

## AGENDA

<b>Meeting</b>	<b>Public Council Of Governors</b>
<b>Time of meeting</b>	<b>18:00 – 19:30hrs</b>
<b>Date of meeting</b>	<b>Thursday 18<sup>th</sup> June 2020</b>
<b>Meeting Room</b>	<b>Via MS Teams Video Conference</b>
<b>Site</b>	<b>Denmark Hill</b>

	<b>PART ONE</b>		<b>Encl.</b>	<b>Lead</b>	<b>Time</b>
<b>1.</b>	<b>Standing Items</b> 1.1. Welcome and Apologies 1.2. Declarations of Interest 1.3. Chair's Action 1.4. Minutes of Previous Meeting – 12.12.2019 1.5. Matters Arising / Action Tracker	<b>FA</b> <b>FR</b>	Enc. Enc.	Chair	<b>18:00</b>
<b>2.</b>	<b>Discussion of the Board Meeting and Papers</b> • COVID-19 • Performance • Finance	<b>FD</b>	Oral	Chair	<b>18.10</b>
<b>3.</b>	<b>Task and Finish Group Reports and Next Steps</b>	<b>FD</b>	Enc	S Coldwell	<b>19.40</b>
<b>4.</b>	<b>Governor Involvement and Engagement</b> 4.1. Summary from Finance and Commercial Committee 4.1.1 FCC - Year on year – Supplementary Analysis 4.2. Summary from Quality People and Performance Committee	<b>FI</b> <b>FI</b>	Enc. Enc.	Paul Cosh Victoria Silvester	<b>19.00</b>
<b>5.</b>	<b>For Information</b> 5.1. Sub-Committee – Confirmed Minutes 5.1.1. Patient Experience & Safety Committee 5.1.2. Strategy Committee 5.1.3. Membership & Community Engagement Committee 5.2. Updated Who's Who – Board of Directors 5.3. Updated Who's Who – Council of Governors	<b>FI</b> <b>FI</b> <b>FI</b> <b>FI</b>	Enc. Enc. Enc. Enc.	Chair	<b>19.10</b>
<b>6.</b>	<b>Any Other Business</b>			Chair	<b>19.15</b>
<b>7.</b>	<b>Date Of Next Meeting</b> Thursday 10 <sup>th</sup> September 2020, 6:00pm LOCATION TBC				

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

**Council of Governors Membership**

Sir Hugh Taylor	Trust Chair
<b>Elected:</b> Devendra Singh Banker Sonia Case Tony McPartlan David Jefferys Alfred Ekellot Barbara Goodhew Marcus Ward Susan Wise Paul Cosh Emmanuel Forche Billie McPartlan Alan Doctors Kirsty Alexander Jane Allberry Hilary Entwistle Stephanie Harris Victoria Silvester Ashish Desai Mick Dowling Kevin Labode Carol Olding Claire Wilson	Bromley Bromley Bromley Bromley Lambeth Lambeth Lambeth Lewisham Patient Patient Patient Patient Southwark Southwark Southwark Southwark Staff – Medical & Dental Staff – Nurses & Midwives Staff – Administration, Clerical & Management Staff – Nurses and Midwives Staff - Allied Health Professionals, Scientific & Technical
<b>Nominated/Partnership Organisations:</b> Dr Dianne Aitken Cllr. Jim Dickson Cllr Robert Evans Chalotte Husdon Richard Leeming Phidelma Lisowska Anne Marie Rafferty	Lambeth CCG Lambeth Council Bromley Council South London & Madsley NHS Foundation Trust Southwark Council Joint Staff Committee King College London
<b>In attendance:</b> Professor Jon Cohen Nicholas Campbell-Watts Professor Ghulam Mufti Sue Slipman Christopher Stooke Professor Richard Trembath Steve Weiner Professor Clive Kay Beverley Bryant Jonathan Lofthouse John Palmer Jackie Parrott Dr Leonie Penna Professor Nicola Ranger Professor Julia Wendon Caroline White Lorcan Woods Siobhan Coldwell Nina Martin Sultana Akther Tara Knight	Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Group Chief Executive Officer Chief Digital Information Officer Site Chief Executive, PRUH & South Sites Deputy Group Chief Executive & Site Chief Executive, DH Chief Strategy Officer Acting Chief Medical Officer Chief Nurse & Executive Directive of Midwifery Executive Director for Clinical Strategy & Research Executive Director of Integrated Governance Chief Financial Officer Trust Secretary Assistant Board Secretary Corporate Governance Officer Corporate Governance Officer
<b>Apologies:</b>	
<b>Circulation to:</b> Council of Governors and Board of Directors	



## Council of Governors Meeting – Public Session

Minutes of the Council of Governors (Public Session) meeting held on  
**Thursday 12<sup>th</sup> December 2019 at 18:00hrs**  
ORTUS Centre, 82-96 Grove Lane, Camberwell, London, SE5 8SN

### Chair:

Sir Hugh Taylor Trust Chair

### Elected Governors:

Jane Clark	Bromley Governor
Diana Coutts-Pauling	Bromley Governor
Penny Dale	Bromley Governor
David Jefferys	Bromley Governor
Barbara Goodhew	Lambeth Governor
Marcus Ward	Lambeth Governor
Paul Cosh	Patient Governor
Emmanuel Forche	Patient Governor
Jane Allberry	Southwark Governor
Hilary Entwistle	Southwark Governor
Stephanie Harris	Southwark Governor
Victoria Silvester	Southwark Governor
Mick Dowling	Staff Governor - Nursing and Midwifery
Claire Wilson	Staff Governor – Allied Health Professionals

### Nominated/Partnership Organisation Governors:

Dianne Aitken	Nominated/Partnership Governor – Lambeth CCG
Phidelma Lisowska	Nominated/Partnership Governor – Joint Staff Committee

### In Attendance:

Prof Jonathan Cohen	Non-Executive Director
Dr Mohammad Albarjas	Consultant Lead, Heart Failure - PRUH Cardiology
Bernie Bluhm	Chief Operating Officer
Dr Clive Kay	Chief Executive Officer
Jo Haworth	Deputy Chief Nurse
Kate Langford	Chief Medical Officer (Professional Practice)
Nicola Ranger	Chief Nurse
Julia Wendon	Chief Medical Officer (Clinical Strategy)
Caroline White	Executive Director of Integrated Governance and Risk
Lorcan Woods	Chief Financial Officer
Siobhan Coldwell	Trust Secretary and Head of Corporate Governance
Tara Knight	Corporate Governance Officer (Minutes)

### Apologies:

Ashish Desai	Staff Governor – Medical & Dental
Alfred Ekellot	Public Lambeth Governor
Cllr Robert Evans	Bromley Council, Nominated Governor
Charlotte Hudson	South London & Maudsley NHS Foundation Trust
Carole Olding	Staff Governor – Nursing and Midwifery
Anne-Marie Rafferty	King's College London, Nominated Governor
Billie McPartlan	Patient Governor
Chris Stooke	Non-Executive Director
Susan Wise	Public Lewisham Governor

Item	Subject	Action
19/39	<p><b>Welcome and Apologies</b></p> <p>Apologies for absence were noted.</p> <p>The Chair acknowledged that this was the final meeting for the following Governors:</p> <ul style="list-style-type: none"> <li>• Jane Clark</li> <li>• Diana Coutts-Pauling</li> <li>• Penny Dale</li> </ul> <p>The outgoing Governors were thanked for their work and contribution during their terms of office at the Trust.</p>	
19/40	<p><b>Declarations of Interest</b></p> <p>No declarations of interests were made.</p>	
19/41	<p><b>Chair's Action</b></p> <p>There were no actions noted for the Chair.</p>	
19/42	<p><b>Minutes of the Previous Meeting</b></p> <p>The minutes of the last meeting held on 17<sup>th</sup> October 2019 were agreed as an accurate record.</p>	
19/43	<p><b>Matters Arising/Action Tracker</b></p> <p>The Committee noted the action tracker and received the following updates:</p> <ol style="list-style-type: none"> <li>1. <b>Item 19/36 – 1: Complaints (PESC)</b> The Council were informed that the overdue complaints had been reduced by half. Response times to complaints have increased because the team is adjusting to change in Executive personnel and changes to the quality of response letters. Once the new system has become embedded, response times should improve. The Executive Director Integrated Governance will also be carrying out a piece of work on training needs analysis. A paper on the matter will be circulated.</li> <li>2. <b>Item 19/36 – 2: Outpatients Transformation Lead (PESC)</b> The Council were informed that the Outpatients Transformation Lead is Kayley Taggart.</li> <li>3. <b>Item 19/36 – 3: Equality Lead (PESC)</b> The Council were informed that Nicola Ranger, Chief Nurse, is the equalities lead for the Trust.</li> <li>4. <b>Item 19/38: Flu Vaccinations for Governors</b> Flu vaccinations were offered at the meeting for Governors.</li> </ol>	CW

Item	Subject	Action
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Matters arising from discussions with Governors included the following:

- Governor engagement
- Council of Governors review of Non-Executive Directors (NEDs)
- Access to Trust sites, including disabled accessibility

The Chair proposed the following to the Council of Governors:

**Accountability Meetings**

These round table discussions with Non-Executive Directors and Governors on particular and general themes would be held twice a year starting in February. Each table would be hosted by a NED and the proposal is for the first meeting to be focussed on accessibility, with some time allocated for general discussion on matters going on in the Trust.

**Task & Finish Group – Governor Engagement**

A working group of Governors would meet to discuss strategies for improving Governor engagement and report on propositions for Governor participation. The group would also be expected to review the constitution.

19/44	<b>Integrated Heart Failure and Palliative Care Pilot Service – Dr M Albarjas</b>	
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Dr Mohammad Albarjas outlined the Integrated Heart Failure and Palliative Care Pilot Service and its benefits to patients. The clinical roles involved in the pilot include a dedicated named Consultant Cardiologist and an Advanced Nurse Practitioner, who is based at St Christopher's Hospice. Recurrent benefits include reduction in emergency admissions and an opportunity to increase linkage with the End of Life pathway.

The Council heard that 70% of patients prefer to die at home. Palliative Care Programmes include home visits by health professionals, some home modifications and bereavement counselling. Drugs and therapy are also tailored to each individual patient. CCGs have funded the service as there are clear benefits of respecting patients' wishes, in terms of their preferred place of death, and the service has reduced admissions to hospitals. The proposal is for this type of integrated way of working to be extended.

19/45	<b>Discussion of the Board and Papers</b>	
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Governors observed the positive changes that the Trust is making. The new Operational Productivity report was also praised.

19/46	<b>Reducing Violence and Aggression</b>	
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The Deputy Chief Nurse is leading the work on reducing violence and aggression towards staff. The staff survey results reported that the Trust has one of the worst scores nationally for staff being subjected to violence. Over the last five years, there has been year on year increases in the number of incidents relating to violence and aggression.

