

AGENDA

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| Meeting | Public Council Of Governors |
| Time | 18:00 – 19:45 |
| Date | Thursday 10th September 2020 |
| Venue | MS Teams |

| | | | Encl. | Lead | Time |
|--|--|-----------|-------|-----------------------------------|--------------|
| 1. Standing Items | | | | Chair | 18:00 |
| 1.1. Welcome and Apologies | | | | | |
| 1.2. Declarations of Interest | | | | | |
| 1.3. Chair's Action | | | | | |
| 1.4. Minutes of Previous Meeting – 18.06.2020 | FA | Enc. | | | |
| 1.5. Matters Arising / Action Tracker | FR | Enc. | | | |
| 2. Discussion of the Board Meeting and Papers | FD | Oral | | Chair | 18.10 |
| 3. Reset and Recovery | FD | To follow | | Jonathan Lofthouse and Julie Lowe | 18.40 |
| 4. Council of Governor Elections | FD | Enc | | Chair & Trust Secretary | 19.10 |
| 5. Governor Involvement & Engagement | | | | | 19.20 |
| 5.1. Governor Engagement & Involvement Activities | FR | Oral | | Jane Allberry | |
| 5.2. Observation of QPPC | FR | Enc. | | Victoria Silvester | |
| 6. For Information | | | | Chair | 19.30 |
| 6.1. Sub-Committee – Confirmed Minutes | FI | Enc. | | | |
| 6.1.1. Patient Experience & Safety Committee | FI | Enc. | | | |
| 6.2. Sub-Committee Draft Minutes | | | | | |
| 6.2.1. Patient Experience & Safety Committee | FI | Enc. | | | |
| 6.2.2. Strategy Committee | FI | Enc. | | | |
| 7. Any Other Business | | | | Chair | 19.35 |
| 8. Date Of Next Meeting | | | | | |
| | Thursday 10 th December 2020, 6:00pm TBC | | | | |

Council of Governors Membership

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| Sir Hugh Taylor | Trust Chair |
| Key: FE: For Endorsement; FA: For Approval; FR: For Report; FI: For Information | |

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| Elected: Devendra Singh Banker Sonia Case Tony McPartlan David Jefferys Alfred Ekellot Barbara Goodhew 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 Susan Wise Marcus Ward | Bromley Bromley Bromley Bromley Lambeth Lambeth 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 Lewisham Governor Lambeth Governor |
| Nominated/Partnership Organisations: Dr Dianne Aitken Cllr. Jim Dickson Cllr Robert Evans Richard Leeming Charlotte Hudson Anne Marie Rafferty Phidelma Lisowska | Lambeth CCG Lambeth Council Bromley Council Southwark Council South London & Maudsley NHS Foundation Trust King's College Hospital Joint Staff Committee |
| In attendance: Professor Jon Cohen Nicholas Campbell-Watts Professor Ghulam Mufti Sue Slipman Professor Richard Trembath Steve Weiner Professor Clive Kay Beverley Bryant Jonathan Lofthouse 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 Chief Executive Officer Chief Digital Information Officer Site Chief Executive, PRUH & South Sites 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 |
| Apologies: | Ashish Desai Phidelma Lisowska |
| Circulation to: 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 18th June at 18:00hrs**
The meeting was held via MS Teams video conference

Chair:

Sir Hugh Taylor Trust Chair

Elected Governors:

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| Tony McPartlan | Bromley Governor |
| Sonia Case | Bromley Governor |
| Devendra Singh Banker | Bromley Governor |
| David Jefferys | Bromley Governor |
| Marcus Ward | Lambeth Governor |
| Barbara Goodhew | Lambeth Governor |
| Paul Cosh | Patient Governor |
| Emmanuel Forche | Patient Governor |
| Billie McPartlan | Patient Governor |
| Kirsty Alexander | 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:

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| Dianne Aitken | Nominated/Partnership Governor – Lambeth CCG |
| Phidelda Lisowska | Nominated/Partnership Governor – Joint Staff Committee |
| Cllr Robert Evans | Bromley Council, Nominated Governor |
| Cllr Jim Dickson | Lambeth Council, Nominated Governor |
| Charlotte Hudson | South London & Maudsley NHS Foundation Trust |
| Anne-Marie Rafferty | King's College London, Nominated Governor |

In Attendance:

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| Prof Jonathan Cohen | Non-Executive Director |
| Nicholas Campbell-Watts | Non-Executive Director |
| Prof Ghulam Mufti | Non-Executive Director |
| Sue Slipman | Non-Executive Director |
| Chris Stooke | Non-Executive Director |
| Prof Richard Trembath | None-Executive Director |
| Prof Clive Kay | Group Chief Executive |
| John Palmer | Deputy Group Chief Executive for KCH NHS Foundation Trust and Site |
| | Chief Executive for KCH |
| Beverley Bryant | Chief Digital Information Officer |
| Dr Leonie Penna | Acting Chief Medical Officer |
| Prof Nicola Ranger | Chief Nurse & Executive Director of Midwifery |
| Prof Julia Wendon | Executive Director for Clinical Strategy & Research (Joint GSTT) |
| 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 |
| Sultana Akther | Corporate Governance Officer (Minutes) |

Apologies received/Absent from meeting:

| | |
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| Mr Ashish Desai | Staff Governor – Medical & Dental – <i>No apologies received</i> |
| Alan Doctors | Patient Governor - <i>No apologies received</i> |
| Alfred Ekellot | Lambeth Governor - <i>No apologies received</i> |
| Kevin Labode | Staff Governor – Admin, Clerical; and Management - <i>No apologies received</i> |
| Carole Olding | Staff Governor – Nursing and Midwifery - <i>Apologies received</i> |
| Susan Wise | Lewisham Governor - <i>No apologies received</i> |

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| Item | Subject | Action |
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20/01 Welcome and Apologies

Apologies for absence were noted.

20/02 Declarations of Interest

No declarations of interests were made.

20/03 Chair's Action

There were no actions noted for the Chair.

20/04 Minutes of the Previous Meeting

The minutes of the last meeting held on 12th December 2019 were agreed as an accurate record. A special meeting was held on 7th May 2020 due to the cancellation of the last Council of Governors Meeting.

20/05 Matters Arising/Action Tracker

The Committee noted the action tracker, no updates were provided.

20/06 Discussion of the Board Meeting and Papers

Matters arising from discussion in relation to the Trust's handling of the Covid-19 pandemic included the following:

COVID-19

1. Benchmark comparisons between KCH with other London hospitals. The number of Covid-19 cases at the Trust was high:
 - Approximately 2750 inpatients were admitted to KCH with Covid-19.
 - 502 mortalities across the Trust had been publicly recorded.
 - According to the ICNARC (Intensive Care National Audit and Research Centre) with regard to the initial 78 patients admitted to the critical care unit across KCH, the Trust compared favourably to all the other critical care units nationally with a discharge rate at the end of critical care of 63% compared to a national figure of 57.6%.
 - The ICNARC data indicated that the Trust was not only matching national outcomes but that patients admitted to the intensive care unit were significantly more unwell than seen in other Trusts, with higher initial ventilation rates, higher use of renal replacement therapy and high instance of black people in the population (50% of patients of BAME compared to less than 10% nationally). Trust data shows that treatment has been equitable and outcomes comparable.

| Item | Subject | Action |
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| 2. | <p>Data on hospital acquired Covid-19 infection.</p> <ul style="list-style-type: none"> • Data was being analysed retrospectively in relation to Covid-19 and considerations on whether healthcare professionals may have contributed to the transmission of the infection during the peak of the pandemic in any wards/departments. • In line with national guidelines on managing outbreak in hospitals, the Trust was finalising its robust track and trace process for managing any potential outbreaks, which included patient to patient infection. This was awaiting final sign-off. • Since the publication of the guidance and the reduction in admission of Covid-19 cases, there had been no outbreaks in terms of cluster of patients where healthcare workers could have contributed. The Chief Nurse & Executive Director of Midwifery would provide an update on this once the plans had been approved. | NR |
| 3. | <p>Care home testing and discharge to care homes.</p> <ul style="list-style-type: none"> • The Trust followed PHE guidance as soon as testing on patients was recommended, ensuring that patients who had been admitted with Covid-19 were tested negative before being returned to nursing homes. Additionally, the Trust was testing all patients returning to care homes and continues to conduct two negative tests due to increased testing capacity. | |
| 4. | <p>Communication with patients regarding recovery plans and patient reassurance about safety.</p> <ul style="list-style-type: none"> • The Trust routinely endeavours to offer patients 3 weeks-notice before an appointment date. However, through the restart of services phase and building on clinical activities, patients were being sent text messages and phone calls initially 5-7 days before an appointment. • In terms of risk stratification, patients were being individually risk stratified by their managing consultants both for outpatient care and diagnostic operative aspects of care. • A range of measures had been put in place to ensure the safe nature of attending the hospital site. The Trust continues to ensure appropriate PPE, safety markers and social distancing within all care environments. Members of the public visiting the hospital sites are asked to sanitize their hands and are provided with face masks. Corridor signage had been enhanced to provide better segregation and distancing between patients, chairs and static furniture had been reduced to provide distancing in waiting areas. | |
| 5. | <p>The Trust had taken action to address the concerns of BAME staff regarding the prevalence of Covid-19 amongst those communities including:</p> <ol style="list-style-type: none"> i. Developing a risk assessment for all staff to ensure safe working. ii. The Group Chief Executive had written letters to every BAME staff to assure about commitment. iii. Working with the BAME Network to understand how to best support colleagues in relation to this issue. iv. Two interactive sessions were held addressing staff concerns/questions. Q&A would be produced in relation to these questions. | |

| Item | Subject | Action |
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| | <ul style="list-style-type: none"> v. Further events would be held and working through internally how to best continue to support BAME colleagues and increase the level of interaction. vi. Feedback from the BAME community (staff network) had been positive, further engagement was required to make changes to improve the quality of working life around the BAME community. | |
| 6. | <p>Plans to permanently open the new CCU:</p> <ul style="list-style-type: none"> • The new CCU had been opened to assist with the provision of sufficient critical care capacity during the peak of the pandemic; remediation work had been successfully undertaken on the building in order to ensure it is safe. It allowed the Trust to offer effective care to patients and allowed the hospital to staff critical care in a more efficient manner. The building has comprehensive fire detection and suppression, this includes water mist systems and fire plans including Fire Marshals. However further work is required in terms of fire remediation which would be progressed within the next few months. | |
| 7. | <p>The immediate and long-term future of the Ophthalmology service at the PRUH.</p> <ul style="list-style-type: none"> • At the start of the pandemic, the ophthalmology service on the PRUH site was moved urgently to allow the PRUH to escalate into the model used by the ophthalmology service related to the Covid-19 response. • The Trust was working through how ophthalmology at the PRUH and South Sites could be returned to a normalised state of service; this may be to return the service to the physical template within the PRUH building or move it to a different template within the PRUH main building. • There was no suggestion that ophthalmology services would not be provided at the PRUH and South Sites. The petition on Change.org suggesting an immediate close down of ophthalmology and a long term move of the service to Croydon was incorrect. • The Trust would go live with urgent and routine ophthalmology services as soon as it was safe to do so. | |
| 8. | <p>Decline in emergency admissions and how the Trust has reset services to deliver and minimise the risk to patients because of delays in diagnosis and treatment.</p> <ul style="list-style-type: none"> • There had been a decrease in demand in trauma, strokes and mental health. There was now re-presentation of suppressed demand. • There have been complex mental health presentations in ED that have been exasperated by periods of lockdown and uncertainty. • The Trust would be managing this through the reset and recovery programme through clinical managed and normal operational processes to restore safe services. • The Trust continues to undertake urgent and semi urgent activities with regard to cancer patients ensuring clinical prioritisation and bringing patients through and ensuring clear communication. • Further work is required in Endoscopy and Urology pathways with GSTT to respond to the increasing number of patients presenting over the next few months. | |
| 9. | <p>Whether King's historical deficit had been written off following the recently announced wiping out of NHS Trust debt.</p> | |

| Item | Subject | Action |
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- The Chief Finance Officer provided an update on the Trusts finances. In the budget, prior to Covid-19 the Government announced that the Trust debt that amounts to over £700m (the largest amount of debts of an NHS Trust) would be converted into Public Dividend Capital (this is charged at the same rate as the amount of the loan). According to this new regime, the Trust would no longer be required to repay this debt but would continue to pay a dividend to the Treasury at 3.5%.
- Analysis shows that the interest paid in the past will be the same as the public dividend paid to the Treasury. This is a positive step in terms of planning for the future.

10. King's and GSTT buying out SERCO's interest in Viapath and the plans to continue using Viapath.

- The Group Chief Executive informed the Council that following a procurement process, KCH and GSTT bought out SERCO's interest in Viapath. During the transition period to a new contract, Viapath is owned by the two Trusts and continues to be processed as a commercial contract. Viapath continues to provide a safe and high quality service. The final business case for the procurement was awaiting sign off, KCH and GSTT were working with the company that is the preferred bidder in the procurement process to progress the collaboration.

The Trust Secretary would ensure that responses to all the questions presented by Governors are circulated to the Council.

