

AGENDA

Meeting	Council Of Governors
Time	18:00 – 19:30
Date	Thursday 11th March 2021
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 – 10.12.2020	FA	Enc.			
1.5. Matters Arising / Action Tracker	FR	Enc.			
2. Discussion of the Board Meeting and Papers	FD	Board Papers		Chair	18.10
3. Issues raised by Governors	FD	Oral		Various	18.35
- Elective Recovery					
- Complaints					
- Staff Well-being/Wellbeing Hubs					
- Estates Update					
4. The White Paper	FD	Oral		Chair/Trust Secretary	19.00
5. Governor Involvement & Engagement					19.10
5.1. Governor Engagement & Involvement Activities	FR	Oral		Jane Allberry	
5.2. Observation of QPPC – 4 th Feb 2021	FR	Enc.		Victoria Silvester Kirsty Alexander	
5.3. Observation of FCC – 28 th Jan 2021	FR			Paul Cosh Carole Olding	
6. For Information				Chair	19.25
6.1. Sub-Committee – Confirmed Minutes	FI	Enc.			
6.1.1. Patient Experience & Safety Committee	FI	Enc.			
7. Any Other Business				Chair	19.25
8. Date Of Next Meeting					
Thursday 11 th June 2021, 6:00pm					
Venue TBC					
PRIVATE SESSION COUNCIL OF GOVERNORS					
1. FOR RESOLUTION				Chair	19:30
To consider a motion that the business detailed in the agenda below is considered in a private session, and that the public are excluded from the meeting, due to the confidential nature of the business to be transacted.					
2. Report from the Nominations Committee	FA	Enc.		Chair	

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

Council of Governors Membership

Sir Hugh Taylor	Trust Chair
Elected: Devendra Singh Banker Jane Clark Tony McPartlan David Jefferys Alfred Ekellot Barbara Goodhew Marcus Ward Paul Cosh Emmanuel Forche Billie McPartlan Kirsty Alexander Jane Allberry Hilary Entwistle Stephanie Harris Victoria Silvester Susan Wise Mick Dowling Kevin Labode Carol Olding Claire Wilson	Bromley Bromley Bromley Bromley Lambeth Lambeth Lambeth Patient Patient Patient Patient Southwark Southwark Southwark Southwark Lewisham Staff – Nurses & Midwives Staff – Administration, Clerical & Management Staff – Nurses and Midwives Staff - Allied Health Professionals, Scientific & Technical
Nominated/Partnership Organisations: Dr Dianne Aitken Cllr. Jim Dickson Cllr Robert Evans Cllr. Dora Dixon-Fyle Charlotte Hudson Dame Prof Anne Marie Rafferty Phidelma Lisowska	Lambeth CCG Lambeth Council Bromley Council Southwark Council South London & Maudsley NHS Foundation Trust King's College London Joint Staff Committee
In attendance: Professor Jon Cohen Nicholas Campbell-Watts Sue Slipman Akhter Mateen Professor Richard Trembath Steve Weiner Professor Clive Kay Beverley Bryant Jonathan Lofthouse Julie Lowe Dr Leonie Penna Professor Nicola Ranger Louise Clark Lorcan Woods Sultana Akther Siobhan Coldwell Tara Knight Nina Martin	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 Site Chief Executive, Denmark Hill Acting Chief Medical Officer Chief Nurse & Executive Directive of Midwifery Chief People Officer Chief Financial Officer Corporate Governance Officer Trust Secretary Corporate Governance Officer (Minutes) Assistant Board Secretary
Apologies:	
Circulation to: Council of Governors and Board of Directors	

Council of Governors Meeting – Public Session

Draft Minutes of the Council of Governors (Public Session) meeting held on
Thursday 10th December at 18:00hrs

The meeting was held virtually via MS Teams

Present:

Chair

Sir Hugh Taylor Trust Chair

Elected Governors

Devendra Singh Banker	Bromley
Jane Clark	Bromley
Tony McPartlan	Bromley
David Jefferys	Bromley
Barbara Goodhew	Lambeth
Marcus Ward	Lambeth
Paul Cosh	Patient
Emmanuel Forche	Patient
Billie McPartlan	Patient
Kirsty Alexander	Patient
Jane Allberry	Southwark
Hilary Entwistle	Southwark
Victoria Silvester	Southwark
Claire Wilson	Staff - Allied Health Professionals, Scientific & Technical

Nominated/Partnership Organisations:

Dr Dianne Aitken	Lambeth CCG
Cllr. Jim Dickson	Lambeth Council
Cllr. Dora Dixon-Fyle	Southwark Council
Charlotte Hudson	South London & Maudsley NHS Foundation Trust
Phidelma Lisowska	Joint Staff Committee

In attendance:

Nicholas Campbell-Watts	Non-Executive Director
Professor Ghulam Mufti	Non-Executive Director
Akhter Mateen	Non-Executive Director
Steve Weiner	Non-Executive Director
Professor Clive Kay	Chief Executive Officer
Louise Clark	Chief People Officer
Julie Lowe	Site Chief Executive, DH
Jonathan Lofthouse	Site Chief Executive, PRUH & South Sites
Dr Leonie Penna	Acting Chief Medical Officer
Professor Nicola Ranger	Chief Nurse & Executive Directive of Midwifery
Lorcan Woods	Chief Financial Officer
Ainne Dolan-Williams	Deputy Director in Learning & Organisational Development
Siobhan Coldwell	Trust Secretary
Nina Martin	Assistant Board Secretary
Sultana Akther	Corporate Governance Officer (Minutes)
Tara Knight	Corporate Governance Officer

Apologies:

Beverley Bryant	Chief Digital Information Officer
Stephanie Harris	Southwark

Item	Subject	Action
20/25	<p>Welcome and Apologies</p> <p>Apologies for absences were noted.</p> <p>The Chair welcomed the following new members:</p> <ul style="list-style-type: none"> - Councillor Dora Dixon-Fyle – Southwark Council - Jane Clark – Bromley Governor <p>The Chair informed the Council of the sad news of Patient Governor, Alan Doctors' passing last month. The Chair would be discussing with the Lead Governor the process to fill this seat and another staff Governor seat.</p> <p>The Chair extended his congratulation to Prof Anne Marie Rafferty for being awarded a Damehood in the Queen's birthday honours.</p>	
20/26	<p>Declarations of Interest</p> <p>There were no declarations of interests.</p>	
20/27	<p>Chair's Action</p> <p>There were no Chair's actions to report.</p>	
20/28	<p>Minutes of the Previous Meeting</p> <p>The minutes of the last meeting held on 10th September 2020 were agreed as an accurate record of the meeting subject to the amendment that Louise Clark was present at the meeting.</p>	
20/29	<p>Matters Arising/Action Tracker</p> <p>The Committee noted the action tracker which would be updated and responses to some of the issues raised at the last meeting would be provided. It was suggested that Governor involvement in various procurement exercises next year would be useful.</p> <p>The following updates were provided:</p> <ul style="list-style-type: none"> - Action 19/31: OHSEL STP Response to the NHS Long Term Plan. The annual joint Governors meeting across SEL would be arranged in the New Year before the next Council of Governors meeting. - Action 20/07: Governor Engagement/Work of the Task & Finish Group - Wider accountability sessions will be arranged and a NED/Governor meeting is being planned for mid-October. How Governors engage in areas of particular interest is still being explored and reviewed. An update on the arrangements for accountability sessions with NEDs would be provided. - Action 20/18 - 2: Hospital acquired COVID-19 – This was addressed in the COVID-19 Wave 1 Learning Review which was presented to the Board. It would be helpful for Governors to receive this report. 	<p>S Coldwell</p> <p>H Taylor S Coldwell</p> <p>N Ranger</p>