The Trust has implemented a number of initiatives over the years that not all members of staff are aware of. The Trust is now involving frontline staff in identifying the causes and contributors to violent and aggressive incidents by holding listening events made up of staff from all grades and including the security team. The next

Item	Subject	Action
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steps are to improve communications, prioritise improvement ideas, implement quick wins and plan medium/long term goals.

There has been recognition from staff that they are not always getting things right and Governors queried whether it might be beneficial to involve patients in the improvement work. The council heard that it had been quite difficult to recruit patients however, discussions are still taking place. Customer Care training has also been proposed for all front line staff, including admin staff.

<b>19/47</b>	<b>Nominations Committee Report</b>	
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In the new year, the Nominations Committee will be seeking replacements for Non-Executive Directors whose terms have come to an end or will shortly be coming to an end.

The Council of Governors ratified the decision to:

- a) Reappoint Professor Jon Cohen, Non-Executive Director, for 4 years.
- b) Extend the term for Chris Stooke, Non-Executive Director, until the 2019/20 Annual Report/Accounts and audit are completed.
- c) Appoint Mr Nicholas Campbell-Watts as a Non-Executive Director to the Board of Directors.

The Council also approved the proposal to co-opt Steve Wiener to the King's Board for up to 12 months from the Board at Guy's and St Thomas's Hospital NHS Foundation Trust.

The Trust Secretary will be inviting expressions of interest from Governors for the Nominations Committee elections.

**SC**

### **GOVERNOR INVOLVEMENT AND ENGAGEMENT**

<b>19/48</b>	<b>1. Governor Engagement &amp; Involvement Activities</b>	
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Jane Allberry, Lead Governor, briefed the Council on the range of engagement activities carried out by Governors. Governors have participated in regular volunteering and are involved in events such as the King's Star Awards, PLACE visits and South East London wide activities.

	<b>2. Patient Experience &amp; Safety Committee (PESC)</b>	
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Victoria Silvester, Chair of PESC, raised concern about the meeting cycle as it relates to the reporting cycle. The Committee sometimes receives reports that are significantly out of date.

Thanks were extended to Penny Dale and Jane Clark for their service as Governors and for being committed members of PESC. A request was made for more Governors to consider attending PESC.

	<b>3. Membership &amp; Community Engagement Committee (MCEC)</b>	
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Penny Dale, Chair of MCEC, explained that very few Governors attend patient forums and so do not attend MCEC. The Committee discussed the possibility of merging MCEC with PESC as there is significant overlap. Members noted that the meetings are poorly attended and that discussions at MCEC are very closely

Item	Subject	Action
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linked to patient experience. The Governors raised this with the Chairman when they meet 18<sup>th</sup> November. A proposal has been made to hold MCEC twice a year rather than four times for the year.

**4. Governor Strategy Committee**

Apologies were received from Ashish Desai, Chair of the Strategy Committee.

**FOR INFORMATION**

**19/49 Confirmed Minutes of Governor Sub-committees**

The Council noted the following minutes:

- a) Patient Experience & Safety Committee (PESC), 11/07/2019
- b) Membership & Community Engagement Committee (MCEC), 19/06/2019
- c) Strategy Committee, 18/07/2019

**19/50 ANY OTHER BUSINESS**

**Council of Governor – Mock CQC Visits**

Penny Dale suggested to the Council that Governors could carry out mock CQC inspections. Staff at the ED are enthusiastic and receptive about this proposal. It was also recommended that volunteers should be used to assist with more across the Trust.

**Board to Board Meetings**

The Chair informed the Council that a Board to Board meeting, between KCH and Guy's and St Thomas' will be announced next week. Neither Board is seeking a merger but the benefits of closer working in an integrated care system.

**Date of next meeting**

Thursday 12<sup>th</sup> March 2020, 6:00 – 7:30pm  
Boardroom  
Hambleton Wing, Ground Floor  
King's College Hospital

## Council of Governors Action Tracker – 12.12.2019

Date	Item No	Action	By Whom	Due Date	Notes
<b>DUE</b>					
17.10.2019	19/36 - 1	<b>Patient Experience &amp; Safety Committee (PESC)</b> PESC were advised that PALS has been integrated with the complaints team, but a large number of complaints still remain outstanding. PESC requests a timeline as to when the process will be fully functioning.	C White	12.12.2019	<b>12.12.19:</b> A significant piece of work on the quality of responses is taking place as well as a training needs analysis. A paper will be circulated. <b>C White</b>  <b>26.02.20:</b> An update on the position was sent to the Chair of PESC and circulated to members.
12.12.2019	19/47	<b>Nominations Committee Elections</b> The Trust Secretary will be inviting expressions of interest from Governors for the Nominations Committee elections.	S Coldwell	31.12.2019	Update to be provided at the meeting.
17.10.2019	19/31	<b>OHSEL STP Response to the NHS Long Term Plan</b> The NHS is now increasingly working through integrated care systems. The Chair suggested that we ought to have an annual joint Governors meeting across GSTT and Lewisham & Greenwich starting in the new year, every March. Trust Secretary to arrange.	S Coldwell	31.12.2019	Update to be provided at the meeting.
<b>NOT YET DUE</b>					
<b>COMPLETED</b>					
17.10.2019	19/36 - 2	<b>Patient Experience &amp; Safety Committee (PESC)</b> PESC would like to know who is now leading the re-organisation of Outpatients Transformation as there have been recent staff changes.	B Bluhm	12.12.2019	<b>Update:</b> Kayley Taggart – Programme Lead, Patient Flow/Planned Care
17.10.2019	19/36 - 3	<b>Patient Experience &amp; Safety Committee (PESC)</b> There is no lead for disability and equality for patients. This has been highlighted by two Public Governors. The Committee would like to know when someone will be appointed as there are a	N Ranger	12.12.2019	<b>12.12.19:</b> Nicola Ranger is the Equalities lead for the Trust.



		number of matters that have been raised.			
17.10.2019	19/38	<p><b>Flu Vaccine Campaign</b> In view of the Trust's Flu Vaccine Campaign, a request was made by Governors to arrange for them to receive the Flu Vaccine at the next Council of Governor Meeting.</p>	N Ranger	12.12.2019	<b>12.12.19:</b> Denise Grant was present to vaccinate Governors at the meeting.

<b>Report to:</b>	<b>Public Council of Governors</b>
<b>Date of meeting:</b>	<b>18<sup>th</sup> June 2020</b>
<b>Subject:</b>	<b>Task &amp; Finish Group Meetings Summaries and next steps</b>
<b>Author:</b>	<b>Foundation Trust Office</b>
<b>Presenting:</b>	<b>Siobhan Coldwell, Trust Secretary &amp; Head of Corporate Governance</b>

## 1. Summary

At the 12 December 2019 Council of Governors (CoG) meeting, there was a discussion on the various ways in which the CoG could increase Governor engagement and how governors could support the Trust in improving access to Trust sites and services, including disabled accessibility. To scope this, it was agreed to convene task and finish groups to discuss the issues and identify recommendations. Two groups were convened. On 3 February a working group of Governors met to discuss strategies for improving Governor engagement and report on propositions for Governor participation.

On February 17 a group met to take forward discussions around helping to scope the work the Trust needs to do to ensure that it is meeting the needs of patients, their families and carers with different access needs, specifically in relation to those with hearing and sight loss, those with mobility issues, learning disabilities and dementia and possibly other needs too.

## 2. Recommendations

### The Council is asked to:

- (a) **NOTE** the discussions and report on the 3 February Task and Finish Group meeting
- (b) **NOTE** the discussions and report on the 17 February Task and Finish Group meeting
- (c) **NOTE** the proposed next steps arising from the discussions
- (d) Provide any further feedback and suggestions
- (e) Agree the action plan laid out at the end of this report.

## 3. The Task and Finish Group workshop on Governor engagement

The Group started by discussing the role of governors, including the statutory role of holding the Board to account through the non-executive directors (NEDs). The primary way in which this role is discharged is through the appointments process and the annual appraisal of NEDs, carried out by the Chair and discussed with the Nominations Committee and reported to the Council. The Group agreed that in order to inform and supplement this process, governors require opportunities to observe NEDs and the Board in operation as well as opportunities to interact with the NEDs. The group went on to discuss the Council of Governor Meetings themselves, and the Trust could make them more engaging for Governors. Finally the Group discussed wider governor engagement and representation in Trust activities. The Group agreed that:

### NED/COG Engagement through Board activities

- Two NEDs should join each of the Governor Committees (Patient Experience and Safety Committee and Strategy Committee), and the appointment of these NEDs should reflect NED roles on board committees. This will allow NEDs to better understand governor concerns and allow Governors to hear NED views on how the Trust is responding to their concerns.

- Governor Committees will also be supported by an Executive Director or their Deputy as appropriate.
- Two Governors will be appointed to observe each of the following Board committees: Finance and Commercial, Quality, People and Performance and Major Projects.
- Governors will not observe the Strategy, Research and Partnerships Committee. They will receive feedback from the NEDs at the meetings of the Governor Strategy Committee.
- The Lead Governor will attend the Audit Committee.
- Governor observers are not members of the committee and the business discussed therein should be treated sensitively. Governor observers should also recognise that the committee may occasionally need to meet in private session.
- The Council of Governors should ensure there is proper representation from Bromley Governors.
- Governor observers will circulate a short note of their observations to all governors, after each meeting they have attended.

### **Board Accountability Sessions**

- The Chair on behalf of the Board agreed to participate in two Accountability Sessions per year and also enable Governors to interact with the Non-Executive Directors and hear how they discharge their roles and to understand NED priorities and concerns. The first of these was scheduled for 26<sup>th</sup> March but was cancelled due to the impact of COVID-19.
- It is not currently possible to predict when the Trust and therefore the Council of Governors will be able to meet to undertake such a session. In order to foster relationships in the absence of formal meetings, it is proposed that a series of sessions are held with individual NEDs through video conference. Each NED will be invited to introduce themselves and to hear from Governors about their priorities. It is suggested that one is done per week over late June and July and that each session lasts for c45mins.

### **Council of Governor Meetings**

- Governors will take a more active role in shaping the agenda, and a regular pattern of pre-meets will be established to facilitate this. The Trust Secretary will then make arrangements as necessary.
- Board Members, including NEDs will be expected to attend the COG and to actively participate in the meetings.
- Minutes for all governor meetings will be produced and circulated to all governors within a week.
- The business of the member engagement committee will become part of the full Council of Governors meeting as it is important for all governors to engage with members.
- Further thought is needed as to how governors can engage more widely. Opportunities include Healthwatch, CCG Patient and Public Involvement Groups. The Trust's patient and public engagement manager will share information on potential events through governor newsletters. Governors will be invited to contribute to the regular Governor newsletter about local opportunities for engaging on SE London health matters.

### **Wider Governor Engagement opportunities**

- A number of governors attend a range of Trust and other SEL committees including the end of life care committee, the older people's committee and the Commissioner's Quality Review Group. This has grown organically and needs review. This review will be done by the Foundation Trust Office. This will be done by September 2020.
- It needs to be recognised that most governors have particular interests and may be PPV representatives on some groups, rather than representatives of the Council of Governors.
- It was agreed that an open and transparent system to appoint governor representatives to committees is needed.
- Governors were asked to inform the Foundation Trust Office if there are areas in which they have a particular interest in order to give them opportunities to contribute there.
- It is recognised that not all governors have time to involve themselves in this way, but the opportunities will be made available to those who can.