HT/SC

20/07 Task and Finish Group Reports and Next Steps

The Council of Governors noted the report, the following points were outlined:

1. Improve NED and Council Governors engagement through Board activities:
 - Ensuring NED presence at each of the Governor Committees. This would enable NEDs to be made aware of patient experiences and gain a better understanding of constituency concerns.
 - There would be a continuation of Governors attending Board Committees and further discussions will follow.
 - Ensuring that Bromley issues are highlighted and meetings are held in a manner that is accessible to Bromley Governors.
2. Board Accountability Sessions
 - A series of seminars with NEDs and Council of Governors would be arranged to enable Governors to interact and understand NED priorities and concerns.
3. Council of Governor Meetings
 - Meetings would be set up to allow Governors to focus and shape the agenda and invite the right presenters to foster a productive meeting.
4. Wider Governor Engagement
 - Opportunities for Governors to engage and contribute in areas of particular interests. The Trust Secretary would be meeting with one of the engagement leads to consider how to progress this, in light of Covid-19 restrictions.

| Item | Subject | Action |
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| | The Chair emphasised the the value of governors engaging with the Trust on issues of accessibility and need to proceed with this agenda as the Trust moves into the recovery phase. | |
| | The Council agreed to the action plan on Governor engagement. This would be reviewed and progress considered at the next meeting. | SC/HT |
| 20/08 | Governor Involvement and Engagement | |
| | 1. Finance and Commercial Committee meeting Summary (FCC) | |
| | The Trust had improved its financial position which continues to give confidence both internally and externally. | |
| | <ul style="list-style-type: none"> • This was achieved by increases in the main income heading producing 10% increases over previous years. • Pay costs in relation to medical, nursing and staff only increased by 5% compared with the 10% increase on income. • Finance costs increased by £5m from the previous year. | |
| | Covid-19 activity had affected Month 1 however the losses of private income and elective surgery income had been reasonably balanced by Covid-19 income. Month 2 appeared to be tracking well given the Covid-19 effort despite high staff costs as the Trust had to manage 1900 absentees at any one time. | |
| | 2. Quality, People and Performance Committee meeting Summary (QPPC) | |
| | The Council received and noted the summary of the QPPC meeting. | |
| | The Council was informed of the following with regard to the Patient Experience and Safety Committee (PESC): | |
| | <ul style="list-style-type: none"> • A date had been agreed to hold the delayed Patient Experience and Safety Committee meeting on 16 July 2020 at 3.00pm-5pm. • The agenda would focus on outpatients. It was suggested that those presenting on outpatients should have sight of the Governor comments pertaining to patient accessibility across the Trust in the Task and Finish Group workshop report. | |
| 20/09 | Nominations Committee Report | |
| | The Council of Governors noted the Nominations Committee report and ratified the decisions to: | |
| | <ol style="list-style-type: none"> a) Appoint Mr Akhter Mateen as a Non-Executive Director onto the Board of Directors, with effect from 22nd June 2020. b) Extend the term of Sue Slipman, Non-Executive Director, for up to 2 years, subject to further review and approval by Council of Governors after 12 months. | |
| | The Chair was currently conducting a round of appraisals with the NEDs based on the first 12 months. This would be discussed with the Nominations Committee followed by a report to the Council of Governors. | HT |
| | For Information | |

| Item | Subject | Action |
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| 20/10 | <p>Confirmed Minutes of Governor Sub-committees</p> <p>The Council noted the following minutes:</p> <ul style="list-style-type: none"> a) Patient Experience & Safety Committee (PESC), 11.11.2019 b) Membership & Community Engagement Committee (MCEC), 14.11.2019 c) Strategy Committee, 21.11.2019 <p>The Council noted the Board of Directors and Council of Governors Who's Who.</p> | |
| 20/11 | <p>Any Other Business</p> <p>Council of Governor Elections 2020</p> <p>There were discussions on how to manage the Governor elections. The Governor awareness and other engagement sessions would not be taking place. Election for all staff governors would be held this year. The proposal was to postpone the elections over the autumn winter period with the new governors commencing their term in the new year. Further discussions would be held with the Governors to consider an alternative time cycle.</p> <p>Group Chief Executive Daily Bulletins</p> <p>The Governors thanked the Group Chief Executive for the daily bulletins which were very valuable and enabled Governors to communicate with their constituents about issues which impact them.</p> | HT |
| 20/12 | <p>Date of next meeting</p> <p>Thursday 10th September 2020, 6:00 – 7:30pm Location to be confirmed</p> | |

Council of Governors Action Tracker – 18.06.2020

| Date | Item No | Action | By Whom | Due Date | Notes |
|------------|---------|---|-----------------------|------------|---|
| DUE | | | | | |
| 17.10.2019 | 19/31 | OHSEL STP Response to the NHS Long Term Plan 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 | On hold | On hold pending post-Covid-19 arrangements. |
| 18.06.2020 | 20/06 | Covid-19 Since the publication of guidance on managing outbreaks of Covid-19 and the reduction in admission of Covid-19 cases, there had been no outbreaks in terms of cluster of patients where healthcare workers could have contributed. The Chief Nurse & Executive Director of Midwifery would provide an update on this once the plans for the track and trace process had been approved. | N Ranger | 10.09.2020 | Update to be provided at the meeting. |
| 18.06.2020 | 20/06 | The Chair and the Trust Secretary would ensure that responses to all the questions presented by Governors are circulated to the Council. | S Coldwell | 26.06.2020 | |
| 18.06.2020 | 20/07 | Governor Engagement The Council agreed to the action plan on Governor engagement. This would be reviewed and progress considered at the next meeting. | S Coldwell & H Taylor | 10.09.2020 | Update to be provided at the meeting. |
| 18.06.2020 | 20/09 | Nominations Committee The Chair was currently conducting a round of appraisals with the NEDs based on the first 12 months. This would be discussed with the Nominations Committee followed by a report to the Council of Governors. | H Taylor | 10.09.2020 | Update to be provided at the meeting. |

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| | | Council of Governor Elections 2020 The proposal was to postpone the elections over the autumn winter period with the new governors commencing their term in the new year. Further discussions would be held with the Governors to consider an alternative time cycle. Further details would be provided with regard to the postponement of the Governor elections. | H Taylor | 10.09.2020 | Update to be provided at the meeting. |
| COMPLETED | | | | | |
| 17.10.2019 | 19/36 - 2 | Patient Experience & Safety Committee (PESC) 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 | Update: Kayley Taggart – Programme Lead, Patient Flow/Planned Care |
| 17.10.2019 | 19/36 - 3 | Patient Experience & Safety Committee (PESC) 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 number of matters that have been raised. | N Ranger | 12.12.2019 | 12.12.19: Nicola Ranger is the Equalities lead for the Trust. |
| 17.10.2019 | 19/38 | Flu Vaccine Campaign 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. | N Ranger | 12.12.2019 | 12.12.19: Denise Grant was present to vaccinate Governors at the meeting. |
| 17.10.2019 | 19/36 - 1 | Patient Experience & Safety Committee (PESC) 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 | 12.12.19: 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. C White 26.02.20: An update on the position was sent to the Chair of PESC and circulated to members. |
| 12.12.2019 | 19/47 | Nominations Committee Elections The Trust Secretary will be inviting expressions of interest from Governors for the Nominations Committee elections. | S Coldwell | 31.12.2019 | Circulated to Council of Governors in March 2020. |

QUESTIONS FROM THE COUNCIL OF GOVERNORS

| Question | Response |
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| <p>From Jane Allberry</p> <p>There is coverage in the HSJ about King's and GSTT buying out SERCO. Keen "constituents" have asked what this means for services at the two Trusts. Could we know more about what this buyout means?</p> <p>From Stephanie Harris</p> <p>Has KCH now abandoned plans to stop using Viapath?</p> | <p>The company that was Viapath included SERCO, KCH and GSTT, was unsuccessful in the procurement process. KCH and GSTT effectively bought out SERCO's interest, which means during the transition period to a new contract, Viapath is owned by the two Trusts. Viapath continues to provide a safe and high quality service in the form of a 50/50 partnership between KCH and GSTT.</p> <p>The final business case for the procurement is awaiting sign off, KCH and GSTT are currently working with the company that is the preferred bidder in the procurement process to move the collaboration forward.</p> |
| <p>From Hilary Entwistle</p> <p>We had an interesting presentation from Dr Albarjas on the Integrated heart failure and palliative care service with proposal to extend it. During the covid-19 epidemic we have become increasingly aware of the poorer outcomes for people with longterm conditions, particularly if they are not well controlled and the need to keep people out of hospital when possible to free up hospital beds. What has happened since with both this and other moves to improve integration?</p> | <p>Jonathan Lofthouse to provide an update at a later date.</p> |
| <p>From Hilary Entwistle</p> <p>How is the position on complaints handling progressing since the last update on 26.2.2020?</p> | <p>All NHS Trusts were given dispensation from the national rules on managing complaints. This ended at the end of June 2020 and since that time the Trust has been working to reduce the backlog of complaints. Changes are currently being proposed to the management of the complaints team that will provide further improvement.</p> |

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| <p>From Jane Allberry</p> <p>It is great to have all the standard data reports, but it would also be good to have data reports that specifically relate to COVID - in addition to the info in the CEO's briefing. For example, do we have data available to compare King's with other London hospitals and across the country in terms of numbers of COVID cases, proportion in ICU, length of stay and mortality rates?</p> | <p>There were no published comparative data currently however the number of Covid-19 cases at the Trust were high as were at SEL and GSTT:</p> <ul style="list-style-type: none"> • Approximately 2750 inpatients were admitted to Trust with Covid-19 • 311 patients had been on the critical care units • At the peak of the pandemic, there were 500 inpatients at the Trust at any one time and more than 100 patients in the critical care units. • 502 mortalities across the Trust had been publicly recorded. <p>In terms of comparative data and according to the ICNARC (Intensive Care National Audit and Research Centre) with regard the first 78 patients who came through the critical care unite across Kings, the Trust compares favourably to all the other critical care units nationally with a discharge rate at the end of critical care of 63% compared to a national figure of 57.6%.</p> |
| <p>From Jane Allberry</p> <p>It would be very helpful to have more information about the recovery plans. From being a PPV rep on the South East London Cancer Alliance, I have seen some of the modelling for recovering the cancer pathways - quite a challenge in terms of how the services are going to deliver and minimise the risk of more people dying from cancer because of delays in diagnosis and treatment - but cancer is being prioritised, what about recovery for services more generally?</p> <p>Patients are keen to know whether forthcoming outpatient appointments will be kept, so good to know what the plans are for communicating with them promptly. With the long delays for diagnostic tests, what is being done to identify any potential harm to patients as a result? Also, so many patients are of course very nervous about attending hospitals when they see</p> | <p>The Trust continues to undertake urgent and semi urgent activities with regards to cancer patients ensuring clinical prioritisation and bringing patients through and keeping clear communication.</p> <p>In terms of communication, rather than the 3 weeks-notice, patients are being sent text messages, phone calls initially 5-7 days before an appointment.</p> <p>A range of measures have been put in place to ensure the safe nature of attending the hospital site. The Trust continues to ensure appropriate PPE, safe markers and social distancing within all care environments. Members of the public are encouraged to sanitize their hands and are offered face masks. Corridor signage has been enhanced to provide better segregation and distancing between patients, chairs and static furniture have been reduced to provide distancing in waiting areas.</p> |

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| <p>them as such risky places to go to - could we hear more about how patients are being reassured that they are safe?</p> | |
| <p>From Jane Allberry</p> <p>Linked to that, we have the standard data about hospital acquired infections, but do we have data on hospital acquired COVID numbers?</p> <p>From Emmanuel Forche</p> <p>Hospital acquired Covid: are we saying there have been none or we don't know until data analysis is complete?</p> | <p>Data was being analysed retrospectively in relation to Covid-19 and considerations on whether healthcare professionals may have contributed to the transmission of the infection during the peak of the pandemic in any wards/departments.</p> <p>A robust track and trace process for managing any potential outbreaks, which included patient to patient infection was being finalised. This was awaiting final sign-off at Gold Command. Since the publication of the guidance and the reduction in admission of Covid-19 cases, there have been no outbreaks with regard to cluster of patients where healthcare workers could have contributed. Further updates will be provided once the data analysis is complete.</p> |
| <p>From Jane Allberry</p> <p>It was great to hear that the new ICU was partially opened to cope with the COVID cases, and it would be good to hear now about plans for permanent opening.</p> | <p>The new CCU building is fit for purpose in terms of being able to offer the correct care to patients and allowed the hospital to staff in a more efficient manner. The building does have comprehensive fire detection and suppression in term of water mist systems and fires plans including fire marshals. However further work needs to be carried out in term of fire remediation which would be progressed within the next few months.</p> |
| <p>From Jane Allberry</p> <p>If I have understood correctly, the current (April?) month's figures for emergency admissions were 3509, and the normal 12 month average was 4628.</p> <ul style="list-style-type: none"> • What sort of cases have not been admitted as emergencies as a result of COVID? • In other words, is speculation in the media that people with serious health issues such as heart attacks have been avoiding A&E the reason for such a reduction? even if only anecdotal evidence, would be interesting to | <p>There has been a decrease in demand in trauma, strokes and mental health. The Trust will be managing complex mental health presentations in ED through the recovery and reset programme through clinical managed and normal operational processes to restore safe services.</p> <p>The Trust continues to undertake urgent and semi urgent activities with regards to cancer patients ensuring clinical prioritisation and bringing patients through and keeping clear communication. Further work is required in Endoscopy and Urology pathways with GSTT to respond to the increasing number of patients coming through over the next few months.</p> |