Item	Subject	Action
	- Action 20/18 - 3: IT Equipment, Scheduled Upgrades, Appointments Management and Bedside Entertainment – Update. An upgrade to the electronic patient record was scheduled to take place in March, this was disrupted by the pandemic. The upgrade will now take place on 25th September, subject to approval at the King's Executive Group meeting. A progress update on this was requested.	B Bryant
	- Action 20/18 – 4: The PiMs System (patient outcomes letters) will be upgraded towards the end of October. A progress update on this was requested.	B Bryant
	- Action 20/18 – 5: Working closely with the patient experience team through the recovery and reset programme, patient bedside entertainment is being reviewed. There are a lot of exciting modern packages available on the market. A progress update would be provided.	B Bryant
	- Action 20/20: Reset and Recovery Programme – update. Governors were concerned about the messaging and communication to constituents and managing their expectations. It would be helpful for messaging that Governors can share with their constituents to be drafted and circulated. Governors who wished to support in this area were invited to do so by contacting the Trust Secretary. Communication with patients remains an ongoing issue. The specific exercise with regard to further feedback from patients was not carried forward and this would be revisited.	R Beasley
	- Action 20/21: The proposed new election campaign would start after Christmas, with close of poll in mid-May. An update on the next steps on the Council of Governor elections would be provided.	H Taylor S Coldwell

20/30 Discussion of the Board Meeting and Papers

The Chief Executive provided an update on the vaccination programme. The Trust recognised the exceptional challenges of implementing the programme particularly for those involved in operational and clinical management across the organisation.

The Site Chief Executive (DH) highlighted the following points:

- The vaccination programme commenced initially with 50 hospital sites nationally. Kings has two hubs and GSTT has one hub, there are no other hubs in southeast London.
- Priority is being given in the first instance, to the over 80s and care home residents and staff. The vaccine is very sensitive and cannot be transported off site.
- The Trust has administered the vaccination to a small number of inpatients who are fit for discharge, small amount of opportunistic vaccinations for over 80s, outpatients over 80 attending the hospital, care home staff designated as being high priority and extremely vulnerable clinical staff have been offered appointments. The offer has been extended to relatives and friends of staff who are over 80.
- The Trust expects it will be able to administer all doses of the vaccine it has been allocated at both sites
- The normal appointments system was being used for people being given the vaccine. Although a card was given to individuals to say they have had the Covid-19 vaccine, this would also be evidenced in their GP records.

Item	Subject	Action
	<ul style="list-style-type: none"> • Further batches of the vaccine were expected to be delivered for the next 2 weeks and the primary care networks were expected to receive 1 batch of the 975 doses per borough, so that vaccinations can take place in the community. • Two doses are needed for full vaccination and individuals must attend the same site for each dose. • With regard to staff with allergies who have had a serious lapse in the past and require adrenaline treatment, they must wait for the Oxford AstraZeneca vaccine which will be available next year. • Sending out automated text messages (with the hospital number) to the over 80s is a function to expediently contact people and there has been positive response. Other methods of contact are also being used. • Governors and volunteers would be not be considered staff members but would be treated in an inclusive way with regard to having the vaccination. <p>Governors discussed vaccine hesitancy, particularly within the BAME communities. It is paramount that data relating to the numbers and ethnic origins of individuals being vaccinated is recorded. This could be linked back into the patient records to identify whether there is a significant differential take up amongst various parts of the community. All individuals were being given an appointment through the normal Trust appointments process which records the ethnic origin, a data analysis may be able to be undertaken retrospectively.</p> <p>Governors were asked to continue to feedback any issues, particularly from constituents, on an ongoing basis to improve the system.</p>	
20/31	<p>Issues raised by Governors</p> <p>A number of questions from Governors were tabled in advance for the Executive team.</p> <p>Estates</p> <p>The Council received and noted the paper from the Chief Finance Officer addressing all the questions relating to the estates. Due to the amount of funding made available Centrally, a huge amount of work was taking place over winter and the second wave. There is a plan for each site for the next 3 years, however only the near term of this is currently funded.</p> <p>It would suggested that it would be helpful to have an informal estates specific session with the Governors.</p> <p>Outpatients</p> <p>In terms of the outpatient improvement programme and volumes, all outpatient services have reopened in a variation of formats, these include face-to-face contact and expanding the offering telephone and virtual clinic appointments.</p> <p>In association with the outpatients improvement programme, the implementation of the new technology has commenced. A recent patient survey reflected patient experience within the new technology enhanced environments. There was broad satisfaction with rates of higher than 85% for areas where the enhanced technology was available. The programme of roll out is expected to be completed by February 2021.</p>	Governors