- As we move closer to business as usual, the Trust Office will facilitate 'go see' visits on a regular basis, which will allow governors to observe how front line services are delivered and may provide opportunities to engage with staff and patients.
- Ad hoc opportunities will be advertised via the governor newsletter.

#### 4. The Task and Finish Group workshop on accessibility

The Group started by highlighting their experiences of accessing services and buildings across the Trust. The following issues were highlighted:

##### Car Parking Space:

- The lack of car parking spaces and car parking charges are high. This poses problems particularly for disabled patients and if a family member is a long term patient.
- The building of a multi-storey car parking facility would be useful. While the Trust had plans to take this forward, there were ongoing issues.
- There is an App which directs users to the nearest local parking, however this is not ideal for patients who require easy and quick access to the hospital.
- Denmark Hill station was not ideal in terms of access as well as line availability.

##### Patient Transport:

- There were mixed views about the efficiency of the patient transport service. It was noted that though patients can use patient transport, the service is inadequate.
- Problems with patient transport included lack of understanding of the different codes/acronyms, rude staff, poor record keeping, patients being treated like they are abusing the system which is upsetting and drivers expressing dissatisfaction with their jobs. All of these issues were negatively transmitted to the patients.
- The issue with codes/acronyms was a major problem leading to difficulties in booking transport. Nurses lacked knowledge of the codes or do not have access to them, which means the wrong type of transport turned up to collect patients. This is a significant safety issue and impacts on length of stay and ability to discharge patients.
- System level - all the private companies should use the same codes and ensure consistency.

##### Getting into the hospital:

- Signage around the building especially in the Ruskin and Guthrie Wing and especially for wheelchair access was suboptimal.
- Issues for patients who arrive at the hospital without a wheelchair and then subsequently require a wheelchair. The Security team currently assists with arranging for a wheelchair to be provided however patients are generally unaware of this service. The suggestion was to include a note on patient appointment letters to advise patients on who to contact to arrange a wheelchair.
- Hospital Porters are not permitted to assist patients who need to access the outpatient pharmacy. It was suggested that volunteers could assist with this. Governors would look into the volunteer service to identify other areas where volunteers can contribute and the facilities they have to help with physical access.
- The Group noted that generally the hospital is wheelchair accessible, however access to toilets are an issue (generally as well as specifically).
- The Group discussed the audit of accessibility, a copy of this would be shared and the Group sought to work through this and consider the actions to take.
- Outpatient areas are often not fit for more than one wheelchair at a time.

##### Patients with hearing impairments:

- The Group discussed that it can be difficult in waiting rooms for patients with a hearing disability, in terms of missing a call out of their name. There is no issue in waiting rooms for blood tests as patients are provided with a ticket number. The role of screens and how they can be utilised to improve the service needed further investigation. There is a screen in liver outpatients. The suggestion was for more screens to be installed in other waiting areas so patients are aware of their position in the queue or for the vibrating equipment to be used

which would notify patients when they are being called for their appointments. These are currently used at the cancer centre at GSTT.

- Governors queried whether staff can come and collect patients. There needed to be more staff training on how to support patients with visual and hearing impairments.

#### What more information is needed and how can Governors help with improving access?

The Group sought to further analyse patient experience around issues of visual and hearing impairments. There needed to be a more systematic feedback of the issues. The Group agreed to look at patient feedback forms and complaints received to assess what they reveal about accessibility/themes.

An understanding of how the Trust was assuring itself that standards were being upheld. Feedback from the membership on their experience would be helpful in identifying the recurring themes. It was proposed that this could be achieved via a meeting/survey.

There was concern that staff were not able to effectively communicate with patients with hearing impairments, instead communicating with family members despite the patient being present. This left patients feeling excluded from their own treatments. Lack of good communication also posed problems for patients with a learning disability/cognitive processing difficulty which means they are not given the time to process the information. Both of these issues are addressed through other surveys e.g. friends and families.

The Group discussed the need to improve services to make the hospital a dementia-friendly environment however noted that cost has been an issue.

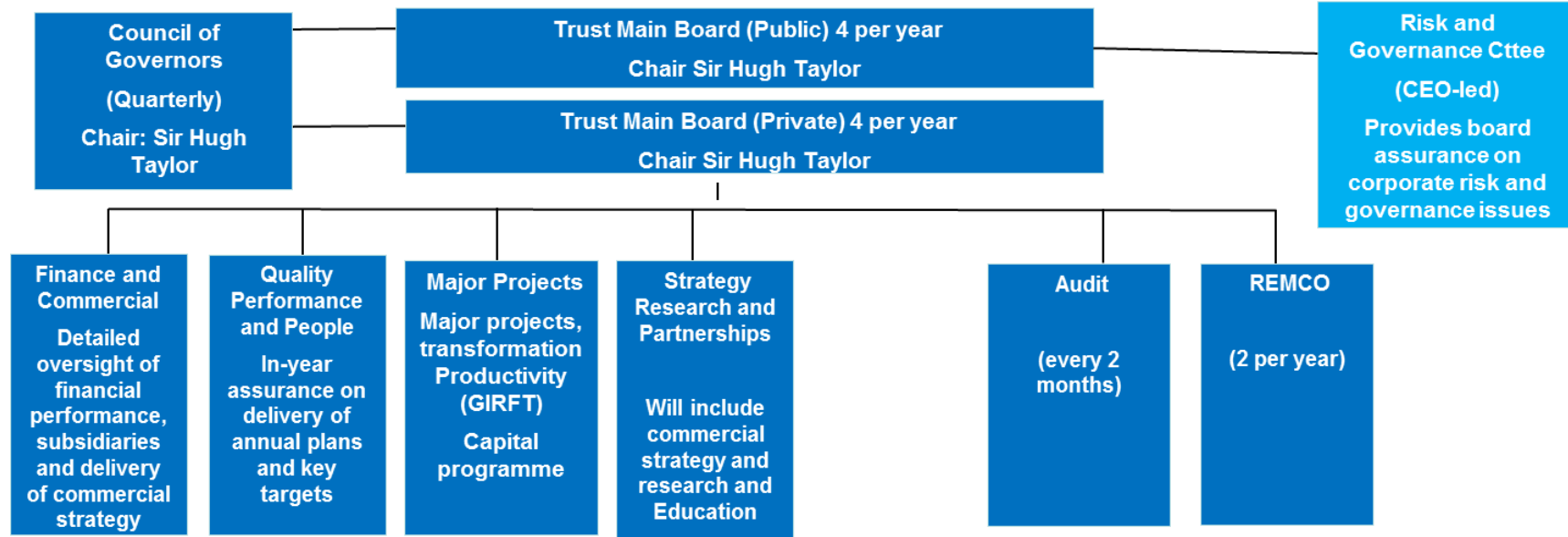
The following suggestions were highlighted:

- Looking at what good practice would cost. The estates function and clinical functions would need to work together to support this.
- The hospital provides a somewhat bustling atmosphere and there was a feeling that more could be done to improve this.
- Involvement of specialist nurses to find out what patients feel about a dementia-friendly environment and the changes that are necessary.
- There is a big drive to progress this and more can be done with limited funds. An option would be to look into whether the Trust Charity could assist.
- The Group discussed the use of hearing loops or microphones in meeting rooms and the cost of this would be explored.

#### **Next steps – Action Plan**

- There are three current vacant governor observer opportunities: one on QPP and two on Major Projects. The Lead Governor (Jane Allberry) will ask for expressions of interest from the Council of Governors.
- Appointments have been sent out for the NED/Governor accountability video conferences.
- The Chair and Trust Secretary agreed to discuss the report with the Board and agree next steps on addressing the issues raised in the accessibility task and finish group. That has been overtaken by the response to COVID-19 pandemic but as we now move into the recovery phase, they will now follow-through on that and re-engage with Governors in the Autumn.
- Additional PESC and Strategy meetings will be organised for July, to replace meetings cancelled as a result of COVID-19 and the Chair will agree which NEDs will attend as per above.

**Appendix 1  
Current Board Structure**



**Finance & Commercial Committee, 21 May 2020**

Paul Cosh (Observer)

Updates from KFM and KCH Management - both were going fine and seemed to cope with COVID-19 well.

There was a conversation about VIAPATH. This company conducts 1:7 of the NHS COVID tests and is now concentrating on developing an anti-body test. It is profitable. Both KCH and GSTT are increasing their shareholding to buy out SERCO.

The main discussions about Month 12 and last year are best understood by viewing the attached presentation. It shows a pleasing financial turnaround.

Things in Month 1 have been affected by COVID-19 activity but seemingly the losses of private income and elective surgery income have been reasonably balanced by COVID-19 income.

# Year on Year Supplementary Analysis

## F&C

King's





Improvement in the financial position is largely driven by a 9% increase in clinical income whilst maintaining control of the cost base. We have seen an increase in clinical efficiency offset by investments in A&C and other areas (Therapies, Radiology and Pharmacy).

Category	2018-19 Outturn	2019-20 Outturn	% change
<b>NHS Clinical Contract Income</b>	<b>963,999</b>	<b>1,046,392</b>	<b>9%</b>
<b>Other Operating income</b>	<b>119,883</b>	<b>146,225</b>	<b>22%</b>
Private Patient & Overseas Income	25,473	23,746	(7%)
Other NHS Clinical Income	4,539	3,743	(18%)
Other Non-NHS Clinical Income	2,330	3,980	71%
<b>Income</b>	<b>1,116,224</b>	<b>1,224,086</b>	<b>10%</b>
Medical Agency	(10,601)	(5,950)	44%
Medical Bank	(5,185)	(9,797)	(89%)
Medical Substantive	(208,657)	(215,660)	(3%)
<b>Medical Staff</b>	<b>(224,442)</b>	<b>(231,407)</b>	<b>(3%)</b>
Nursing Agency	(4,352)	(6,120)	(41%)
Nursing Bank	(29,723)	(32,706)	(10%)
Nursing Substantive	(249,508)	(256,828)	(3%)
<b>Nursing staff</b>	<b>(283,583)</b>	<b>(295,654)</b>	<b>(4%)</b>
A&C agency	(2,444)	(2,706)	(11%)
A&C Bank	(3,523)	(3,441)	2%
A&C Substantive	(93,406)	(104,086)	(11%)
<b>Admin and Clerical</b>	<b>(99,373)</b>	<b>(110,233)</b>	<b>(11%)</b>
Other Agency Staff	(5,438)	(2,874)	47%
Other Bank Staff	(1,960)	(2,173)	(11%)
Other Substantive Staff	(76,435)	(83,856)	(10%)
<b>Other Staff</b>	<b>(83,832)</b>	<b>(88,904)</b>	<b>(6%)</b>
<b>Pay</b>	<b>(691,230)</b>	<b>(726,198)</b>	<b>(5%)</b>
<b>Nonpay</b>	<b>(557,640)</b>	<b>(575,732)</b>	<b>(3%)</b>
<b>Financing</b>	<b>(42,313)</b>	<b>(47,320)</b>	<b>(12%)</b>
<b>TRUST TOTAL (deficit per ledger)</b>	<b>(174,960)</b>	<b>(125,164)</b>	<b>28%</b>
<b>OPERATING DEFICIT (excluding Impairment, FRF, STF etc)</b>	<b>(187,138)</b>	<b>(159,325)</b>	<b>15%</b>
Consolidation of Subsidiaries	(2,000)	4,000	
<b>Revised OPERATING DEFICIT</b>	<b>(189,138)</b>	<b>(155,325)</b>	<b>18%</b>

The Trust received an income uplift of 9% despite only seeing a 1-2% increase in volume and an additional 2% increase in mix.