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| <p>know which types of patients are not now being admitted in an emergency.</p> | |
| <p>From Jane Allberry</p> <p>A rather high level comment, but the BAF seems to identify serious risks with little information about what is being done to tackle them - is that contained elsewhere?</p> | <p>Agreed. Plans are in place to review with the incoming chair of the Audit Committee.</p> |
| <p>From Jane Allberry</p> <p>We have seen material about NHS E/I London plans for the NHS in London - do we know more about likely impact?</p> | <p>At the time of writing no, but we expect this to become clear over the summer.</p> |
| <p>From Tony McPartlan</p> <p>The West Kent Eye Centre at the PRUH closed due to Covid but I have had a number of residents express their concern that the closure of this valuable centre now seems to be permanent. There is even a petition to keep it open on Change.org: https://www.change.org/p/mp-bromley-and-orpington-save-the-west-kent-eye-centre-at-princess-royal-hospital-bromley</p> <p>Could I please get an update on the immediate and long term future of the West Kent Eye Centre?</p> <p>From Claire Wilson</p> <p>There was no mention of the Orpington suggestion for ophthalmology?</p> | <p>The Trust is working through how ophthalmology at the PRUH and South Sites can be returned to a normalised state of service; this may be to return the service to the physical template within the PRUH building or move it to a different template within the PRUH main building. If there is a further outbreak of Covid-19 later this year, this would result in the suspension of the service and this would be unfair to the ophthalmology patient group.</p> <p>There was no suggestion that ophthalmology services will not be provided at the PRUH and South Sites. The petition on Change.org suggesting an immediate close down of ophthalmology and a long term move of the service is incorrect.</p> |

| | |
|---|--|
| <p>From Tony McPartlan</p> <p>I have spoken to a few constituents about their care across various King's sites and whilst they have all been happy with the care, there does seem to be a recurring theme around important aspects of a patient's notes being missed. One patient got right up to the day before their surgery before it was flagged that they were an MRSA carrier and the correct protocol hadn't been followed so their op was postponed. Another had an allergy that wasn't spotted until an hour before their op which meant that the op was also postponed. This put both patients through a lot of unnecessary stress and also wasted valuable theatre bookings. All of this information is on a patient's notes but is still being consistently missed. Is there any way that this information can be better presented within a patient's notes so that it cannot be missed?</p> | <p>The Trust is moving to electronic health records which should ensure that information is not missed.</p> |
| <p>From Marcus Ward</p> <p>How has the Trust dealt with inevitable concerns amongst BAME staff/colleagues of the prevalence of covid-19 amongst those communities?</p> <p>From Emmanuel Forche</p> <p>What has been the feedback from the BAME community (staff network)?</p> | <p>The trust has taken an number of actions to address the concern of BAME staff including :</p> <ul style="list-style-type: none"> • Developing a risk assessment for all staff to ensure safe working. • The Group Chief Executive has written a letter to every BAME staff to provide assurance about commitment. • Working with the BAME Network to understand how to best support colleagues in relation to this issue. • Two interactive Teams sessions were held addressing staff concerns/questions. Q&A would be produced in relation to these questions. • Further events will be held and working through internally how to best continue to support BAME colleagues and increase the level of interaction. <p>Feedback from the BAME community (staff network) has been positive, further engagement was required to make changes to improve the quality of working life around the BAME community.</p> |

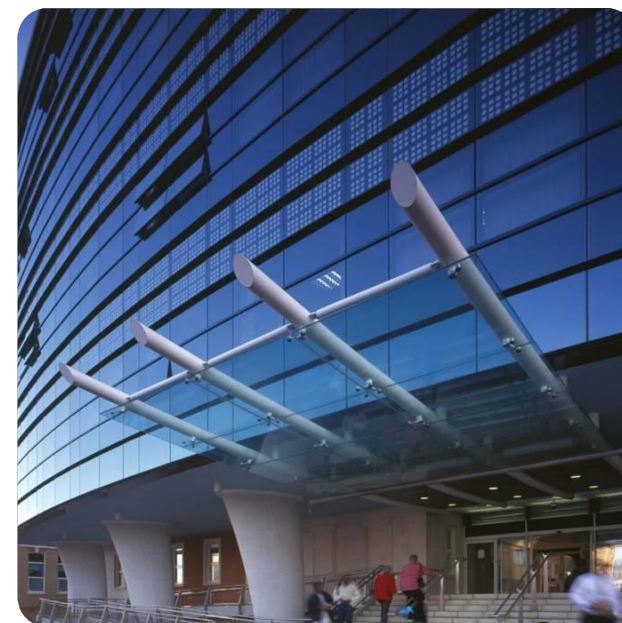
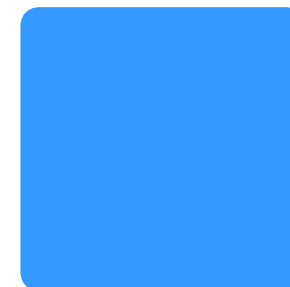
| | |
|--|---|
| <p>From David Jefferys</p> <p>Can I follow up on care home testing and discharge to care homes?</p> | <p>The Trust followed PHE guidance as soon as testing on patients was recommended, ensuring that patients who had been admitted with Covid-19 were tested negative before returning to nursing homes. Additionally the Trust was testing all patients returning to care homes and continues to do two negative tests due to increased testing capacity.</p> |
| <p>From Sonia Case</p> <p>Is there an intention to add resources to Maudsley to support increase in mental health issues? And Bromley Mind?</p> | <p>Lots of work ongoing with the Maudsley through the Psychiatric Liaison Service and CAU; and some great ideas about how we can strengthen the shared approach to service development from here. Daily meetings in place at operational level and Executive discussions happening tomorrow.</p> <p>For those who were unable to attend the SLaM mental health prevention forum on 2 June, the recording is here: https://www.youtube.com/watch?v=YjCuaSR2dr4&feature=youtu.be. The virtual summit addressed the wider impact on our communities' mental wellbeing as the country emerges from the pandemic.</p> |
| <p>From Stephanie Harris</p> <p>Will the SLaM Clinical Assessment Unit remain open when things return to normal?</p> | <p>At the time of writing it is not clear whether this will be the case.</p> |
| <p>From Tony McPartlan</p> <p>On finance: has King's historical deficit been written off thanks to the recently announced wiping out of NHS Trust debt?</p> | <p>The Trust has been moved from a repayment mortgage onto an interest only mortgage. According to this new regime, the Trust will no longer have to repay the £700m debt but will continue to pay a dividend to the Treasury of 3.5% which is similar to what the Trust was paying as interest on the debt. Effectively the annual deficit is unchanged in this regards. The interest payment is now indefinite but there is no reasonable scenario where the Trust would not be in a position to repay the £700m debt.</p> |

Delivering the “new normal”:

Responding to Recovery & Reset

10th September 2020

King's



KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

CONTENTS

- **Principle Drivers**
- **Recovery Themes**
- **Overview Status**
- **Challenges and Constraints**
- **Deep Dive – Outpatients**
- **Deep Dive - Clinical Environment**
- **Acute Provider Collaborative (APC) and Partnering**
- **South East London Elective Recovery**
- **Progressive Forward Recovery**

Re-affirming recovery and reset principles

Recovery and Reset: Overall Vision

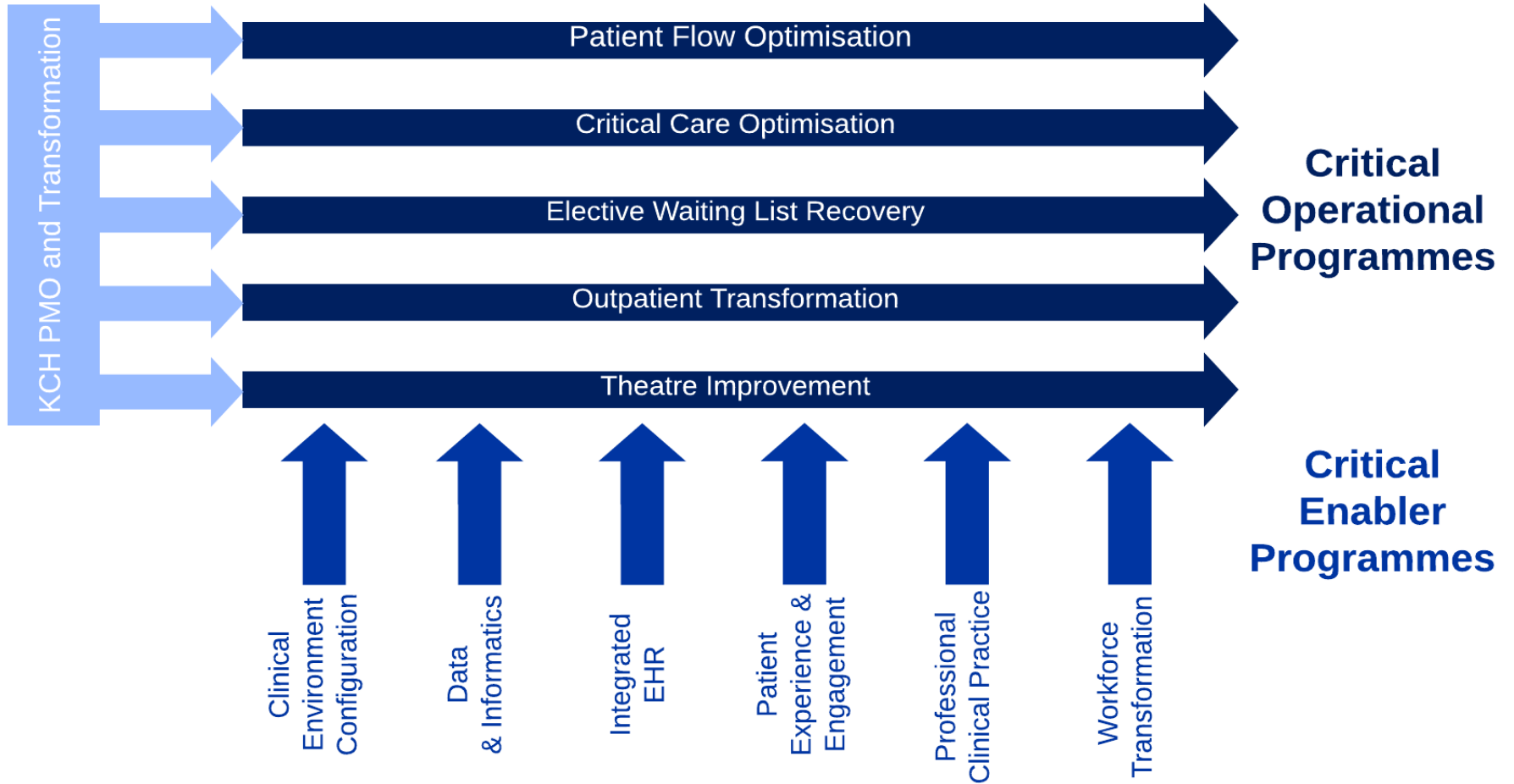
Overall Vision: To improve the health, experience and value of care for our patients and our population, with our partners, in south east London and beyond.

- Maintain and embed learning from COVID-19 to ensure our services become increasingly efficient, productive and operationally effective;
- Support the design, delivery and evaluation of strategic transformation programmes, incorporating innovation and education, and mobilising staff and patients to engage with and participate in our transformation journey;
- Develop and support our workforce to meet the needs of our patients and communities, growing leadership capacity and capability to build an inclusive culture and become an employer of choice.

Recovery Aim (2020/21): Building on our learning from COVID-19 to make immediate changes to stabilise and improve patient care.

- Build on our collective resources to co-design and deliver critical operational programmes, underpinned by enabler programmes, that meet short-term need and prepare us for the future;
- Restore our operational activity before the end of the year, supported by a robust winter plan;
- Maintain and develop our Health and Wellbeing, and Learning and Development plans to support and develop our staff.