Item	Subject	Action
	<p>A more detailed report would be provided in February when there would be a more representative body of experience.</p>	J Lofthouse
	<p>In terms of the changes in Outpatients, the PRUH Ophthalmology service has been moved permanently to Orpington. In terms of the proportion of patients being diverted to other Trusts, a large number of patients had been retained under King's care. Orthopaedics services are provided at a majority of the sites, both inpatient and outpatients. There are a cohort of complex patients (approximately 125) have been moved to GSTT with their consent on the operative pathway and will have operative care with the orthopaedic team at GSTT. The operating unit would undertake the first follow up post operation depending on the specific pathway, thereafter clinicians would decide in writing to either return the patient to their home unit or maintain the ongoing management of that patient dependant on the operative procedure.</p>	
	Covid-19	
	<p>In relation to the ward moves, several ward teams have been moved a number of times. Decisions to move a ward are made by the site Silver Command team and then escalated to the Gold meetings chaired by one of the Executives. The decisions have been taken with input from the site Medical and Nursing Directors with support being put in place for staff.</p>	
	<p>The Chief Medical Officer provided clarification on the ethnicity data in the Covid-19 Wave 1 Learning Review Board paper. At King's there was no difference in hospital mortality in relation to ethnicity. Data indicated a low level of Asian ethnic minority in-hospital mortality. However, nationally people of Asian origin particularly men have a much higher in-hospital mortality rate.</p>	
	<p>The backlog of safety investigations was being worked on to resolve issues. The complaints process was also being reviewed. Issues in relation to 52-week waiters was discussed, a triaging system in place to ensure that these patients are scrutinised regularly and receive urgent care when needed. A harm review process is in place.</p>	
	Staff Well-being	
	<p>During the first wave of Covid-19, the Trust had a robust programme of health and well-being hubs (seven across all the sites). Four of these hubs are still in place and they remain a centre of support, rest and recuperation. These are also a place to signpost people to other services including psychological support.</p>	
	<p>The business case to support the permanent staff hubs at the PRUH and DH site has been approved with additional support to staff these. The Trust has been shortlisted for the Health Service Journal Award for health service initiative of the year based on the well-being programme during the pandemic response.</p>	
	<p>In terms of redeployment, there is no large scale deployment as a majority of staff have returned to their original posts, some have remained redeployed as a result of their personal circumstances. There has been regional discussions with regard to a critical care surge capacity, there was suggestion that wards at one of the Barts health sites would be open to support this, though no indication this would</p>	

Item	Subject	Action
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be at the Nightingale. The Council would be kept abreast of any further developments of transfer of staff.

The Council was informed that staffside partnership working arrangements are being restored and there was a commitment to have a robust partnership framework for the future. The Chief People Office and the Director of Equality, Diversity and Inclusion met with Workforce Race Equality Standard (WRES) experts and members of the regional and local Trade Union partners to discuss the WRES. There were positive developments for future plans.

Collaborative work across the System

The Trust is fully participating in systems collaboration with GSTT and Lewisham & Greenwich NHS Trust through the Acute Provider Collaborative. The Committee in Common meeting of the three Trusts was updated on the extensive programme of work being undertaken in terms of the elective pathway recovery for patients across southeast London. Further work was required with regard to redesigning pathways, standardising operating and HR protocols and more significantly minimising unwarranted variations in terms of patient care and quality.

The NHSE Board met in public and discussed a paper that proposed changes to system working in relation to potential powers for ICSs and described the expected and increased role of APCs and how they work together. The Chair would be attending the first meeting of the Partnership Board of the ICS system in February 2021, and would brief the Council on developments at the next meeting.