This included a 9% increase in the CCG block contract following negotiation of an adjustment to local prices, receipt of £5.4m of historic discounts and £5m of RTT funding on top of inflationary uplifts and activity growth.

An even higher level of increase was seen on NHS spec comm contract. The core contract included a £15.6m increase for local prices and despite a c.8% increase in base contract the Trust over performed by £18.5m.

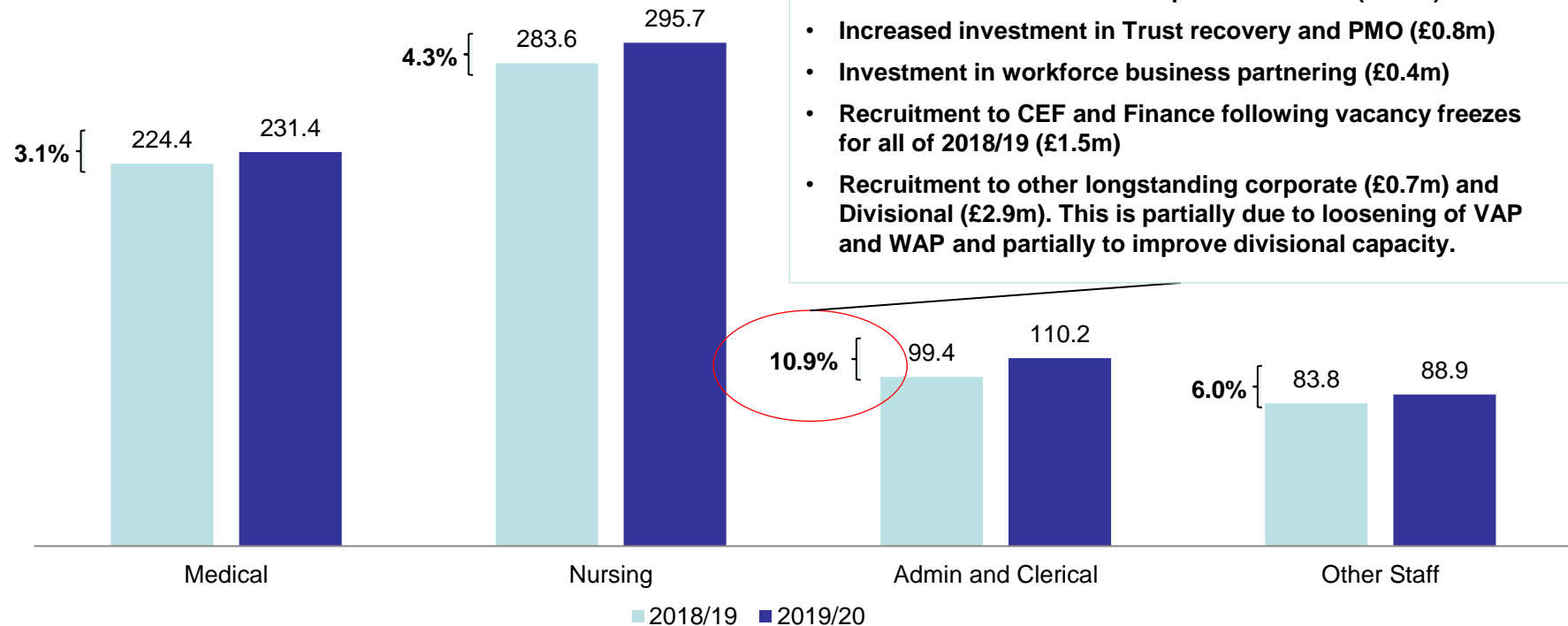
Other Operating income increase largely due to receipt of £14.8m FRF and £20.4m of STF in 2019/20 compared with £9.7m in 2018/19.

See supporting analysis on slides 2 and 3

Driven by interest as a result of incremental distressed finance loans.

# Pay Comparison

Pay has increased by £35m (5%) in 2019/20 partially driven by £22m of wage inflation (3%). The remaining £14m (2%) has been driven by investment in the Trust's senior management, recruitment to vacancies and business cases to support delivery of c.2% activity growth.



The 11% increase in A&C is driven by:

- £3m inflation and incremental drift and non recurrent £1.7m annual leave accrual
- Investment in Board and Corporate services (£0.7m)
- Increased investment in Trust recovery and PMO (£0.8m)
- Investment in workforce business partnering (£0.4m)
- Recruitment to CEF and Finance following vacancy freezes for all of 2018/19 (£1.5m)
- Recruitment to other longstanding corporate (£0.7m) and Divisional (£2.9m). This is partially due to loosening of VAP and WAP and partially to improve divisional capacity.

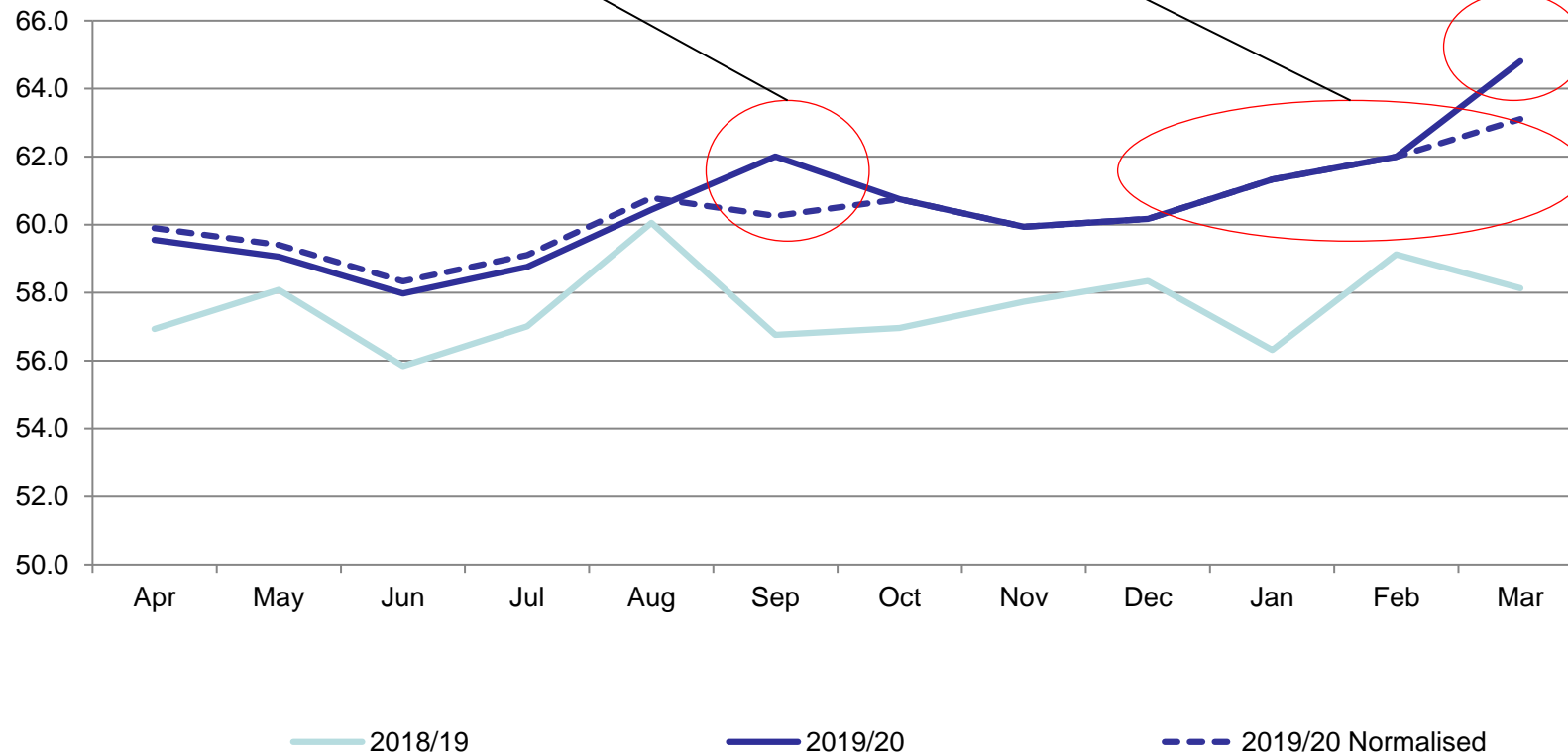
# Pay Run Rate

Pay controls in 2018/19 bought grip and control on pay expenditure which was maintained in early 2019/20 until escalation areas were opened in Q4 of 2019/20

Spikes in August 2018 and September 2019 relate to backdated pay award. This has been normalised out for 2019/20 to show trend

Steady increase in pay from Dec 2019 to March 2020 relates to impact of ACU & AMU (£0.9m), additional ED shifts (£1.1m) and escalation areas at DH (£1.1m) and PRUH (£0.4m). Only Quebec ward was expected to continue post March in pre COVID plan

Spike in March relates to Annual leave accrual (£1.7m). This is adjusted for in normalised position



**Quality, People and Performance Committee, 4 June 2020.**

Victoria Silvester (observer)

Members of the Board were challenged by the Non-Executives – Chair, Sir Hugh Taylor, Chair of QPPC Jon Cohen, Ghulam Mufti, and two new NEDs Nicholas Campbell-Watts and from GSTT, Steve Weiner.

Covid-19 Briefing Clive Kay reported that the Trust will be undertaking a risk assessment process for BAME staff. Nicola's concern is her nurses will be unable to take a holiday abroad this summer if they have to isolate for 14 days on their return. Most would be unable to work from home. Southwark CCG reported health care in Lambeth and Southwark – recent changes to discharge need to keep going; covid-19 patients need more help when recovering at home.

Patient Safety Report Hugh was shocked with the volume of serious incidents and requested a paper for the June Board meeting.

Patient Experience Report no data due to covid-19 but staff are currently telephoning discharged patients. Feedback on the roll out of In-Touch kiosks is positive as it gives patients their waiting times. Continued concern doctors talking over patients – NEDs said that leadership must come from the Consultants. Nicola raised an issue at this Trust, whilst property bags were provided for patients, there was no note to itemise the goods, especially jewellery. Some items were not returned after death. Wards, now empty, are being reviewed and repaired by Estates. Re-setting of work streams & clinic letters in process.