Recovery and reset programme structure



Challenges and Constraints



“Operational” programme status

RAG Status

A

| Programme Status | Key deliverables to date | RAG – Delivery Status* | RAG – Risk Status** |
|---|--|------------------------|---|
| Patient Flow Optimisation | <ul style="list-style-type: none"> Statistically significant performance improvement against emergency care standard at DH and the PRUH. SDEC in place for acute medicine and surgery with plans in place for remaining specialties. New internal flow hub. | A | <ul style="list-style-type: none"> Critical path currently on track although with risks to delivery. |
| Critical Care Optimisation | <ul style="list-style-type: none"> Options appraisal for long term capacity developed. All staff repatriated after redeployment in wave 1. Completed works to Jack Steinberg and V&A for critical care capacity. | A | <ul style="list-style-type: none"> Modernising medicine business case yet to be approved. Estates work to enable DH modernising medicine delayed. Delayed delivery of SAFER Patient Flow Bundle. |
| Elective Waiting List Recovery & Theatre Improvement | <ul style="list-style-type: none"> Options appraisal for long term capacity developed. All staff repatriated after redeployment in wave 1. Completed works to Jack Steinberg and V&A for critical care capacity. | G | <ul style="list-style-type: none"> Winter surge plans re-developed following unplanned closure of CCU2. – require approval Uncertainty over funding for long term critical care capacity options. |
| Outpatients Transformation | <ul style="list-style-type: none"> Development and deployment of swabbing process. Restart of elective services and 100% theatres & outpatients back up and running. D&C modelling of elective waiting list position and trajectory completed. | G | <ul style="list-style-type: none"> Procedures in place have seen reintroduction of Elective and OP capacity as per national requirement. |
| | <ul style="list-style-type: none"> End-to-end digital pathway business case approved, and procurement of solutions underway. Virtual appointments successfully deployed across services. Strong patient and user involvement. | G | <ul style="list-style-type: none"> Reducing 52-week breaches and coping with any future Covid-19 surge. Aligned with reliance on independent sector capacity. Limited theatre capacity including with shielding staff. |
| | | | <ul style="list-style-type: none"> Business cases are approved, however reliant on a number of digital and infrastructure solutions which could be delayed if not implemented correctly. |

*RAG – Delivery Status: Assessment on completion of planned deliverables

**RAG – Risk: Assessment of likelihood/impact without mitigation

“Enabling” programme status

RAG Status

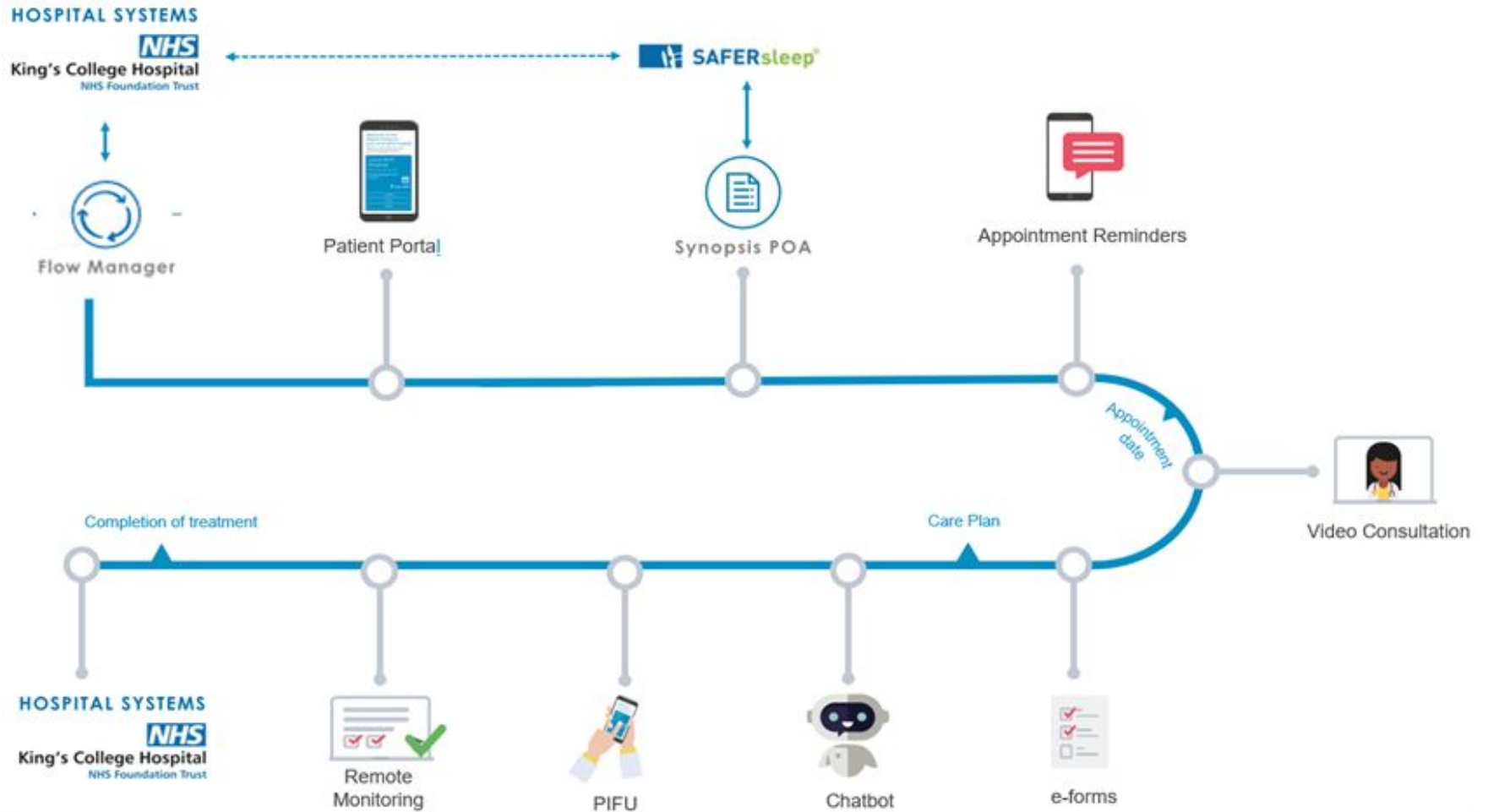
A

| Programme Status | Key deliverables to date | RAG – Delivery Status* | RAG – Risk Status** |
|--|--|---|--|
| Workforce Transformation | <ul style="list-style-type: none"> Develop ongoing wellbeing offer to staff | <p>A</p> <ul style="list-style-type: none"> Long-term site location for DH to be agreed. Business case to substantiate staffing pending IB approval. | <p>A</p> <ul style="list-style-type: none"> Concerns about vacancy and sickness rates coming into winter. |
| Professional Clinical Practice | <ul style="list-style-type: none"> Clinically-led re-skilling and re-deployment plan for future surges | <p>G</p> <ul style="list-style-type: none"> Sub workstreams are currently on track. | <p>A</p> <ul style="list-style-type: none"> Maintaining and running re-deployment plans. |
| Integrated E H R | <ul style="list-style-type: none"> Prepare options appraisal and business case for an integrated electronic health record Build momentum and clinical engagement in digital enablers | <p>A</p> <ul style="list-style-type: none"> Critical path currently on track although with risks to delivery with delay in going to Board and changeover of staff on the programme. | <p>A</p> <ul style="list-style-type: none"> Uncertainty about funding and options. Risk of being behind other London NHS Trusts and ICS’s. |
| Patient Experience & Engagement | <ul style="list-style-type: none"> Develop new patient entertainment system Patient, family and user-led involvement in designing, testing and implementing changes (e.g. outpatient transformation) | <p>G</p> <ul style="list-style-type: none"> Sub workstreams are currently on track. | <p>A</p> <ul style="list-style-type: none"> The need to sustain and embed patient, family and user involvement into the future (and confront patient and public involvement being seen as a “rubber stamp” for inclusiveness). |
| Clinical Environment Configuration | <ul style="list-style-type: none"> Clinically-led decision making unit on space utilisation Prioritisation and “funnel” of works (e.g. Jack Steinberg, Gold Jubilee Wing – Modernising Medicine) | <p>A</p> <ul style="list-style-type: none"> Critical path currently on track although with risks to delivery relating to reduction in available space and capacity to accommodate outpatient services in line with ‘Covid-safe’ guidance. | <p>A</p> <ul style="list-style-type: none"> Lack of certainty about capital investment (e.g. long term critical care options). Prohibitive costs and constraints (e.g. public finance initiative contracts). |
| Data & Informatics | <ul style="list-style-type: none"> Developed system relationships and methods for triaging requests Using “measurement for improvement” techniques to identify and track changes | <p>A</p> <ul style="list-style-type: none"> Critical path currently on track although with risks to delivery relating to volume of requests (internal and external requests). | <p>A</p> <ul style="list-style-type: none"> Resourcing challenges. |

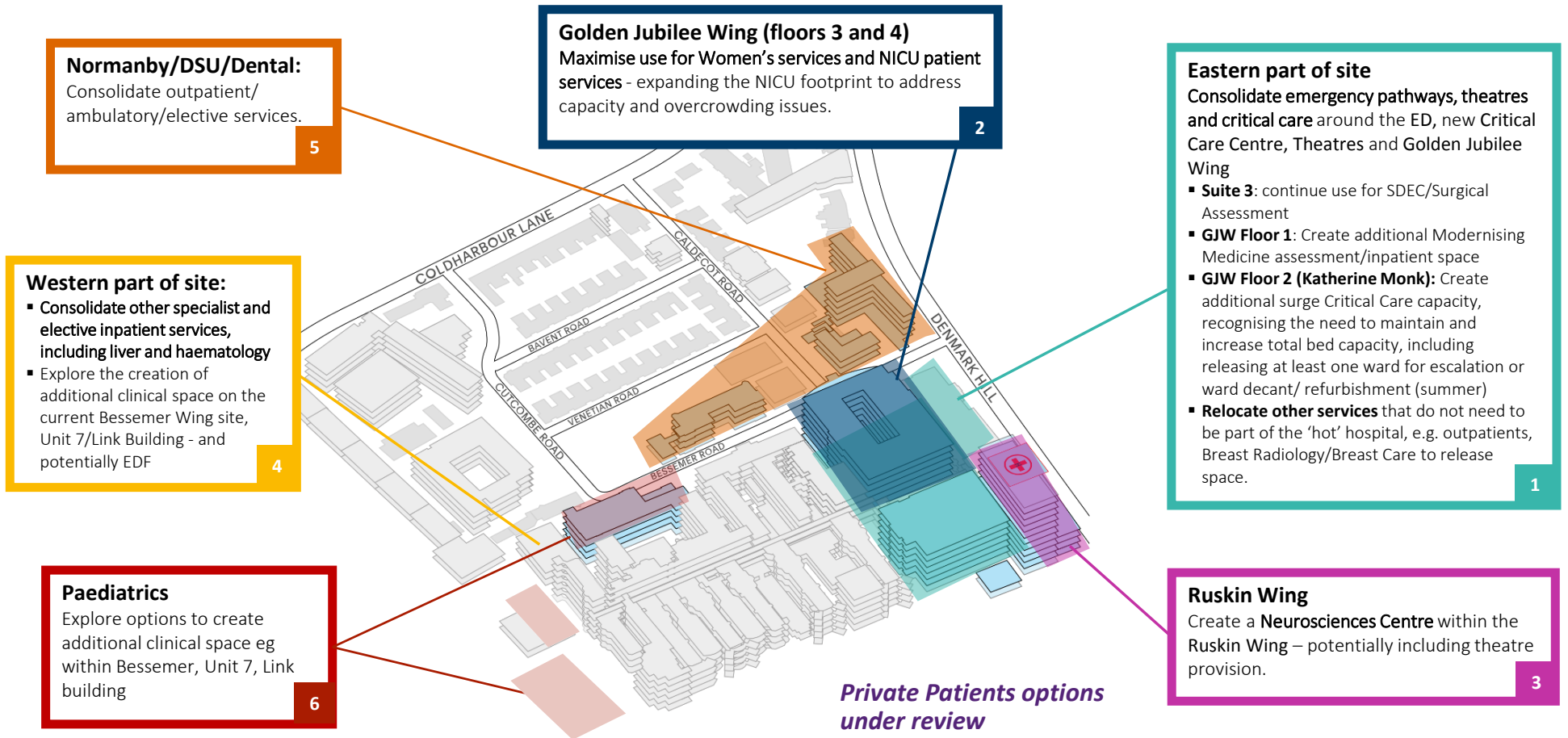
*RAG – Delivery Status: Assessment on completion of planned deliverables

