. The key drivers for change included the local population demographics and the need to deliver sustainable performance and financial improvement.

There was a query around the NHSI's view around short-term gain verses long-term sustainability. The Trust had made it clear that the challenges facing the Trust would need time to address. Though there were things that could be done particularly around productivity, efficiency and outpatients, etc. The NHSI should appreciate that there were areas which would need to grow as part of our long-term future.

Item	Subject	Action
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The Committee queried how the strategy was aligned to Sir David Sloman's focus on system wide improvement. The Trust has a theme on system's partnership and recognises there was scope to improve in this area. There were other areas such as innovation and growth that were not necessarily about King's but about networked improvement. A great deal was happening through NHSE and ODNs and through STP. It will be a big change of practice/culture aimed at delivering efficiently.

Heather talked through the building blocks for success:

- Empowered and engaged workforce.
- Excellent local care with global reach
- Cutting edge innovation
- Ability to invest in our future
- Enabled by strong partnerships.

This will all be underpinned by the Trust's values which were well embedded through the Trust. The People strategy is due to be refreshed in 2019 and this will link into the wider strategy.

There are a number of services that may need to be delivered differently, which may mean a reconfiguration of the way services are delivered across networks and partners. It may mean the decommissioning of some services.

The Committee queried what the Trust was doing differently to address improved productivity. The Strategy Director replied that that the Trust was not addressing individual services but services across all specialties e.g. theatres, outpatients. From a strategic point of view, it might not necessarily be different but this time there was a clear plan for implementation. Previous strategies had been too ambitious and the aim this time was to have a more focussed approach. Also, we were trying to take a different approach i.e. to understand what sits behind poor productivity and how to address this.

In response to a question on the Trust's plans to increase alignment of its children's services to Evelina and their plans, the Committee was informed that there were clinical peaks here such as liver, haematology and neurology which we want to do cradle to grave. There would be movement of some services as a result of children's congenital heart – likely to be Evelina – and we in turn will house some other services. Our view was that the growth of Evelina wasn't mutually exclusive to our growth. There were risks associated with being too big and resilience was better for the healthcare system. The bigger win was working as one team across the system. To succeed clarity was needed on how/where best to deliver.

The Trust needs a sustainable financial plan to be able to invest in our future. Initial timescale is 1-2 years. This is a significant ambition with £50–70m savings per year. The Trust has inadequate infrastructure which also needs addressing.

The Board had challenged the Strategy team to think about how our partners think, how the system will react and to think about how population health was addressed.

The Committee commented there may be staff members who may be cynical about whether the strategy was deliverable.

5.1

Item	Subject	Action
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This would rest on how it was embedded through objective setting and appraisal. Senior leaders needed to take ownership and governors and Board need to hold the Trust to account. We also need to link it into the advanced management programme for senior leaders and how we empower them to deliver the Trust strategy. Empowerment alongside accountability, with some clear support on programme management, developing business cases etc.

The Interim Deputy Director of Strategy then outlined how the Trust would be monitoring the plans delivery after year 1 adding that the outcomes were clearly articulated.

The Lead Governor stressed the need to simplify the plan citing the GSTT model as an example. Achievability should be the main focus.

The Director of Strategy added that like GSTT, the Trust would be engaging staff in the process.

The next steps were summarised as follows:

The work presented here was the culmination of a year's analysis and staff engagement. The next step in January would be about engaging with as much groups of staff as possible to hone down key messages. This would be followed by a wider stakeholder engagement with patients and the public. In parallel, there are a number of pieces of work to take forward including embedding the strategy into all planning processes, training, induction etc.

Action: Governors would need to consider how they want the strategy committee to be involved in the planning cycle

In response to a query it was confirmed that there as a draft cancer strategy which needed to fit within the strategy.

The Committee asked if the neuro expansion would be sufficient to cover the population or was it inadequate for the current population. The biggest mismatch between demand and capacity was in neuro and there was an opportunity to develop a more system approach. There was some work in neurology e.g. headache could be delivered in the community, where other services could be brought nearer. Neuro-rehab was massively under-provided for and needed developing.

018/28 Research strategy

This was introduced by the Medical Director along with R&I Director. KCH would need KCL to take the strategy forward. The strategy reflected the government's green paper and the view that research is better aligned to where patient care is delivered. This was important for PRUH.

The SWOT analysis was interesting and the strategic aims were clear. The strategy was developed solely by Kings College Hospital. KCH performed well in recruiting patients into research. The involvement of patients in research was good for patients and also enhanced patient engagement and experience. This was recognised by CQC as they had now included this as a domain in its well-led inspection.

Item	Subject	Action
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However, there were areas that needed development e.g. at PRUH, (labs are yet to be accredited).

We are not a BRC, so don't have the infrastructure but we do a lot of advanced therapies which we need to promote more.

As a Trust we need to develop a research culture – bottom up and top-down. Good board and senior leaders engagement was important. On the ground people love it, but middle managers don't see it as a priority.

Enablers, especially finance needed to be better and more transparent and where external flows are based on activity. This was a real culture change but was progressing positively. Partnerships with the institutes (KHP and palliative care) were highlighted and investment in infrastructure and work was ongoing to get the basic building blocks of quality assurance and leadership established.

The Trust also needed to address its contracting processes as this created problems with commercial sponsors. Big cross-cutting enabler in technology including COGSTAK, Innovate UK, artificial intelligence. Do a lot of this already but never has KCH name on it, need to change this.

There had been extensive engagement in developing the strategy and staff was excited about being engaged.

The strategy was deliverable and pragmatic and outlined the KPIs and anticipated outcomes.

The Trust now had access to data sets on funding streams which provided a fuller picture than previously.

A new industrial strategy had been produced which would be analysed to explore any possible alignment with the Trust's strategy. The Committee was informed that the government was investing heavily in research.

In response to a query, the Committee was informed that the Board was engaged with the process and received regular updates on this piece of work. Regular updates should also be presented at performance meetings.

The Committee queried what plans were in place to cascade quality improvement innovations to the wards and to give people confidence to do little things to achieve improvement. The Committee was informed that generally sits in outcomes, rather than research, but there was an opportunity to build better links and to build research- awareness.

The Committee asked how the Trust would get the positive messages out. GSTT had 2 dedicated members of staff for this. We need to map stakeholders, get newsletters out, use social media and developing a comms strategy to do this was part of the 5 year plan. The Trust generally needed to improve how it promoted and spread it's successes and achievements more widely.

The Communications team would lead on staff engagement on the strategy in December.

018/29 ANY OTHER BUSINESS

The 2019 workplan was deferred to the next meeting.

018/30 DATE OF NEXT MEETING

Item	Subject	Action
	The next meeting is scheduled for Tuesday 7 February 2019, 2.00-4.00pm, Dulwich Room, Hambleden Wing.	