Safeguarding Reports Covid-19 = low rate of referrals. Staff must be vigilant for children with domestic abuse, knife crime, and mental health. Vulnerable adolescents are too long in A&E.

Maternity Anti natal went virtual, home births stopped for 3 weeks at height of covid-19 due to concern about ambulance response. Positives – no visitors so mothers kept curtains open and talked to one another, learnt from one another. *(Note Victoria – as it was 40 years ago!)*

Duty of Candour Clive asked for compliance overall? 220 reports, completed or in work? Response 95-96%. This is not good for patients or their relatives.

Workforce 581 staff off – 426 shielding. Sickness rate increased. Vacancy rate up. Appraisals due to re-start shortly. Engagement – staff survey shortened? NED question on bank spend? Response: downturn in agency spend so possible increase in bank spend.

Performance Over 1,000 patients on waiting lists for scheduled care. Going to take time to restore recovery trajectory & lost to follow-up. 2 more weeks of Gold and Silver then moving to re-set for patient flow, critical care, outpatients.

Dermatology 668 lost to follow up at Beckenham Beacon, review completed – mainly minor or no harm but 24 moderate and one severe. Endoscopy backlog of 1,000 patients, 7 serious harm.

Ophthalmology 47 patients reviewed – 3 serious incidents. Jonathan Lofthouse reported 3 dermatology consultants had left the PRUH recently and whilst the PRUH had 2 endoscopy rooms, it needed 7 rooms. A shielding, retired doctor is contacting patients and doing harm reviews.

At the end of the meeting Sir Hugh asked the Board to do a Re-set Programme for Patient Care for the Governor Council meeting on 18<sup>th</sup> June, particularly – missed appointments, lost to follow up, assurance, patient care, and a programme for 1,000 patients currently on the waiting lists.

## Patient Experience & Safety Governor Committee

### Minutes

Minutes of the **Patient Experience & Safety Committee (PESC) meeting**

**Thursday 14<sup>th</sup> November 2019** at 11:15 – 13:15hrs

Dulwich Meeting Room, King's College Hospital, Denmark Hill

### Present:

Victoria Silvester	Public Governor (Chair) (Southwark)
Jane Allberry	Lead Governor/Public Governor (Southwark)
Jane Clark	Public Governor (Bromley)
Penny Dale	Public Governor (Bromley)
Barbara Goodhew	Public Governor (Lambeth)
Stephanie Harris	Public Governor (Southwark)
Chris North	Public Governor (Lambeth)
Claire Wilson	Staff Governor

### In attendance:

Jessica Bush	Head of Engagement & Patient Experience
Jenny Cleary	Director of Midwifery
Siobhan Coldwell	Trust Secretary and Head of Corporate Governance
Jo Haworth	Deputy Chief Nurse
Kudzai Mika	Quality Governance Manager
Tara Knight	Corporate Governance Officer (Minutes)

### Apologies:

Diana Coutts-Pauling	Public Governor (Bromley)
Carole Olding	Staff Governor
Ashley Parrott	Director of Quality Governance

Item	Subject	Action
19/48	<b>Welcome and Introductions</b>	
	Introductions were made and apologies for absence were noted.	
19/49	<b>Declarations of Interest</b>	
	No interests were declared.	
19/50	<b>Chair's Action</b>	
	There were no Chair's actions.	
19/51	<b>Minutes of the Previous Meeting</b>	
	The minutes of the last meeting held on 11 <sup>th</sup> July 2019 were approved as an accurate record.	

Item	Subject	Action
19/52	<b>Action Tracker and Matters Arising</b>	S Coldwell
	<p>The Committee reviewed the action tracker. The following was noted:</p> <ul style="list-style-type: none"> <li>• <b>19/23 - Statistics on patient self-discharge</b> The Director of Quality Governance sent in an update to inform the Committee that this data is not collected.</li> <li>• <b>19/38 - Patient Story: Jane Clark – Outpatient Experience</b> The Trust Secretary to share findings from the investigation carried out by Deputy Director of Operations (Planned Care) with Jane Clark outside of the meeting. <b>Action closed.</b></li> </ul> <p>The Committee was informed that the Executive lead for PESC is now the Chief Nurse who will be invited to future meetings. This could mean that the meeting schedule may change to accommodate attendance. The lead role might also be shared between the Chief Nurse and Executive Director of Integrated Governance. The Trust Secretary will confirm with the Committee once this has been agreed upon.</p>	
	<b>PATIENT SAFETY AND RISK MANAGEMENT</b>	
19/53	<b>Quality Report</b>	
	<p>The Committee received and noted the Quality Report covering data from August - September 2019.</p> <p>The Committee noted the following updates:</p> <ul style="list-style-type: none"> <li>• Violence and aggression remains one of the highest total incidents reported.</li> <li>• Duty of candour compliance is improving.</li> <li>• Inpatient FFT response rate at 47% will be one of the highest in the country for Acute Trusts.</li> </ul> <p>The reporting cycle is quarterly and the Committee noted that the data received is now 2 to 3 months out of date.</p> <p>Concerns were raised about the backlog of waits in Endoscopy, Dermatology and Ophthalmology. The Committee were informed that harm reviews in each of these services were still being conducted and a number of measures had been put in place to ensure sustainable management of the waiting lists. Reports from QARC meetings on these concerns were included in PESC papers for this meeting.</p> <p>The Committee enquired about what support staff were receiving to deal with violent and aggressive behaviour and were informed that the Chief Nurse is leading on a piece of work to develop a strategy in conjunction with front line staff. A paper was tabled at the King's Executive meeting this week. An update will go to the Council of Governors meeting in December.</p>	
19/54	<b>National Inpatients Survey</b>	
	<p>The Head of Engagement &amp; Patient Experience shared the results of the 2018 CQC National Adult Inpatient Survey.</p>	

Item	Subject	Action
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The Committee noted the following:

- Rated as 9<sup>th</sup> out of 10 Trusts within the Shelford Group and 6<sup>th</sup> out of 8 London acute teaching hospitals.
- 10 out of 11 categories were rated as amber. No categories were rated green.
- Red rated as worse than other Trusts in Operations and Procedures.
- Data showed a slight improvement for the Denmark Hill site and a slight decline for the PRUH and Orpington.

The Committee discussed the Trust's score on patients getting enough to drink whilst in hospital. The Head of Engagement & Patient Experience explained that a deeper dive into this area would be carried out. There was discussion regarding some wards not having two tea/coffee rounds and also that jugs of water were brought to patients but left out of their reach with no one to offer help.

#### 19/55 Safeguarding Adults & Children – Annual Report

The Deputy Chief Nurse explained that the reporting cycle for the Adult Safeguarding report and Children's safeguarding report will now be in sync so that they are submitted together.

Both the Adult and Child Safeguarding teams were challenged in terms of personnel last year, but they are now fully staffed. The Safeguarding Committee is a joint Committee which has benefited both teams in terms of joint learning.

After the last CQC inspection, a number of issues with the Safeguarding teams were raised and the following have been addressed:

- Now compliant with mandatory Safeguarding training.
- Annual report amended to sufficiently address risks within the child protection information system. From April 2019, both sites went live with CPIS.
- There is risk to the Trust in terms of not receiving timely outcomes for Section 42 safeguarding enquiries from the Local Authorities. The Directors of Social Services in Lambeth, Southwark and Bromley have been written to. The responses from Lambeth and Southwark Social Services were positive however, Bromley are yet to respond.

The Committee raised questions regarding children with disabilities and mental health illnesses. There is no provision for children with Learning Disabilities within the Trust at the moment and the Trust recognises the gap. There is a national crisis in terms of CAMHs referrals.

The Committee enquired about what support staff receive in dealing with Safeguarding cases. Staff receive weekly supervision and additional debriefing if there is a particularly difficult or distressing case.

#### 19/56 CQC Action Plan Update

The Quality Governance Manager explained the new improvement framework for monitoring CQC action plan improvement across the Trust. The Actions were now

Item	Subject	Action
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split into three areas; high level actions, Divisional actions and Transitional actions.

The Committee noted the following from the report:

- Improvement in Duty of Candour compliance
- Upward trend in Friends and Family Test scores at Denmark Hill

The Committee commented that the Friends and Family Test target score was directly linked to the response rate. Currently, not every patient is asked for feedback.

The Committee queried why the 18 week wait target and cancer waiting times were not included in the report. The 18 week wait target has been included for the next report and cancer waiting times are monitored elsewhere. The chair asked for more up to date reports in future – the report submitted to this meeting showed figures from February to July. Governors would like to be able to comment on more recent figures.

**19/57 National Maternity Survey Action Plan and Unexplained Deaths in Maternity**

The Committee received and noted the Safety in Maternity Report and the 2018 National CQC Maternity Survey.

The Director of Midwifery informed the Committee that Maternity Services were currently undergoing a significant transformation. The Government have recognised that the still birth rate is too high and have set a national target to reduce the rate of still birth, neonatal death and brain injury by 50% by 2025.

In order to achieve this target, the Trust is working collaboratively with Lewisham and Greenwich Trust and Guy's and St Thomas'. The focus is now on continuity of care and the expansion of the case loading model. Three new teams will be launched at the PRUH next week. Flexible working, including the introduction of a night shift, has been introduced for staff to help reduce the amount of on-call shifts whilst ensuring continuity of care for expectant mothers.

In order to help reduce pre-term births, the Service will try to ensure mothers are placed in the most appropriate clinics to deal with any known complications. There has also been a campaign to raise awareness of helpful medication and minerals to help reduce the risk of cerebral palsy, a condition that develops as a result of a brain injury.

The Director of Midwifery went on to explain that many parents do not consent to a post-mortem for their baby and so the death will be recorded as 'unexplained'. Post-mortems on babies are conducted by specialist doctors for whom there is a significant waiting list. All women are offered a range of support pathways, including psychological support. Despite interventions to prevent pre-term births, some may, unfortunately, result in unexplained deaths.

5.1



Item	Subject	Action
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**PATIENT EXPERIENCE**

**19/58 Patient Experience Report**

The Committee received the Patient Experience report for quarter 1 as the quarter 2 report had yet to go through the relevant reporting channels.

The Committee noted the following:

- Since the quarter 1 report, the number of overdue complaints has increased significantly.
- Doctors talking in front of patients as if they were not there – average score of 77 against target of 90 with 9 out of 13 care groups red rated.
- ED and Outpatients FFT remain outliers compared to both London and national averages.
- No wards at the PRUH were red rated.
- Two volunteers received awards from Southwark Council.

Stephanie Harris shared her experience with the PALS service. The Committee was informed that in trying to cancel an outpatient appointment, Stephanie was unable to get through to the clinic. PALS were then contacted and Stephanie left a message. PALS have not called back. The Head of Engagement & Patient Experience will take this back to the PALS team but explained that the PALS team have limited capacity at the moment as they are down by three members of staff.