**RAG – Risk: Assessment of likelihood/impact without mitigation

Case Study: Outpatient Transformation



Case Study: Clinical Environment Configuration



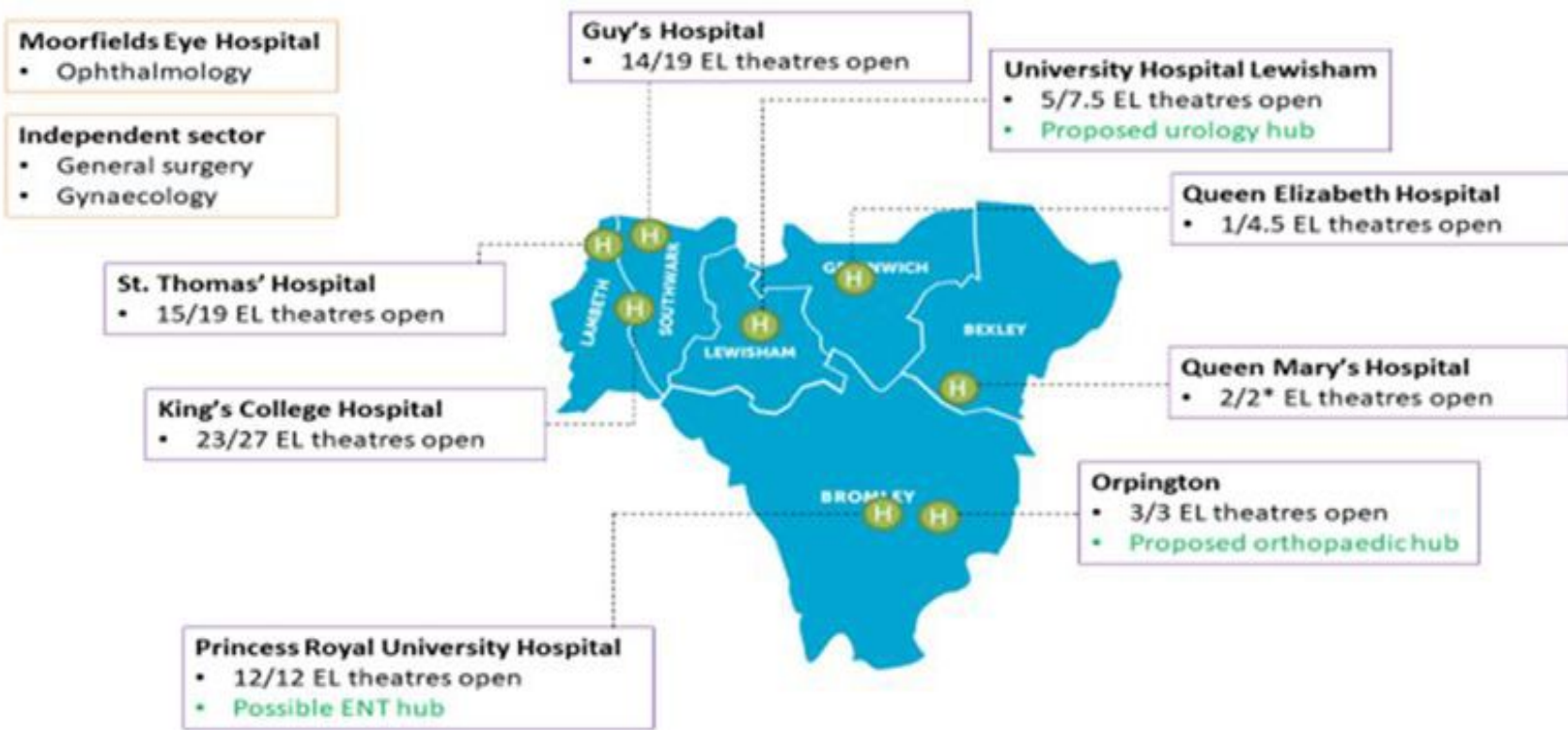
The Acute Provider Collaborate (APC) and emerging system success

DRAFT – WORK IN PROGRESS

NHS Guy's and St Thomas' NHS Foundation Trust NHS King's College Hospital NHS Foundation Trust

DRAFT

SEL surgical hubs – initial proposals for development over 2020/21



Numbers of theatres open are as of 01 September.

*Excludes QMS theatres used for LGT paediatric surgery and theatres used for services provided by DGT.

South East London Elective Recovery

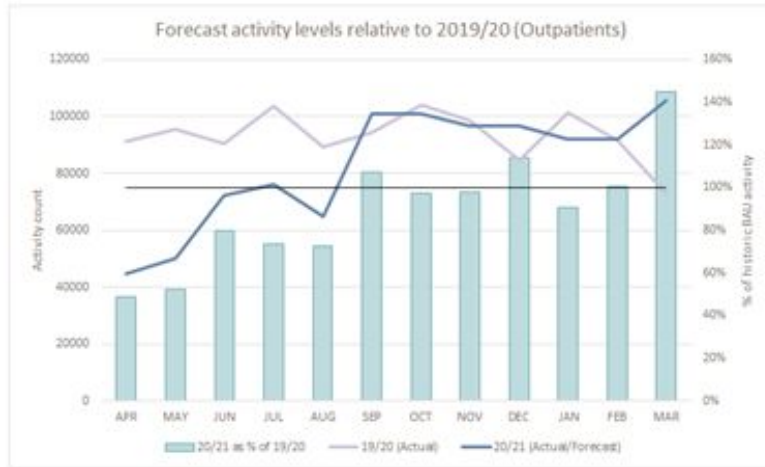
- **Positives**

- Leadership and Programme established
- Demand and Capacity exercise underway
- Waiting List analysis ongoing
- 24 National pathways released

- **Challenges and Next Steps**

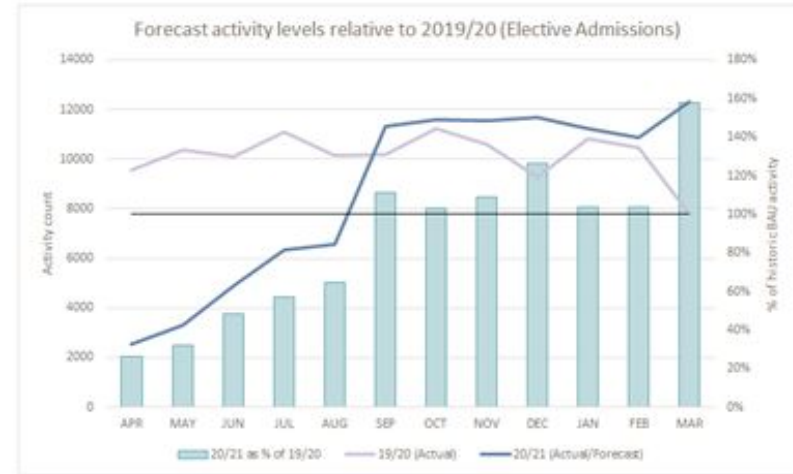
- Business Intelligence Unit (BIU) data consolidation challenge
- Large number of 52+ww across multiple specialities
- Dental and Ophthalmology specific challenges difficult to mitigate within SEL
- Need to be more nimble whilst supporting patient choice
- Phase 3 ask delivered as a sector not as a sovereign Trust or site

Phase 3 submission: Forecast return to BAU – Outpatient and inpatient



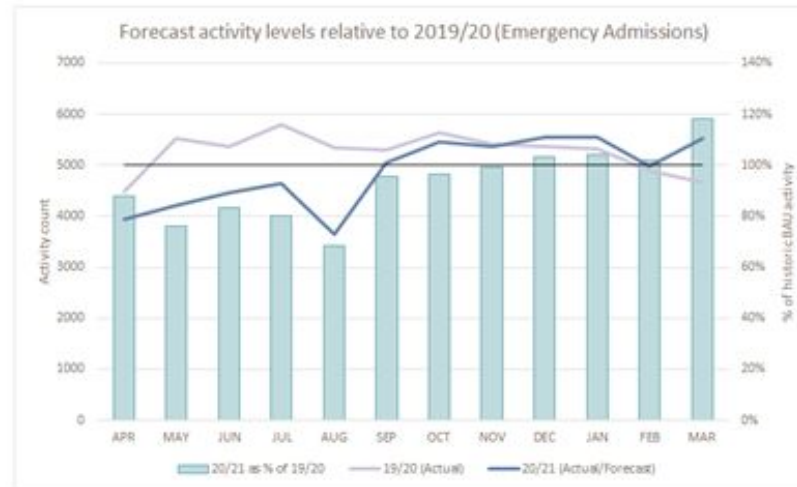
Data table

| Variable | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|-------------------------|-------|-------|-------|--------|-------|--------|--------|-------|-------|--------|-------|--------|
| 20/21 (Actual/Forecast) | 44647 | 50152 | 72242 | 76101 | 64748 | 101133 | 101133 | 96533 | 96533 | 91937 | 91936 | 105728 |
| 19/20 (Actual) | 91309 | 95502 | 90660 | 103669 | 89203 | 94530 | 103935 | 98604 | 84618 | 101174 | 91619 | 72985 |
| 20/21 as % of 19/20 | 49% | 53% | 80% | 73% | 73% | 107% | 97% | 98% | 114% | 91% | 100% | 145% |



Data table

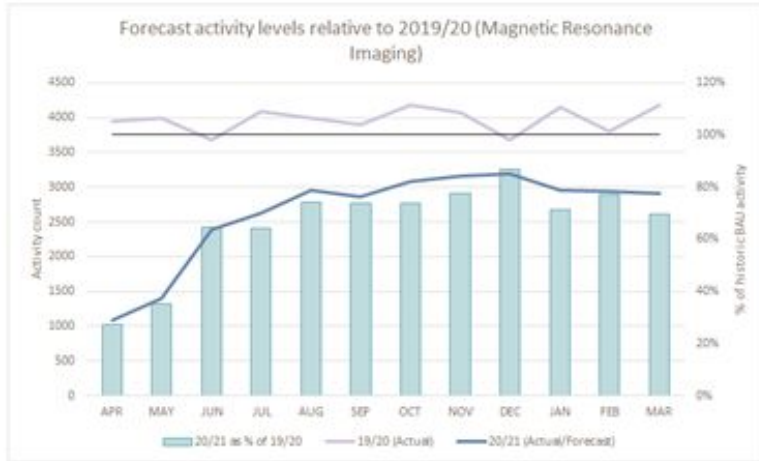
| Variable | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|-------------------------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 20/21 (Actual/Forecast) | 2524 | 3305 | 4895 | 6361 | 6574 | 11313 | 11611 | 11560 | 11708 | 11257 | 10870 | 12323 |
| 19/20 (Actual) | 9568 | 10383 | 10113 | 11092 | 10153 | 10184 | 11245 | 10603 | 9270 | 10850 | 10470 | 7815 |
| 20/21 as % of 19/20 | 26% | 32% | 48% | 57% | 65% | 111% | 103% | 109% | 126% | 104% | 104% | 158% |



Data table

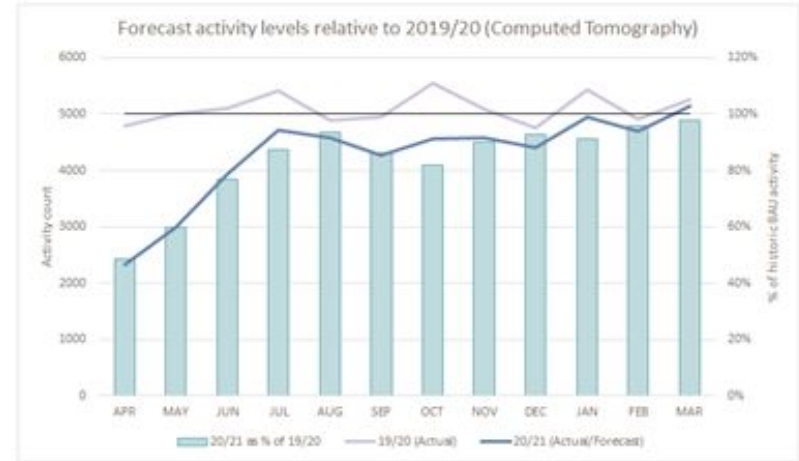
| Variable | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|-------------------------|------|------|------|------|------|------|------|------|------|------|------|------|
| 20/21 (Actual/Forecast) | 3944 | 4224 | 4472 | 4644 | 3641 | 5062 | 5452 | 5372 | 5550 | 5552 | 4993 | 5529 |
| 19/20 (Actual) | 4487 | 5533 | 5375 | 5799 | 5339 | 5302 | 5642 | 5413 | 5368 | 5321 | 4891 | 4668 |
| 20/21 as % of 19/20 | 88% | 76% | 83% | 80% | 68% | 95% | 97% | 99% | 103% | 104% | 102% | 118% |

Phase 3 submission: Forecast return to BAU – Diagnostics



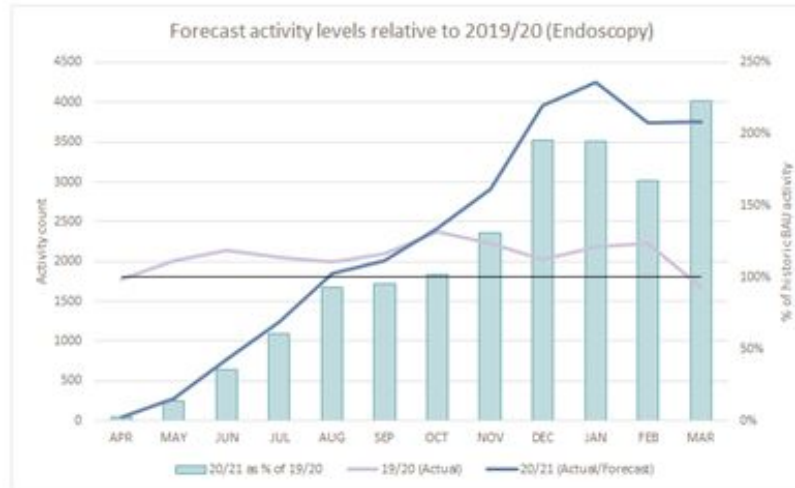
Data table

| Variable | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|-------------------------|------|------|------|------|------|------|------|------|------|------|------|------|
| 20/21 (Actual/Forecast) | 1078 | 1404 | 2386 | 2623 | 2955 | 2867 | 3088 | 3154 | 3196 | 2962 | 2940 | 2916 |
| 19/20 (Actual) | 3953 | 3986 | 3684 | 4093 | 3990 | 3891 | 4182 | 4075 | 3681 | 4146 | 3812 | 4182 |
| 20/21 as % of 19/20 | 27% | 35% | 65% | 64% | 74% | 74% | 74% | 77% | 87% | 71% | 77% | 70% |