**19/59 Quality Priorities (2019/2020) - Update**

The Committee received and noted the Quality Priority reports on:

- Improving Patient Discharge Process
- Improving Cancer Services
- Mental Health
- Improving Patient Experience in Outpatients

**Improving Patient Discharge Process**

The Committee requested the embedded documents from pages 2 and 4 of the Improving Patient Discharge report.

**K Mika**

Progress has been made in discharge services at the PRUH and Orpington. Complaints have decreased. Queries were raised regarding how well the One Bromley project was working. The Quality Governance Manager will request this information and feedback.

**K Mika**

**Improving Cancer Services**

The Committee observed that the metrics in the report on Improving Cancer Services have changed and did not appear to capture immediate ways of assessing progress. The Quality Governance Manager will feed this back to the team.

**K Mika**

**Improving Patient Experience in Outpatients**

There has been a 5% reduction in DNA rates with the introduction of two way text messaging. Patients' responses are now being linked to the re-booking team so that a new appointment can be arranged for them.

**5.1**

Item	Subject	Action
	<p>Due to required technology that will need additional finances, there may be a delay in new clinic outcome letters. The Head of Engagement &amp; Patient Experience will be meeting with the Head of Operational Performance and update Governors accordingly.</p>	J Bush

### Mental Health

Post meeting, the following queries were made:

*'... [regarding] mental health screening. It is indeed good to be 'on track' with rollout but there needs to be measurement of follow-through when screening highlights that a mental health issue needs to be addressed. Why isn't this being tracked as it's surely core to the priority?*

*[slight concern] about the Healthwatch Lambeth project and my query is about Southwark focus as at the Mental Health Board this has been presented as targeted at Lambeth patients.'*

Responses:

- In terms of the first question, it is something we have considered and continue to think about. However, it is quite complicated. One of the main challenges is that there is no structured way of recording information after the screening. It currently depends on the individual clinician, is stored in unstructured fields and is therefore difficult to access.*

*There is some work on-going to test natural language processing and analytics to data mine structured and unstructured fields within the electronic patient record. This would help, but it would unfortunately still not give us the whole picture, such as whether the patient accepted a suggested referral to IAPT etc.*

*We will continue to consider how we can track follow-through. In the meantime, we have previously collected some feedback – and are planning further evaluation – that showed a majority of surveyed clinicians felt that IMPARTS had improved their service and had become embedded and utilised well in their clinic.*

**Natalia Stepan**  
**Strategy Manager**

- [In] ... answer [to] the second [query]. The project involves voluntary sector organisations from Southwark as well as Lambeth. So we are working particularly with Southwark Wellbeing Hub – as they are the key point of access to voluntary sector (and adult social care referrals) for people with mental health needs in Southwark. We are setting up pop-ups for them in the hospital and also information about them for the wards. This is alongside our work with a key Lambeth voluntary sector organisation.*

**Lucy Hamer**  
**Patient engagement and experience manager**

Item	Subject	Action
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<b>19/60</b>	<b>Outpatients Transformation Progress Update</b>	
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The Head of Engagement & Patient Experience informed the Committee that Outpatients is now part of the Trust strategy so will have a prioritised focus. The work will be led by the Chief Operating Officer and the Outpatient Lead in Financial Recovery.

**GOVERNOR FEEDBACK**

<b>19/61</b>	<b>Feedback from Governors on Patient Safety and Experience Activities</b>	
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**Jane Allberry**

- 24.07 - PPV rep on SE London Cancer Alliance
- 06.08 - meeting with other PPV reps on neuroscience services
- 02.09 - Southwark CCG meeting on delivering the Long Term Plan
- 10.09 - Cancer patient experience programme board
- 11.09 - SE London patient and public advisory group meeting
- 26.09 - London cancer patient advisory group
- 27.09 - neuroscience PPV event
- 30.09 - Cancer rehab community of practice event
- 01.10 - Plans for Brompton Hospital - consultation
- 08.10 - launch of South London Neuroscience operational delivery network
- 15.10 - Guy's cancer user group

**Diana Coutts-Pauling**

- Patient Experience – 17.07, 02.09 and 07.10
- Patient Food Audit at PRUH – 05.08, 03.09 and 10.10

**Penny Dale – Public Governor (Bromley)**

- 25.06 Members health talk at PRUH
- ? think this is a Board meeting - delete
- 04.07 Commendation Awards DH
- 04.07 Awareness session for potential new Governors at PRUH
- 11.07 PESC
- 15.07 CQC Improvement committee at PRUH and 2 weekly thereafter until I finish
- 17.07 PEC DH
- 07.08 Older Person's Committee
- 13. 08 Bromley Community meeting to discuss 5 year plan
- 23. 08 End of Life Committee
- 03.09 and 05.09 Kings Stars panels
- 06.09 Frailty workshop PRUH
- 10.09, 11.09, 12.09 and 13.09 Dignity visits PRUH and Orpington
- 17.09 PLACE Orpington
- 19.09 Members AGM Southwark and Lambeth
- 24.09 Members AGM Bromley
- 25.09 Dignity Awards PRUH
- 07.10 PEC PRUH
- 08.10 PLACE PRUH

Item	Subject	Action
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- 11.10 End of Life Committee
- 14.10 Allied Health Professionals day DH
- 04.11 Visit to QMS with PRUH Exec to discuss ISS plans for PRUH canteen

**Barbara Goodhew - Public Governor (Lambeth)**

- 11/07/2019 PESC meeting
- 15/07/2019 Attended local PPG meeting
- 02/09/2019 Attended local PPG meeting
- 05/09/2019 Commendations Panel meeting
- 04/11/2019 Attended local PPG meeting
- 12/11/2019 Attended Members talk re A&E at King's
- 14/11/2019 PESC meeting
- Assisted at Parkinson Singing Group Sessions - Fortnightly through June/July/Sept/Oct/Nov

**Stephanie Harris - Public Governor (Southwark)**

- Attendance at monthly Mental Health Board
- 19.09.19 Attendance at Denmark Hill AGM
- 30.10.19 Attendance at winter menu tasting session
- 12.11.19 Attendance at Mind & Body Champion Awards

**Victoria Silvester – Public Governor (Southwark)**

- 17.07 Patient Experience meeting
- 20.08 QARC meeting
- 02.09 Patient Experience meeting
- 04.09 Food audit on Donne ward
- 05.09 Judging panel for volunteer star award
- 19.09 King's Annual Members meeting, governor presentation
- 23.09 PLACE review with menu tasting
- 24.09 QARC meeting + PESC agenda planning meeting
- 07.10 Patient Experience meeting
- 09.10 Food audit on Todd ward
- 29.10 PLACE review with menu tasting
- 04.11 Patient Experience meeting

**19/62 Governor Observer Summary of the Quality Assurance & Research Committee (QARC) meetings**

The Committee noted the meeting summaries from the QARC meetings held on:

- 9<sup>th</sup> July 2019
- 20<sup>th</sup> August 2019
- 24<sup>th</sup> September 2019

**19/63 CQRG Summary**

The Committee noted the meeting summary from the CQRG meeting held on 13<sup>th</sup> August 2019.

Item	Subject	Action
<b>COMMITTEE MATTERS</b>		
19/64	<b>PESC Membership</b>	
	<p>The Committee recommended that all newly elected Governors should be invited to all Governor sub-committee meetings in order to make a decision on which they would like to join.</p> <p>There was discussion on the value of having a separate Membership and Community Engagement sub-committee (MCEC) as there is much overlap with patient experience. It was suggested that the MCEC agenda should be absorbed into PESC and/or Strategy Governor Committee. The Governors will raise this with the Chairman when they meet for breakfast on 18<sup>th</sup> November.</p>	
19/65	<b>Annual Review of PESC Terms of Reference</b>	
	<p>The terms of reference will be deferred to the next meeting after a decision has been made about MCEC.</p>	
19/66	<b>PESC Annual Summary</b>	
	<p>The annual summary will be submitted to the Council of Governors meeting in March.</p>	
19/67	<b>PESC Annual Workplan 2020</b>	
	<p>The CQC are yet to publish which surveys' results will be made available for 2020. There was discussion regarding the meeting cycle as it relates to the reporting cycle. Most PESC members attend the Board meetings and receive papers before they get to PESC. There is little value in the same reports coming to PESC. The Committee would like a meeting schedule that aligns with the Board meetings.</p>	<b>S Coldwell</b>
19/68	<b>ANY OTHER BUSINESS</b>	
	<p>The Chair thanked Chris North, Penny Dale and Jane Clark for their terms of service as Governors on the PESC committee. Seconded by all Governors at the meeting.</p>	
19/69	<b>DATE OF NEXT MEETING</b>	
	<p>Thursday 20<sup>th</sup> February 2020, 09:00 – 11:00am Dulwich Room, Hambleden Wing, King's College Hospital</p>	

**Governors' Strategy Committee**

**Minutes**

Minutes of the Meeting of the Governors' Strategy Committee held on Thursday 21 November 2019, 9.00-11.00am in the Dulwich Room, Hambleton Wing, Denmark Hill

**Members Present:**

Ashish Desai	Chair
Chris North	Lambeth Public/Lead Governor
Carole Olding	Staff Governor
Penny Dale	Bromley Public Governor
Jane Allberry	Southwark Public Governor

**In Attendance:**

Nina Martin	Assistant Board Secretary (minutes)
Siobhan Coldwell	Trust Secretary
Heather Gilmour	Deputy Director of Strategy
Jasper Clouting	Strategy Analyst
Sarah Middleton	Head of Engagement

**Apologies:**

Stephanie Harris-Plender	Southwark Public Governor
Kevin Labode	Staff Governor (Admin and Clerical)

<b>Item</b>	<b>Subject</b>	<b>Action</b>
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**STANDING ITEMS**

**019/29 Welcome and Apologies**  
Welcome and apologies were noted.

**019/30 Minutes of the Previous Meeting – 18 July 2019**  
The minutes of the previous meeting were agreed as an accurate record.

**019/31 Matters Arising and Action Tracker**  
The Committee noted the actions and updated that the Chief Executive was unable to attend this meeting due to the Trust Strategy. The FTO was liaising with the CEO's office to agree a date for the coming year.

**Committee Business**

**019/32 Role of the Governor's Strategy Committee**  
The Committee would welcome a more detailed iteration of the strategy for discussion going forward. An update inclusive of narrative by way of background and context within which the strategy had been formulated would be useful. The Committee would prioritise monitoring the progress with the Trust's strategic plans. A further update would come to the February meeting.