Data table

| Variable | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|-------------------------|------|------|------|------|------|------|------|------|------|------|------|------|
| 20/21 (Actual/Forecast) | 2336 | 2996 | 3940 | 4722 | 4580 | 4272 | 4554 | 4583 | 4417 | 4953 | 4706 | 5148 |
| 19/20 (Actual) | 4801 | 5013 | 5115 | 5409 | 4886 | 4955 | 5555 | 5093 | 4756 | 5432 | 4910 | 5259 |
| 20/21 as % of 19/20 | 49% | 60% | 77% | 87% | 94% | 86% | 82% | 90% | 93% | 91% | 96% | 98% |



Data table

| Variable | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|-------------------------|------|------|------|------|------|------|------|------|------|------|------|------|
| 20/21 (Actual/Forecast) | 39 | 277 | 770 | 1244 | 1851 | 2013 | 2422 | 2915 | 3964 | 4256 | 3746 | 3762 |
| 19/20 (Actual) | 1772 | 2012 | 2147 | 2049 | 1989 | 2100 | 2375 | 2223 | 2022 | 2186 | 2234 | 1682 |
| 20/21 as % of 19/20 | 2% | 14% | 36% | 61% | 93% | 96% | 102% | 131% | 196% | 195% | 168% | 224% |

Progressive Forward Recovery

- Mobilisation of winter capital response
- Continuation of shielding impact
- Improved delivery vs maintained Covid protection
- Mobilise triumvirate provider solutions
- Rapid implementation of new pathways of working
- Historic challenges impacting on the here and now
- Seasonal impact

| | |
|-------------------------|---|
| Report to: | Council of Governors |
| Date of meeting: | 10th September 2020 |
| Subject: | Governor Elections 2020-21 |
| Author: | Foundation Trust Office |
| Presenting: | Siobhan Coldwell, Trust Secretary & Head of Corporate Governance |

1. Summary

In line with the provisions of the NHS Constitution, the Trust should have held elections for its Council of Governors during the summer of 2020, but given the on-going COVID-19, the decision was made to defer the elections. A number of seats will be up for election including the majority of staff governor seats.

An election and engagement plan has been devised which satisfies both the Model Election Rules around process and the Trust's engagement requirements. Nominations and voting in the elections are open only to Foundation Trust Members who are a member of the constituency in which there is a seat available. A rigorous and comprehensive induction and training programme will ensure that all new governors are equipped to start their terms of office.

2. Recommendations

The Council is asked to:

- a) **NOTE** the draft election timetable (table 1).
- b) **Note** that a number of governors will be serving an additional 5 months
- c) Provide any feedback and suggestions.

Election Timetable 2021

The Table below outlines the election timetable and the key dates for which this will be ratified through the Trust's governance structure. The timetable ensures the Trust is compliant with Purdah guidance in relation to Mayor of London and London Assembly elections in May 2021 (delayed from 2020).

The guidance states that, whilst there is no law prohibiting foundation trust elections from taking place during Purdah, care needs to be taken to ensure that public material, including candidates' statements, does not include party bias or other politically sensitive information.

It is business-as-usual to ensure that all election-based materials are free from political bias, and this same due diligence will be applied in promotions designed to attract nominations since this will happen during Purdah.

Table 1: Timetable for governor elections (DRAFT)

| Events | Notes | Date | |
|-----------------|--|---|----------------------|
| Election Period | Notice Of Elections | <i>No later than 40 days before the close of the poll. Actual days allowed = 119 days</i> | Mon, 18 January 2021 |
| | Governor Awareness Session (PRUH)* | | Mon, 8 February 2021 |
| | Governor Awareness Session (Denmark Hill)* | | Tue, 9 February 2021 |
| | Election Special In @King's and The Pulse | | Spring issue |
| | Governor Information Stands @ Trust Open Day | Subject to funding | |
| | Final Day For Receipt Of Nominations | No later than 28 days before the close of the poll Actual days allowed = 68 Days | Mon, 8 March 2021 |
| | Final Date For Candidate Withdrawal | No later than 25 days before the day of the close of poll Actual days allowed = 61 Days | Mon, 15 March 2021 |
| | Publication Of Candidate Statements | No later than the 27 days before close of the poll Actual Days allowed = 60 Days | Wed, 17 March 2021 |
| | Notice Of Poll | No later than 15 days before the day of the close of poll Actual days allowed = 49 days | Wed, 31 March 2021 |
| | Close Of The Poll | By 5.00pm on the final day of the election | Mon, 17 May 2021 |
| | Election Results announced | | TBC |

Summary of Quality, People and Performance Committee, 30th July 2020
Victoria Silvester and Kirsty Alexander

Endoscopy

Review of the backlog and discussion on increase of rooms at the PRUH. NEDs asked if there would be enough staff. Jonathan Lofthouse is confident as it will be a new national centre and staff will want to work there.

Viapath

Good performance during covid.

Neuropathology

There have been problems in this department. Immediate action was taken, it revealed that documentation was poor. A new lab manager has been appointed. A report will be shown to external reviewers.

Covid-19 Update

Slight increase to date. Concern about new quarantine advice from the Government and therefore staffing levels. Also self-isolation for patients before and after planned procedures. Not necessary for diagnostics. NED asked about BAME staff. Advised freedom to speak up guardian, risk assessments up to 89%.

Patient Safety Report

Concerning as the Trust is not following the NHS framework. Backlog of 98 investigations, 62 are nearing completion. 241 current amber investigations. The quality of investigations is poor, patients are not interviewed, and instead records are read. Training set up. Need to improve datix systems.

Patient Outcomes Report

The Trust is second best in the country for low readmissions. NED concern renal failure figures.

Patient Experience Report

Wheelchairs with volunteers to push them, now available for patients at main entrance of Denmark Hill. Chair asked Governor, Victoria, for comments. Response: concerned about the lack of water and hot drinks for patients. Facilities/Medirect do food and drink audits; Patient Experience team do surveys. They don't seem to share their results to improve the situation.

Maternity Report

Student midwives are being retained. Popular department to work in. Virtual appointments held during covid – need more feedback from mothers. Trust also needs to listen more to community midwives. 40% mothers have C section – in line with most of Europe.

CQC

The next inspections will be smaller and targeted. ED's at King's and PRUH both show measurable improvements. Leadership and Governance in new Care Groups – staff need more training and advice for the CQC interviews. Also compliance – staff checking equipment.

Duty of Candour

Discussion on how to present data in future. Clive asked when will we be where we need to be? Responding, the Patient Safety Team does not have full control but Divisions and Care Groups are held to account. PRUH has started new procedures – step change 1st October. Discussion on resources as it is heavily reliant on medical staff and senior managers. Reports must be done and on time; an overview on what's happened; sharing, training and being honest and open.

Workforce Metrics

Key aim to triangulate data around retention / exit interviews/ staff survey so that wards or departments with difficulties can be identified.

Urgent need to improve statutory training levels, particularly safeguarding level 3.

Disciplinary Proceedings

Concern over disproportionate rates of BAME staff subject to disciplinary action. Urgently need data on outcomes of proceedings as BAME staff perceive they are treated more harshly. Increased emphasis on unconscious bias training and investigation checklist to ensure proportionate response. Work needs to be done so that recurring themes or departments with issues can be identified. New model of employee relations with focus on early resolution. Line management training to be implemented in the autumn. Noted that most disciplinary cases involve lower pay grades.

Performance

ED

Both PRUH and Denmark Hill working on how to better support those with mental health issue presenting at ED – in conversation with Oxleas and SLAM

Diagnostics

progress on 6 week wait and decisions over treatment made much more quickly but 62 days cancer target remains challenging and backlog of RTT cases (52 week target) is worsening (high volume of low risk procedures is where backlog is). Theatres currently at 60% capacity, aim is for 100% by September. Collaborations with Moorfields for Ophthalmology and with private sector are in place but it is a significant challenge. Brave plans are needed to legitimise the ask for more private sector support.

London Regional Recovery Plan

Critical Care, Elective, Endoscopy, Imaging – the latter being led by Clive. Critical Care – prepare for second surge of covid-19 and permanent expansion needed for the capital. Elective – cancelled operations recovery programme: concentration on ophthalmology, orthopaedics, gynaecology, surgery, ENT and urology. Endoscopy – clear the backlog by September 20, use St Mary's Sidcup. Imaging – 6 week waiting list across the whole of London and London is at the bottom of the country for CT and MRI scanners.

There will be penalties – outpatients: 90% activity. Elective and Day Surgery, 52 week waits by next April. NED concern, capacity needs workforce.

Patient Experience & Safety Governor Committee

Minutes of the **Patient Experience & Safety Committee (PESC) meeting**
Thursday 20th February 2020 at 09:00 – 11:00am
 Weston Education Centre Boardroom, 10 Cutcombe Road, SE5 9RJ

Present:

| | |
|--------------------|-----------------------------------|
| Victoria Silvester | Public Southwark Governor (Chair) |
| Kirsty Alexander | Patient Governor |
| Jane Allberry | Lead Governor/Public Governor |
| Alan Doctors | Patient Governor |
| Hilary Entwistle | Public Southwark Governor |
| Barbara Goodhew | Public Lambeth Governor |
| Stephanie Harris | Public Southwark Governor |
| Carole Olding | Staff Governor |

In attendance:

| | |
|---------------------|--|
| Siobhan Coldwell | Trust Secretary and Head of Corporate Governance |
| Ashley Parrott | Director of Quality Governance |
| Nicola Ranger | Chief Nurse |
| Lorraine Schwanberg | Head of Patient Safety and Risk Management |
| Sultana Akther | Corporate Governance Officer |
| Tara Knight | Corporate Governance Officer (Minutes) |

Apologies:

| | |
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| Jessica Bush | Head of Engagement and Patient Experience |
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| Item | Subject | Action |
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| 20/01 | Welcome, Introductions and Apologies Apologies for Jessica Bush were noted. | |
| 20/02 | Declarations of Interest No interests were declared. | |
| 20/03 | Chair's Action There were no actions for the Chair. | |
| 20/04 | Minutes of the Previous Meeting The record of attendance in the minutes from the meeting held on 14 th November 2019, should be amended to include Stephanie Harris. | T Knight |

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| 20/05 | Action Tracker and Matters Arising | |
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The Committee reviewed the action tracker. The following was noted:

- **Action 19/05 – Overstaying Patients’ Friends & Family**
The action was explained and put into context for the Chief Nurse. The Committee requested more information on how the visiting hours are enforced across the Trust. **[Action updated]**
- **Action 19/23 - Statistics on patient self-discharge**
The Trust does not monitor this data. The data is collected at Ward level in some areas but is not reported anywhere. The Chief Nurse will check if there is a simple way to retrieve this data. **[Action updated]**

PATIENT SAFETY AND RISK MANAGEMENT

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| 20/06 | Patient Safety Report – Quarter 3 | |
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The Head of Patient Safety and Risk Management presented a summary of the Patient Safety Report for Quarter 3.

The Committee noted that following a Never Event at Denmark Hill ED, the Air outlets are being capped off in most areas. The PRUH ED are yet to make a decision about capping their air flow outlets. The Committee were concerned that all factors should be considered following this Never Event, including, staffing levels, working conditions and the supervision of staff.

The following key points were also highlighted to the Committee:

- Additional resource has been invested by the Executive to help the Trust achieve 100% Duty of Candour compliance by April 2020.
- The turnaround time for serious incident completion has been delayed past the 60 working days requirement in some instances which has created a backlog. This is being prioritised.
- Patient Safety Team has now completed training in how to conduct investigations. RCA Investigation training will now be rolled out across the Trust.
- Safety themes continue around violence and aggression incidents although there has been a lot of engagement work to address this across the Trust.

The current National guidelines allow 60 days to complete a Serious Investigation review. The new SI framework will adjust the deadlines for review depending on the nature of the incident. It was acknowledged that, whilst a vast amount of time is spent reporting, there is a need to spend more time embedding learning from SIs.

PATIENT EXPERIENCE

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| 20/07 | Patient Experience Report – Quarter 3 | |
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The Chief Nurse informed the Committee that the Director of Quality Governance and the team are now under the management of the Chief Nurse. Work is taking

| Item | Subject | Action |
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place to draw a clearer distinction between patient/public involvement and patient experience.

Inpatient Ward Areas

The Kings Way for Wards quality improvement programme will be changing to enable clinical teams to make sustainable improvements within their areas. The programme name will be changing to Outstanding Care at King's. One of the new elements of the programme will be to provide ongoing coaching to ward managers and their teams. The Trust will run improvement forums and various masterclasses to give staff the skills and confidence to perform to the best of their ability.