**5.1**

Item	Subject	Action
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### Horizon Scan

**019/33** Jasper Clouting updated that the purpose of the scan was to highlight the wider issues influencing healthcare delivery and to look at emerging issues that could have an impact on King's. The scan covered the following five areas:

- **Political, policy and legal**, particularly:
  - The heightened risk of a no deal EU Exit.
  - The Integrated Care Bill – This underpins the NHS long-term plan with the aim of removing competition among providers.
  - The Healthcare Safety Bill would invest the Healthcare Safety Investigation Branch (HSIB) with statutory powers to investigate patient safety. They would work collaboratively with the CCGs.
- **Economic:**
  - NHSE/I have published the 2020 tariff engagement document, informing healthcare budgets for next year. The current government appears committed to estates with £4.6b announced for 6 new hospital builds and 21 upgrade projects, and a commitment to streamline future capital projects. The NHS infrastructure plan – could reduce autonomy by setting capital envelopes for all providers, including FTs
- **Social:**
  - PHE had launched Every Mind Matters to support mental health self-care. Trusts had been advised to address the pension crisis to mitigate against winter staff shortage.
- **Technological and medical:**
  - The launch of the innovation acceleration was highlighted to support integration of technology in health and social care. Randomised control trials had been piloted but this was still being evaluated.
- **Partnerships:**
  - The creation of a single SEL CCG from April 2020 (Bexley, Greenwich, Lambeth, Lewisham, Southwark). This would drive forward the population health agenda in SEL.
  - The NHS London Procurement Partnership working with 46 organisations including CCGs and acute, community, mental health ambulance trusts to introduce safe health and care apps into practice. This was linked to the innovation accelerator. The Procurement guidelines would need to be met and assessed.

Ms Allberry while welcoming innovation, expressed concerns around the financial implications for providers to sustain and maintain new apps. As the providers of the apps, having the monopoly usually required significant amounts to maintain them

The Committee also discussed the Trust's strategy for preventing inappropriate patients presenting at A&E and highlighted the importance of better engagement with community and GP services and diverting patients appropriately to improve patient flow in the ED pathway.

The Deputy Director of Strategy commented that GPs tended to default to referring patients to A&E. Patients not registered with a practice also defaulted to A&E. All agreed that wider, localised publicity of the 8-8 GP access service in Lambeth and Southwark was needed and that King's needed better engagement with the out of hospital and community services to effectively improve the ED pathway. Prevention and health promotion should be key strategic interventions to manage A&E demand.

Item	Subject	Action
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The Committee heard that Bexley's e-consultation service had been successful but this could marginalise those patients not comfortable with technology. More investment in social care and closer to home services was also important.

The scan also updated on three deep dives:

- **Anchor Institutions (Imperial College Model).** Their aim is to reduce health inequalities and support the prevention agenda. These are non-profit organisations sustainably linked to its local population. The Committee noted their primary and secondary drivers as well as potential change ideas. Regarding sustainability ideas, Penny Dale suggested better waste management particularly at the PRUH and added that more could be done to increase recycling particularly of plastic spoons. The Chair noted that shutting down computers overnight rather than leaving them on standby was another idea. He added that this was fairly standardised practice at GSTT.
- **UK Election – 12 December** – Committee noted the pre manifesto pledges
- **Advance technology in the NHS** – The Committee noted the findings.

### Trust Strategic Focus

#### 019/34 Trust Strategy (incl Operational and Business Planning)

The Deputy Director of Strategy noted that globally healthcare was seeing a shift from patients to population and to delivering care closer to home through integrated local services. The NHS response to the global thrust is a shift from competition to collaboration, integration and a move from individual to system accountability and a blurring of commissioner provider separation.

GSTT and KCH were working closer and were already collaborating around estates, digitalisation and workforce. KCH continued to engage with partners as part of King's Health Partners. A joint clinical strategy and the process for getting staff and clinical engagement with this work, was being developed.

Further to the discussion, the Chair queried plans for the urology pathway. The ABC Board's focus was on secondary care services rather than tertiary care. The urology service had been part of the GIRFT improvement work in area networks last year. Work was ongoing in both the north and south areas networks. Ann Wood was working to bring together both groups to improve pathway improvement.

Chris North highlighted the approaching change in CCG arrangements where they would essentially be sitting on the same side as providers while developing borough specific priorities. He queried how the borough priorities would be aligned to those of the wider system. The Committee heard that identifying and agreeing shared goals would support this.

Jane Allberry raised concerns around accountability with the collaborative approach, adding that it was this lack of clarity which had driven underperformance in cancer screening compliance.

OHSEL has for years been commissioner led and this is now being challenged as providers would now be able to in the role of commissioners. There was a discussion around best practice and learning from provider led models which could support, particularly from the South London Partnership.



Item	Subject	Action
	<p>Building relationships and establishing trust was important as was fully defining, owning and appreciating what we want to achieve and why.</p> <p><b>Operational Business Plan</b> - No plan had been submitted for 18/19. The Operational plan was a “Must Do” for NHS organisations and the Trust would be held accountable for its performance against the plan. A steering group was working to ensure the timely development and submission of the plan.</p> <p>There was an earlier start to engagement this year between finance and the care groups to take forward the planning process. Divisional management engagement had previously been a challenge, but was improving. However, clinical engagement with the process remained an issue.</p> <p>Ms Allberry asked if the emerging strategy had taken into account the increasingly ageing population. The Committee heard that this was addressed in the plan at specialty level and the assumption was also built into the LTP response. Further to a query around breast radiology, the Committee heard that this could be addressed as divisions would be required to specify their service intentions and prioritisation for the coming year.</p>	
019/35	<b>ANY OTHER BUSINESS</b>	
	No other business was noted.	
019/36	<b>DATE OF NEXT MEETING</b>	
	The next meeting is scheduled for Thursday 13 February 2020, 9.00am, Room, Fetal Institute, Windsor Walk.	

**Governors' Membership & Community Engagement Committee (MCEC)**

**Minutes**

Membership & Community Engagement Committee meeting  
**Thursday 14<sup>th</sup> November 2019** at 09:00 – 11:00am  
 Dulwich Meeting Room, King's College Hospital, Denmark Hill

**5.1**

**Present:**

Penny Dale	Public Governor (Committee Chair)
Jane Allberry	Public Governor (Southwark)/Lead Governor
Jane Clark	Public Governor (Bromley)
Barbara Goodhew	Public Governor (Lambeth)
Stephanie Harris	Public Governor (Southwark)
Chris North	Public Governor (Lambeth)

**In attendance:**

Jessica Bush	Head of Engagement and Patient Experience
Siobhan Coldwell	Trust secretary and Head of Corporate Governance
Tara Knight	Corporate Governance Officer ( <i>Minutes</i> )

**Apologies:**

Sao Bui-Van	Director of Communications
Lucy Hamer	Patient Engagement and Experience Manager
Sarah Middleton	Head of Stakeholder Relations
Carole Olding	Staff Governor
Claire Wilson	Staff Governor

<b>Item</b>	<b>Subject</b>	<b>Action</b>
<b>19/23</b>	<b>Welcome and Introductions</b> Apologies for absence were noted.	
<b>19/24</b>	<b>Declarations of Interest</b> There were no declarations of interest.	
<b>19/25</b>	<b>Chair's Action</b> There no Chair's actions to report.	
<b>19/26</b>	<b>Minutes of the Previous Meeting</b> The minutes of the last meeting held on 19 <sup>th</sup> June 2019 were approved as an accurate record.	

Item	Subject	Action
19/27	<b>Action Tracker / Matters Arising</b>	
	The Committee noted the action tracker and noted the following updates:	
	<ul style="list-style-type: none"> <li> <b>19/21 – Circulation of Pulse Magazine to Governors</b>                      The FTO Team have been posting out monthly issues of the Internal Staff Pulse Magazine to Governors. FTO Team to find out if the Magazine can be circulated electronically. There was also discussion around how the Trust might Communicate better with younger members via various social media platforms. The Trust Secretary will explore this with the Director of Communications.                 </li> </ul>	<p>T Knight</p> <p>S Coldwell</p>
	<ul style="list-style-type: none"> <li> <b>5 – Staff Governors</b>                      Staff have complained that they have not been made aware who the staff Governors are and what their role is. There is currently no staff Governor at the PRUH. The '60 seconds with...' interviews that are published as news items on the Kingsweb is to be used more regularly. To be on the agenda for the next meeting.                 </li> </ul>	S Coldwell

**COMMUNITY & STAKEHOLDER ENGAGEMENT**

19/28	<b>Communications Update</b>	
	The Committee received and noted the Communications and Stakeholder Update.	
	There are serious parking pressures at the PRUH. This has led to increased traffic and congestion on the site and both staff and patients struggle to park. In response to this issue, the Trust has developed a proposal for a new car parking deck to create a minimum of 90 additional car parking spaces for staff only at the PRUH. The proposal is to be submitted to Bromley council for planning permission and a request for views from local residents, staff and Governors has been made.	
	There has been a successful result from the business case submitted to the Department for Transport by Network Rail for a Denmark Hill Station enhancement project, including a new additional exit. The next stage is to secure local consents and planning for an appropriate design.	

19/29	<b>Governor Elections Update</b>	
	The Committee received an update on the 2019 Governor Elections. The Trust held elections for its Council of Governors for 11 out of 34 seats. The results were officially announced at the Annual Members Meetings, which took place on the 19 <sup>th</sup> September (Southwark) and 24 <sup>th</sup> September (Bromley). The terms of office for the Lambeth, Patient, Southwark and Staff Governors begin on 1 <sup>st</sup> December. The Bromley and Lewisham Governors will begin their terms on 1 <sup>st</sup> February.	
	One of the patient Governors that was elected can no longer take his seat. The Constitution states that you cannot be a Governor at any other Trust and this candidate	

Item	Subject	Action
	<p>is a Governor at three other Trusts. The learning here is to make the criteria clearer to candidates. The runner up will be invited to take the seat.</p> <p>The Committee requested clarification on whether a candidate can be elected as a patient Governor if a resident in one of the four Trust boroughs.</p>	<b>S Coldwell</b>
	<b>MEMBERSHIP ENGAGEMENT</b>	
<b>19/30</b>	<p><b>Membership Update</b></p> <p>The Committee received the Membership Update report. The following was noted:</p> <ul style="list-style-type: none"> <li>• Membership has increased slightly, in line with agreed targets.</li> <li>• Currently developing a Mental Health Strategy.</li> <li>• The A&amp;E Improvement membership event at Denmark Hill was successful with 34 members attending. 39 people will be attending the same event at the PRUH next week. Notes from the sessions will be published next week.</li> <li>• The annual Patient Led Assessments of the Care Environment (PLACE) visits to assess the care environment took place in September and October. Approximately, 70 patients, governors, members and volunteers participated.</li> </ul> <p>The Committee emphasised that it was very important for the Trust to let members know how their contributions were acted on by publishing information to them.</p> <p>The Committee was also informed that there was phenomenal interest in participating in the PLACE visits, but not everyone who showed interest was engaged with. There was discussion about changing the management of the PLACE visits from Facilities to the Membership team.</p> <p>Leaflets and information on Membership is available in all Outpatient Services and Governors were encouraged to keep copies. The Head of Engagement and Patient Experience to ensure the leaflets are still available in Outpatient clinics.</p> <p>There is currently limited capacity in the Communications team, which has meant the @ King's publication is on a hiatus. The Governors are being sent the Pulse Magazine instead, which some Governors felt was a weak communication with little information. The Head of Engagement and Patient Experience will explore having a section on membership in the Pulse. The Committee requests an update on when @ King's will be available.</p>	<p><b>J Bush</b></p> <p><b>J Bush</b> <b>S Bui-Van</b></p>
<b>19/31</b>	<p><b>Annual Members Meeting</b></p> <p>The Committee received an update on the Annual Members' meeting. A paper on feedback from King's members will go the King's Executive Team Meeting. The Trust will publish how they wish to engage with members over the next 12 months.</p> <p>Governors used to have a stand at the Annual Members' meetings. Attendance was</p>	