Feedback from the Inpatient's Survey suggests that patients are still not receiving enough assistance with eating and drinking. The Chief Nurse has been assured that inpatient wards will be offered drinks on five occasions¹ throughout the day and cups for drinks have also increased in size. Discussion on thin plastic cups for water being unsuitable for elderly and frail patients.

Outpatients

The Friends and Family Test results are a good indicator of how well a ward or service is doing. The overall FFT score for outpatients has decreased. The data shows continuing poor patient experience across outpatients.

Complaints

Overdue complaint numbers have decreased and the quality of responses has improved.

Volunteers

Work to improve way-finding around the Sites is taking place. Helpdesks are being refurbished and the Trust would like Volunteers to be visible at the helpdesks. Signage is to be reviewed. The Chair suggested using a professional company.

20/08 Quality Priorities (2019/2020) - Update

The Committee received and noted the Quality Priority reports on:

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

Mental Health

There has been a recent reduction in screening due to ICT issues and lack of WiFi connectivity. There is also a delay in launching the IMPARTS package which includes self-help resources for patients.

Improving Patient Discharge Process

There is further work required to address discharge experience issues on the wards and this will be incorporated within the new leadership work on the wards.

Improving Patient Experience in Outpatients

¹ Since the meeting in February, Medirest have confirmed that inpatients are offered seven drinks throughout the day.

| Item | Subject | Action |
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| | <p>Delays in IT upgrades have also impacted on the implementation of the new clinic letter templates. The new clinic template letters will go live with the EPR update in May 2020. The timeliness of clinic letters, however, is not due to any IT failure but poor performance from clinical teams.</p> | |
| 20/09 | <p>Quality Priorities 2020/21 - Draft</p> <p>The Quality Priorities for 2020/21 are yet to be finalised. The Committee was reminded that the Governors' function is to determine which aspects of the Quality Accounts should be audited. The Chief Nurse and Director of Quality Governance shared the following proposed priorities with the Committee:</p> <ul style="list-style-type: none"> - Safety; Deteriorating Patients - Patient Experience (improving survey results) - Violence and Aggression against Staff - Patient Outcomes in Respiratory: COPD <p>The Committee was assured that work on the Quality Priorities from the previous year would continue and were invited to comment on the proposed new priorities. Governor engagement in this area would involve attending forums within the relevant work-streams. The Chief Nurse will share these work-streams at the Council of Governor Meeting on the 12th March.</p> | <p>N Ranger</p> |
| 20/10 | <p>CQC Action Plan Update</p> <p>The Chief Nurse presented the CQC action plan update to the Committee. The CQC recently inspected the Trust in November 2019. Notice was given on Friday last week (14.02.20) that the CQC report would be published on Monday (17.02.20). This meant that there was limited time to ensure that this notice about the publishing date was cascaded to all relevant stakeholders.</p> <p>The feedback was that they were generally pleased with the direction of progress at Denmark Hill. The CQC were concerned with the culture amongst the staff at the PRUH ED and were concerned about engagement and responsiveness. A Site Chief Executive has been appointed at the PRUH.</p> <p>The Committee were informed that a wider inspection from the CQC is likely this year but not imminent, to give opportunity for improvement.</p> <p>The Chief Nurse informed the Committee that she would like Governors to take part in mock inspections that are being proposed so that they can be more involved in future CQC inspections.</p> <p>GOVERNOR FEEDBACK</p> | |
| 20/11 | <p>Feedback from Governors on Patient Safety and Experience Activities</p> <p>Jane Allberry</p> <ul style="list-style-type: none"> • 15 Nov - Cancer Patient & Public Involvement working group • 19 Nov – Clinical Quality Review Group meeting • 20 Nov – South East London Cancer Alliance • 22 Nov - National Cancer Patient & Public Voices Forum | |

| Item | Subject | Action |
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- 10 Dec - Cancer Patient Experience programme board
- 12 Dec - Neuroscience Patient & Public Voices meeting
- 15 Jan – South East London Patient and Public Advisory Group
- 21 Jan – Clinical Quality Review Group
- 22 Jan – South East London Cancer Alliance
- 23 Jan - London Cancer Patient Advisory Group
- 6 Feb Quality People & Performance Committee

Hilary Entwistle - Public Governor (Southwark)

In my capacity as a King's volunteer I have been involved in the Trundle activities Project. This delivers cognitive stimulation therapy to patients on Trundle ward. This is an orthopaedic Ward for older adults. The aim is to reduce the hospital stay with cognitive stimulation.

Stephanie Harris

- 14 Jan – Mind & Body Advisory Group
- 22 Jan - Mental Health Board

Victoria Silvester – Public Governor (Southwark)

- 26 Nov – Quality People & Performance Committee
- 02 Dec - Patient Experience meeting
- 20 Jan - Agenda planning meeting
- 23 Jan - Patient Food Service meeting with Medirest caterers
- 28 Jan – Patient views on Rehab at King's from Intensive Care to Mary Ray and Matthew Whiting wards
- 17 Feb - Patients 'access & disability' meeting
- 19 Feb - Food audit on Friends Stroke ward

20/12 Quality, People & Performance Committee (QPPC) meeting- Governor Observer Summary

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

- 14th November 2019
- 6th February 2020

20/13 Clinical Quality Review Group (CQRG) meeting – Governor Observer Summary

The Committee noted the meeting summary from the CQRG meetings held on:

- 19th November 2019
- 20th January 2020
- 18th February 2020

COMMITTEE MATTERS

20/14 PESC Terms of Reference

At the previous meeting, there was discussion on the value of having a separate Membership and Community Engagement sub-committee (MCEC) as there is

| Item | Subject | Action |
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much overlap with patient experience. It was suggested that the MCEC agenda should be absorbed into PESC. This was decided against and a decision has been made to discuss membership and engagement as part of the Council of Governor meetings.

It was recently proposed that one or two Non-Executive Directors would join a Governor Sub-Committee, this way the NEDs will hear the issues Governors are concerned about. The Chairman is to discuss with the NEDS and communicate the outcome at the Council of Governors meeting in March. Once confirmed, the ToR will be amended to read:

5.1 The Committee is open to all Governors, although it is advisable that the membership does not exceed 15 members and [one/two] Non-Executive Directors.

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| 20/15 | PESC Annual Work-plan 2020 | |
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The PESC work-plan for 2020 is yet to be finalised.

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| 20/16 | ANY OTHER BUSINESS | |
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No other business was discussed.

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| 20/17 | DATE OF NEXT MEETING | |
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Thursday 21st May 2020, 11:00am – 1:00pm
Weston Education Centre
Bill Whimster, Conference Centre
Ground Floor
Cutcombe Road, SE5 9RJ

Patient Experience & Safety Governor Committee

Minutes of the **Patient Experience & Safety Committee (PESC) meeting**
Thursday 16th July 2020 at 3:00 – 5:00pm
 MS Teams – Video Conference

Present:

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| Victoria Silvester | Public Southwark Governor (Chair) |
| Jane Allberry | Lead Governor/Public Southwark Governor |
| Hilary Entwistle | Public Southwark Governor |
| Stephanie Harris | Public Southwark Governor |
| Kirsty Alexander | Patient Governor |
| Billie McPartlan | Patient Governor |
| Sonia Case | Public Bromley Governor |
| Tony McPartlan | Public Bromley Governor |
| Marcus Ward | Public Lambeth Governor |
| Mick Dowling | Staff Governor |
| Carole Olding | Staff Governor |
| Claire Wilson | Staff Governor |
| Phidelma Lisowska | Nominated Governor |
| Nicholas Campbell-Watts | Non-Executive Director |

In attendance:

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| Jessica Bush | Head of Engagement and Patient Experience |
| Desmond Carter | Programme Manager – Quality and Continuous Improvement (Part Meeting) |
| Jonathan Lofthouse | Site Chief Executive, PRUH & South Sites |
| Ashley Parrott | Director of Quality Governance |
| Nicola Ranger | Chief Nurse & Executive Director of Midwifery (Part Meeting) |
| Ann Spence | Programme Director, Patients First Programme (Part Meeting) |
| Caroline White | Executive Director of Integrated Governance |
| Tara Knight | Corporate Governance Officer (Minutes) |

Apologies:

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| Jon Cohen | Non-Executive Director |
| Siobhan Coldwell | Trust Secretary and Head of Corporate Governance |
| Barbara Goodhew | Public Lambeth Governor |

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20/18 Welcome, Introductions and Apologies

Nicholas Campbell-Watts, Non-Executive Director, was welcomed as a new member to the Committee.

Apologies for the following people were noted:

- Professor Jon Cohen, Non-Executive Director
- Siobhan Coldwell, Trust Secretary
- Barbara Goodhew, Public Lambeth Governor

| Item | Subject | Action |
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| 20/19 | Declarations of Interest | |
| | No interests were declared. | |
| 20/20 | Minutes of the Previous Meeting - 20.02.2020 | |
| | Item 20/23: Since the meeting in February, Medirest have confirmed that inpatients are offered seven drinks throughout the day rather than five. | |
| 20/21 | Action Tracker and Matters Arising | |
| | The Committee reviewed the action tracker. The following was noted: | |
| | <ul style="list-style-type: none"> • Action 19/05 – Overstaying Patients’ Visitors This action was deferred to the next meeting. [Action deferred] • Action 19/23 - Statistics on patient self-discharge This action was deferred to the next meeting. [Action deferred] • Action 20/09 – Draft Quality Priorities 2020/21 The proposed Quality Priorities remain the same: Violence & Aggression towards Staff, Improving Patient Experience, Deteriorating Patients and Patient Outcomes in Respiratory COPD. [Action Closed] | |
| | PATIENT EXPERIENCE | |
| 20/22 | Outpatients Transformation | |
| | The Site Chief Executive for PRUH & South Sites presented the Outpatients Transformation update to the Committee. | |
| | The Outpatients Services have not been performing well against the majority of markers in comparison to other Outpatient Services in the Country. The Trust has received feedback from the CQC and other regulatory bodies as well as direct feedback from service users around the varied patient experiences within the Trust’s Outpatients Services. | |
| | At present, Outpatient provisions are not standardised across sites. At the PRUH and South Sites the Trust operates a central outpatients booking service and at Denmark Hill they have a Directorate based outpatients booking service. There is, currently, no ability to retrieve quality data to help plan how to improve services. The Trust plans to complete and at pace transformation of the quality of outpatient provision for patients. The aim is to provide the same range of interaction options to patients across all sites by creating a proactive and reactive automated digital system which will be run using the N3 Network, which is a Government secure network. The new system will provide: | |
| | <ul style="list-style-type: none"> • Two way text message reminders. If the text message is not opened within a specific time frame, a letter will be automatically generated and posted out to the patient. | |

| Item | Subject | Action |
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- Standardised letters in a range of languages.
- Video consultations to those patients that request them. The new system will allow clinicians to update patient notes during appointments.
- BOTCHAT – Which is a Live Chat ‘question and answer’ service that appears to be a person but is actually automated.
- ‘Read aloud’ and/or reader friendly communication.
- Patient Initiated Follow Up (PIFU). Certain patients groups will be able to request the timing of follow up appointments.
- Optional remote monitoring.

Governors were informed that hard copies of letters would still be available, as would a telephone service and email service for those patients that prefer these methods of communication.

Implementation is currently 3 weeks behind schedule and will begin with the PRUH and South Sites. Roll out at Denmark Hill is planned for after Christmas over a four and a half month period. It is hoped that it will take three months for these changes to be embedded. The provider has been used by the Trust in the past, with great feedback.

Governors asked whether training on the new system has been carried out. Training is yet to be implemented. Feedback on virtual clinics at the Trust is also yet to be elicited. The Head of Engagement and Patient Experience informed the Committee that Guy’s and St Thomas’s and the Royal Brompton, who are happy to share their findings, have carried out major surveys around patient views of virtual clinics. This will give good insight into patient experience in this area.

The areas that the Trust will be focussed on in terms of patient engagement are:

- Patient Portal
- Synopsis around Orthopaedics (Pre-Assessments)
- Virtual Receptionist Module

20/23 **Enhancing Patient Experience at Bedside**

The Programme Manager for Quality and Continuous Improvement presented a new programme for enhancing patient experience at the bedside to the Committee.

The Committee was informed that the current entertainment system is out-of-date, receives poor patient feedback, has a low uptake rate, and is costly for those using it. This area is being reviewed as part of the Trust’s Recovery & Reset programme. The plan is to modernise the entertainment and web offerings to patients and introduce tablets to provide patients with a video calling facility, provide useful information and collect feedback.

The team will be contacting all patient governors for their views around the following areas:

- ICU video calling and the prospect of extending to other wards
- Entertainment and online offerings including devices to be used.
- Inpatient communications from the Trust

| Item | Subject | Action |
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It was suggested that discharge updates should be available for patients as it can be a long and frustrating process. Keeping patients up to date about where they are in the discharge process might alleviate some of this frustration.

Governors commented on the current internet speed and quality. Concerns were also raised about entertainment offerings potentially disturbing other patients and the need for headphones. These areas will also be reviewed as part of the programme.

During the COVID-19 pandemic, a number of tablets and mobile phones have been donated to the Trust and Governors inquired about whether these could be used as part of the programme. The acquisition of hardware will be included in the business case and the Trust will review stock already in its possession before purchasing any items.

The Chief Nurse reminded the Committee that the Trust is currently undertaking a sizable piece of work to address violence and aggression on wards. One of the key messages from ward staff was patient boredom. Improving the entertainment for patients would help in this area.

20/24 Patient Experience Summary: COVID-19 Feedback

The Head of Engagement and Patient Experience presented the update on Patient Experience to the Committee.

The Patient Experience and Engagement Team has conducted telephone interviews with patients discharged from hospital after testing positive for COVID-19 over an eight week period. Feedback was received from over 300 patients or their carers and weekly reports were provided to the Board summarising experience, key themes and patient comments. Key findings and actions will be circulated to staff. Patients and/or carers were incredibly appreciative of receiving a call from the hospital.

The patient experience improvement plan has now be approved. The main areas for improvement are around communication, staff attitude and hydration and help with feeding. The management of patients' property has been inadequate and is included in the improvement plan. A clear process is required for tracking property as patients move within the hospital and the returning of property to relatives of deceased patients.

The Committee highlighted that doctors talking in front of patients as if they were not there continues to be rated as red. This indicator has been rated as red for some time but has not been included on the improvement plan. The Chief Nurse informed the Committee that work is needed to gather data and review it. The Director of Quality Governance added that year 4 and 5 doctors require improvement projects as part of their training. This project has been put forward for them to undertake, which should start in August.

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| 20/25 | Complaints – Update Report | |
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The Executive Director of Integrated Governance presented the report on Complaints in light of the COVID-19 major incident response to the Committee.

In March, NHS England and NHS Improvement issued guidance that allowed the Trust to pause the complaints process during the COVID-19 pandemic. Responses to complaints relies heavily on involvement from clinical staff. This 'pause' gave the complaints department an opportunity to take stock of its currently position. There has been a number of challenges in terms of the systems and processes within the department. Training gaps in terms of knowledge within the department as well as the training programme offered across the organisation have been highlighted within the department.

Informal complaints have not been captured appropriately in the past, which has now been remedied. In light of this, future reporting of complaints data will show a marked increase in the number of complaints being recorded and therefore reported as the Trust complies with the Regulations.

The Executive Director of Integrated Governance informed the Committee that she will be creating a Resolutions Department that will include the claims team. The Head of Resolutions post will be recruited to.

PATIENT SAFETY & RISK MANAGEMENT

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| 20/26 | Patient Safety Report – Q4 | |
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The Executive Director of Integrated Governance presented the Patient Safety Report for quarter 4 to the Committee. The following was noted:

- There remains a significant backlog of Serious Incident investigations. Completion of investigation reports has been affected by COVID-19 although new serious incidents that have been reported during COVID19 have progressed in a more timely manner as there were shielded staff available to dedicate time to complete the investigations.
- Work is taking place to improve the quality and thoroughness of investigations into Serious Incidents.
- The Trust does not have a team dedicated to deal with serious investigations. Consideration needs to be given to how staff can have protected time to complete investigations.
- The Trust will be rolling out a newer version of Datix which will make it easier for Care Groups to identify themes and share learning.

Procedures for reporting incidents were streamlined during the COVID-19 pandemic to make it easier for staff to report incidents. The Committee were informed that as staff begin to use less PPE, these changes would not remain in place post COVID-19.

| Item | Subject | Action |
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GOVERNOR FEEDBACK

20/27 Feedback from Governors on Patient Safety and Experience Activities

Jane Allberry – Lead Governor

- **31.03.20 and 14.05.20:** Virtual meetings of National Cancer PPV Forum
- **23.04.20, 14.05.20 and 02.06.20:** London Cancer Patient Advisory Group
- **27.05.20:** SEL Cancer Alliance
- **11.06.20:** Neuroscience PPV group

Commented as a member of these groups on a range of draft communications, e.g. guidance on attending diagnostic tests post COVID-19.

Victoria Silvester – Public Governor (Southwark)

- **04.03.20:** Food audit on K Wilson Ward
- **04.03.20:** Meeting with Palmer Winstanley to discuss Outpatient improvements
- **04.03.20:** Work plan for PESC, meeting with FTO
- **07.05.20:** Chairman's briefing on covid-19 patient care
- **04.06.20:** Observer at QPPC meeting and writing report for Council meeting
- **24.06.20:** PESC agenda planning meeting

**Claire Wilson – Staff Governor
Interim General Manager – Ophthalmology**

Creation of a new 'attend anywhere' online emergency eye service so that patients with queries can press a link on the King's website to come through to the emergency eye clinic to discuss any worries/queries. It has reduced the need to attend for a face-to-face appointment by 75% and has had some really good feedback.

20/28 Quality, People & Performance Committee (QPPC) meeting- Governor Observer Summary

The Committee noted the meeting summary from the QPPC meeting held on 4th June 2020.

20/29 ANY OTHER BUSINESS

- **Governor Involvement in Patient Engagement Work Streams**
The Head of Engagement and Patient Experience encouraged governors to express interest in being involved in patient engagement work streams, which include outpatients and ED.

| Item | Subject | Action |
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- The Committee Chair thanked staff for preparing reports for the Committee and attending during this challenging time.

20/30 DATE OF NEXT MEETING

Thursday 24th September 2020, 5:30 – 7:30pm
Dulwich Room, Hambleden Wing
King's College Hospital

DRAFT

Governors' Strategy Committee

Minutes

Minutes of the Meeting of the Governors' Strategy Committee held on Thursday 13 February, 2020, 4.00-6.00pm in the Third Floor meeting room, Fetal Medicine Institute, Windsor Walk, Denmark Hill

Members Present:

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| Ashish Desai | Staff Governor (Medical and Dentistry)/Committee Chair |
| Stephanie Harris-Plender | Southwark Public Governor |
| Jane Allberry | Southwark Public/Lead Governor |
| Carole Olding | Staff Governor |
| Claire Wilson | Staff Governor |
| Mick Dowling | Staff Governor |
| Sonia Case | Bromley Public Governor |
| David Jeffery | Bromley Public Governor |
| Tony McPartlan | Bromley Public Governor |
| Marcus Ward | Lambeth Public Governor |
| Kirsty Alexander | Patient Governor |
| Paul Cosh | Patient Governor |
| Billie McPartlan | Patient Governor |

In Attendance:

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| Prof Clive Kay | Chief Executive (part) |
| Prof Jules Wendon | ED, Clinical Strategy & Research |
| Jackie Parrott | Chief Strategy Officer |
| Nina Martin | Assistant Board Secretary (minutes) |
| Siobhan Coldwell | Trust Secretary |
| Tessa Caussyram | NHS General Management Trainee |
| Sarah Middleton | Head of Stakeholder Engagement |

Apologies:

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| Heather Gilmour | Deputy Director of Strategy |
| Phidelma Lisowska | Nominated Governor - Joint Staff Office |

| Item | Subject | Action |
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| | STANDING ITEMS | |
| 020/01 | Welcome and Apologies Welcome and apologies were noted. | |
| | TRUST STRATEGIC FOCUS | |
| 020/02 | Chief Executive Update Professor Clive Kay updated on key issues facing the Trust around finance, performance and site management. King's had a prescribed control total from NHSI to deliver. This year for the first time this appears to be achievable. Challenges remained around performance particularly around access and RTT compliance. The Trust's compliance had been the worst in London in the last few weeks so there was a lot of work to be done to improve. The management of patient flow along with discharge into the community process were two big priorities for the Trust. | |

| Item | Subject | Action |
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| | <p>Though the Trust was not in quality special measures, financial special measures (FSM) would still impact quality of care. Our services were not unsafe but patient experience has been negatively impacted by FSM. The Trust remained behind in 52 week and cancer performance, partly driven added the Chief Executive by a lack of clinical leadership and this model was being revisited.</p> <p>Increased clinical leadership would improve staff engagement. The remunerations of the clinical leads would be in line with their GSTT counterparts.</p> <p>The management model for the PRUH and Denmark Hill was under review. Site Chief Executives were being introduced. The benefits of this model outweighed any disadvantages. Two key advantages would be improved staff and patient management due to the proximity of executive leadership.</p> <p>The PRUH and south sites Chief Executive could potentially lead on One Bromley and help KCH play an active role in the ICS. KCH previous lack of involvement was of concern to One Bromley partners.</p> <p>Feedback from the Committee was the model could raise staff morale and the Committee was informed anecdotally that morale was increasing at Denmark Hill. There was a discussion around PRUH running operationally as a District General Hospital.</p> | |
| | <p>Action: Further to the discussion, the Chief Executive suggested Governors be sent his fortnightly all staff bulletin.</p> | <p>FTO</p> |
| | <p>The meeting was assured that the joint clinical strategy aim is to further enhance collaborative working between the partners which was the direction of travel in health and care service delivery. In this new landscape competition was not an option.</p> <p>While clinical leadership was a welcomed proposal, there was concern that they may not have the relevant community experience to drive forward the ICS agenda.</p> <p>GSTT has over a decade experience working with community services but this was not the case with KCH. Bromley colleagues and stakeholders would be given assurance that the PRUH site Chief Executive would be prioritising One Bromley. KCH needs to be a key part in ICS and the aim is to develop a plan to take this forward.</p> <p>Accountability and Governance to be worked out.</p> | |
| 020/03 | <p>Joint Clinical Strategy</p> <p>The Chief Strategy Officer updated the Committee on the strategy. The work was building on historical collaboration between GSTT and KCH. Some services like cardiovascular are working well together through KHP. Some services feel threatened and some are in the middle. The timelines were tight and ambitious so service prioritisation was needed. By September the strategy would be high level</p> <p>Executive strategy leadership continued to engage with staff and clinical leads. Further to the discussion the Accountable cancer network would be added to slide 6 – “Building on our significant portfolio of ongoing collaborative work”.</p> | |

| Item | Subject | Action |
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| | <p>There was a discussion around opportunities for new collaboration as well as to strengthen present joint working. In renal better use would be made of satellite units, while collaboration on vascular was a directive from NHSI/E.</p> <p>Engagement on the strategic plan remains ongoing and the strategy team will work with the communications teams of each Trust to develop appropriate messaging around the strategy. The Executive partners and Boards will be engaged.</p> <p>The Committee reminded that patient engagement throughout was needed and Chief Strategy Officer confirmed that this would be taken forward as part of the engagement plan.</p> <p>The Committee commented on the “busyness” of the early design choices slide and felt simplification would aid understanding. It was noted that the model could be perceived as counter-productive to collaboration so it would be important to get the messaging to the public right.</p> <p>While vascular was moving from DH, it was agreed that it would still be needed here to support other services e.g. trauma.</p> <p>There was a discussion on staff morale and the supporting role flow improvement can contribute to this.</p> <p>Engagement with Bromley may need to be more carefully tailored given its demographic and the large elderly population.</p> <p>There were concerns around the transfer of patient data when services are relocated and the Chief Information Officer would be engaged to support this process.</p> <p>There was a discussion on the Brompton merge with GSTT. However, the closure of the Brompton site is likely to be phased over a ten year period.</p> <p>The Strategy Officer left the meeting on the completion of her update.</p> | |
| 020/04 | <p>Minutes of the Previous Meeting – 21 November</p> <p>The minutes of the previous meeting were agreed as an accurate record.</p> <p>HORIZON SCAN</p> | |
| 020/05 | <p>Tessa Caussyram 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:</p> <ul style="list-style-type: none"> • Political, policy and legal, particularly: <ul style="list-style-type: none"> ○ LTP Implementation: NHSE PCN service specifications to develop out of hospital services - enhanced care in care homes & structured medication reviews from April 2020, others to follow ○ Emerging ‘System by default’ concept, e.g. 50% of FRF linked to system performance. ○ Urgent Community Response teams to be rolled out from April 2020 including in SEL as an accelerator site. The aim is to support admissions avoidance. | |

| Item | Subject | Action |
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| | <p>The Committee noted challenges in discharging people into the community</p> <ul style="list-style-type: none"> • Economic: <ul style="list-style-type: none"> ○ For a greener NHS' programme launched, aiming to ○ reduce adverse impacts on public health, the environment, save money & go net carbon zero ○ Solution emerging for Trusts with long term historic debt (total ~£10bn) but potentially with interest charges. There was a proposal to convert debt into investment bonds. | |
| | <p>Poor recycling was a concern by Governors and the use of plastics on wards.</p> <p>Social: To address workforce challenges, there were plans to introduce a £5,000 bursary for nursing, midwifery and many allied health students</p> | |
| 020/06 | <p>Any Other Business</p> <p>There was a discussion about increased involvement of Governors with the Trust. This had been the topic of the 3 February Task and Finish group. There had been a proposal by Sir Hugh Taylor of incorporating Governors in Trust committees and having representation of NEDs in Governor's committees. The Trust Secretary confirmed that the proposal had been approved in principal by the Board and further appropriate plans were being discussed.</p> <p>The Committee also proposed inviting the Chief Financial Officer to update on the operational plan at the next Strategy committee.</p> <p>Marcus Ward expressed concerns about the disparate knowledge of KCH adding that a presentation from the staff governors possibly in a closed session would be helpful.</p> | |