Item	Subject	Action
	<p>quite poor this year, which could have been due to late circulation of the dates due to changes at Board level. The Committee felt it would be useful for the Head of Engagement and Patient Experience to explore the reasons as to why Governors were unable to attend the AMM this year. The Trust Chairman is considering changing the format of the AMMs; people would like more time for question and answers.</p>	<b>J Bush</b>
	<p>The Committee were concerned that, due to lack of funds, there was still no provision for deaf people at AMMs, Board and Council of Governor meetings, which is a legal requirement. More concerning was that there appeared to be no lead for equalities in disabilities for patients and that the Trust equalities document does not mention patients. The Governors will raise the issue with the Chairman when they meet with him next week. The Committee was informed that the Chief Nurse was now responsible for Equality. The Trust Secretary to explore the provision of a hearing loop system for the next Board and Council of Governors meeting.</p>	<b>S Coldwell</b>

**5.1**

**GOVERNORS IN THE COMMUNITY**

**19/32 Governors' Community Engagement Activities**

**Jane Allberry**

- 24.07 - PPV rep on SE London Cancer Alliance
- 06.08 - meeting with other PPV reps on neuroscience services
- 02.09 - Southwark CCG meeting on delivering the Long Term Plan
- 10.09 - Cancer patient experience programme board
- 11.09 - SE London patient and public advisory group meeting
- 26.09 - London cancer patient advisory group
- 27.09 - neuroscience PPV event
- 30.09 - Cancer rehab community of practice event
- 01.10 - Plans for Brompton Hospital - consultation
- 08.10 - launch of South London Neuroscience operational delivery network
- 15.10 - Guy's cancer user group

**Diana Coutts-Pauling**

- Patient Experience – 17.07, 02.09 and 07.10
- Patient Food Audit at PRUH – 05.08, 03.09 and 10.10

**Penny Dale – Public Governor (Bromley)**

- 25.06 Members health talk at PRUH
- 03.07 BOD meeting
- 04.07 Commendation Awards DH
- 04.07 Awareness session for potential new Governors at PRUH
- 11.07 PESC
- 15.07 CQC Improvement committee at PRUH and 2 weekly thereafter until I

Item	Subject	Action
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finish

- 17.07 PEC DH
- 18.07 Governor Strategy Committee
- 07.08 Older Person's Committee
- 13. 08 Bromley Community meeting to discuss 5 year plan
- 23. 08 End of Life Committee
- 03.09 and 05.09 Kings Stars panels
- 06.09 Frailty workshop PRUH
- 10.09, 11.09, 12.09 and 13.09 Dignity visits PRUH and Orpington
- 12.09 Chair's breakfast
- 17.09 PLACE Orpington
- 19.09 Members AGM Southwark and Lambeth
- 24.09 Members AGM Bromley
- 25.09 Dignity Awards PRUH
- 07.10 PEC PRUH
- 08.10 PLACE PRUH
- 11.10 End of Life Committee
- 14.10 Allied Health Professionals day DH
- 17.10 BOD DH
- 04.11 Visit to QMS with PRUH Exec to discuss ISS plans for PRUH canteen

**Barbara Goodhew - Public Governor (Lambeth)**

- 11/07/2019 PESC meeting
- 15/07/2019 Attended local PPG meeting
- 02/09/2019 Attended local PPG meeting
- 05/09/2019 Commendations Panel meeting
- 12/09/2019 Attended Chairman's breakfast meeting
- 17/10/2019 Attended full Board Meeting + Governor Meeting
- 04/11/2019 Attended local PPG meeting
- 12/11/2019 Attended Members talk re A&E at King's
- 14/11/2019 MCEC meeting
- 14/11/2019 PESC meeting
- Assisted at Parkinson Singing Group Sessions - Fortnightly through June/July/Sept/Oct/Nov

**Stephanie Harris - Public Governor (Southwark)**

- Attendance at monthly Mental Health Board
- 19.09.19 Attendance at Denmark Hill AGM
- 30.10.19 Attendance at winter menu tasting session
- 12.11.19 Attendance at Mind & Bod Champion Awards

Item	Subject	Action
	<b>Victoria Silvester – Public Governor (Southwark)</b> <ul style="list-style-type: none"> <li>• 17.07 Patient Experience meeting</li> <li>• 20.08 QARC meeting</li> <li>• 02.09 Patient Experience meeting</li> <li>• 04.09 Food audit on Donne ward</li> <li>• 05.09 Judging panel for volunteer star award</li> <li>• 19.09 King's Annual Members meeting, governor presentation</li> <li>• 23.09 PLACE review with menu tasting</li> <li>• 24.09 QARC meeting + PESC agenda planning meeting</li> <li>• 07.10 Patient Experience meeting</li> <li>• 09.10 Food audit on Todd ward</li> <li>• 29.10 PLACE review with menu tasting</li> <li>• 04.11 Patient Experience meeting</li> </ul>	
	<b>FOR DISCUSSION</b>	
19/33	<b>Committee Workplan 2020</b> <p>The Committee discussed the possibility of merging MCEC with the Patient Experience and Safety Committee (PESC) as there was significant overlap. Members noted that the meetings were poorly attended and that discussions at MCEC were very closely linked to patient experience. The Governors will raise this with the Chairman when they meet for breakfast on 18<sup>th</sup> November.</p>	
19/34	<b>Election of Committee Chair and Committee Membership</b> <p>This item is deferred until a decision is a made on the future of MCEC and whether or not it will merge with PESC.</p>	
19/35	<b>Governor discussion on Committee Improvement</b> <p>This item is deferred until a decision is a made on whether or not this Committee will merge with PESC.</p>	
19/36	<b>ANY OTHER BUSINESS</b> <p>Many thanks were given to Penny Dale for chairing these Committee meetings and for her terms of service as a Governor. Thanks were also given to Chris North.</p>	
19/37	<b>DATE OF THE NEXT MEETING</b> <p>Thursday 13<sup>th</sup> February 2020, 12:30 – 2:30pm Dulwich Meeting Room, Hambleton Wing.</p>	

# Who's Who at King's

June 2020

## GROUP CHIEF EXECUTIVE



**Professor Clive Kay**

## KING'S EXECUTIVE



**Dawn Brodrick**

Chief People Officer

*Responsible for the development and delivery of the workforce strategy including pay, reward, learning and development, culture and values, and communications.*



**Beverley Bryant**

Chief Digital Information Officer (Joint GSTT)

*Responsible for the development and delivery of the Trust's digital and technology strategy, Information Governance & GDPR Lead and Trust Senior Information Risk Officer.*



**Jonathan Lofthouse**

Site Chief Executive, PRUH and South Sites

*Responsible for performance and operational delivery for PRUH and South Sites.*



**John Palmer**

Deputy Group Chief Executive for KCH NHS Foundation Trust and Site Chief Executive for KCH

*Responsible for the performance, quality and people standards for patients and staff on the Denmark Hill site; accountability for the pan-Trust transformation agenda, business planning and prioritisation.*



**Jackie Parrott**

Chief Strategy Officer (Joint GSTT)



**Dr Leonie Penna**

Acting Chief Medical Officer



**Prof Nicola Ranger**

Chief Nurse & Executive Director of Midwifery

*Responsible for the delivery of the Trust's clinical services and performance and the professional leadership of nursing. Includes service continuity management and emergency planning as well as Lead for CQC, quality and patient equality and chaplaincy and bereavement.*



**Prof Wendy Wendon**

Executive Director for Clinical Strategy & Research (Joint GSTT)

*Lead for clinical strategic development, partnership working and research.*



**Caroline White**

Executive Director of Integrated Governance

*Responsible for integrated governance, including PALS and complaints, board assurance, legal services, risk management and safety across the Trust.*



**Lorcan Woods**

Chief Financial Officer

*Responsible for the Trust's financial strategy, commissioning and contracts and cost improvement programme (CIP).*

## NON-EXECUTIVE DIRECTORS



**Sir Hugh Taylor**  
Interim Chair



**Nicholas Campbell-Watts**



**Prof Jonathan Cohen**



**Prof Ghulam Mufti**



**Sue Slipman**



**Christopher Stooke**



**Prof Richard Trembath**



**Vacant**

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### URGENT CARE, PLANNED CARE & ALLIED CLINICAL SERVICES



**Vacant**  
Medical Director



**Tricia Fitzgerald**  
Director of Nursing



**Jenny Cleary**  
Director of Midwifery & Women's Health

Deputy Director of Operations  
**Paul Chandler**

### NETWORKED CARE



**Laura Badley**  
Acting Director of Operations



**Prof Tony Pagliuca**  
Medical Director



**Jen Watson**  
Director of Nursing  
Freedom to Speak Up Guardian

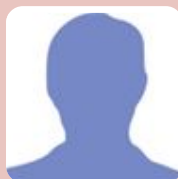
Deputy Director of Operations (*Interim*)  
**Vacant**

Deputy Director of Operations & Trust Cancer Lead  
**Vacant**

### PRUH & SOUTH SITES



**Jonathan Lofthouse**  
Chief Executive  
PRUH & South Sites



**Vacant**  
Director of Operations



**Dr Prakash Sinha**  
Medical Director



**Debbie Hutchinson**  
Director of Nursing

Deputy Director of Operations (Planned Care)  
**Jane Ely**

Associate Director Nursing  
**Sarah Herridge-Lewer**

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# Current Council of Governors

June 2020

 Paul Cosh	 Kirsty Alexander	 Emmanuel Forche	 Billie McPartlan	 Alan Doctors	Patient	
 David Jefferys Bromley	 Tony McPartlan Bromley	 Devendra Singh Banker Bromley	 Sonia Case Bromley	 Marcus Ward Lambeth		
 Alfred Ekelot Lambeth	 Barbara Goodhew Lambeth	 Vacant Lambeth	 Susan Wise Lewisham	 Jane Allberry Southwark		Public
 Hilary Entwistle Southwark	 Stephanie Harris Southwark	 Victoria Silvester Southwark	 Ashish Desai Medical & Dentistry	 Carole Olding Nurses & Midwives		
 Mick Dowling Nurses & Midwives	 Kevin Labode Admin, Clerical & Management	 Claire Wilson Allied Health Professionals	 Cllr Robert Evans Bromley Council	 Phidelmia Iisowska Joint Staff Office		Nominated
 Anne Marie Rafferty King's College London	 Cllr Jim Dickson Lambeth Council	 Vacant Southwark Clinical Commissioning Group (CCG)	 Dr Di Aitken Lambeth Clinical Commissioning Group (CCG)	 Charlotte Hudson South London & Maudsley NHS Foundation Trust		
 Richard Leeming Southwark Council						