H Taylor

Discharge

There had been some improvements with regard to discharges during Covid-19. However, there were difficulties in discharging patients to care homes, due to patients needing to be isolated on return to their care homes. The level of delayed discharges was slightly lower than last year as a result of the push to manage simple discharges first. This has continued with support from local authorities. At DH, there were challenges discharging patients out of southeast London who need to go back to Kent, who are struggling with capacity. Finding suitable placements for homeless patients has proved difficult in the immediate aftermath of Covid-19.

Since Covid-19, the PRUH has seen improvement in over 21 day length of stay patients of 45.03%. The average number of patients who have been at the PRUH for over 21 days has been reduced from 76 to 42 patients.

20/32 People and Culture Strategy

The Chief People Officer provided an update on the development of the People and Culture Strategy, which will describe the Trust's vision, a progressive and innovative programme and will deliver the cultural change needed at King's. The framework around priorities would be used to deliver the strategy.

The strategy has the potential to drive forward collaborative working across communities, working on recruitment, learning and development, mental health and reducing the inequalities. The staff survey indicated the need to demonstrate equity and equality in order to improve staff/patient experience. There was an urgent need to focus on physical and mental health and well-being and the strategy would therefore need to respond to these challenging drivers for change.

Item	Subject	Action
	<p>The strategic priorities have been agreed, there is a wide programme of engagement and the final draft of the strategy would be discussed with the Executive team, networks and trade union partner groups in January, with the launch in Feb-March 2021.</p> <p>Governor input was sought, a new facilitation tool was introduced (Menti.com) to capture ideas about the issues the Strategy should address.</p> <p>The King's values were also being refreshed which would form a key part of the strategy. There were two offers of engagement for Governors in the values refresh:</p> <ol style="list-style-type: none"> 1. To become involved as a values volunteer which would require some training on enquiry techniques gathering staff stories and insights. Interested Governors were asked email the Trust Secretary or the Deputy Director of Learning & Organisational Development. 2. Values interviews of Governors to collect insight and thoughts in more depth. This would be rolled out in January. 	<p>Governors</p> <p>Chief People Officer</p>
20/33	<p>Governor Involvement & Engagement</p> <ul style="list-style-type: none"> • Governor Engagement & Involvement Activities <ul style="list-style-type: none"> - The Lead Governor informed the Council that three Governors were involved in the appointment of the new external auditors. The attendance and contribution of the NEDs to the Governors sub-committee meetings was greatly valued. Governors have also been observing various committees, two governors sit on the End of Life Care Board. Volunteering continues, Barbara Goodhew runs the Parkinson's choir virtually. • Observation of Quality, People & Performance Committee (QPPC) <ul style="list-style-type: none"> - The Council noted the QPPC summary. The following issues were highlighted: <ol style="list-style-type: none"> i. There were a number of negative points in terms of patient experience, e.g. a further 45 kiosks were required in addition to the existing 6. ii. In terms of the quality priorities, governor involvement in some of the work streams on the four different quality priorities for the year would be helpful to enable more meaningful contribution. iii. There were still concerns regarding the backlogs in complaints and the investigations for them. This was an ongoing issue. • Observation of the Major Projects Committee (MPC) <ul style="list-style-type: none"> - The Council noted the MPC summary and the following points were discussed: <ol style="list-style-type: none"> i. The proposal for a new stand-alone building providing additional facilities for Endoscopy at the PRUH was approved. A strong case was made for this investment in terms of quality of service and improving clinical standards. It may also provide a future income stream. ii. The proposal relating to the introduction of the EPIC system of electronic patient records. This had already been approved in principle. 	

Item	Subject	Action
	The Chair highlighted areas where Governor engagement/support was welcome: <ol style="list-style-type: none"> 1. Procurement in collaboration with GSTT relating to patient transport. 2. Procurement in relation to the patient entertainment system. 3. Working with staff on the People and Culture Strategy and the values refresh. 	Trust Secretary

FOR INFORMATION

20/34 Confirmed Minutes of Governor Sub-committees

The Council noted the draft minutes of the following sub-committee meetings:

- Patient Experience & Safety Committee - 19.11.2020
- Strategy Committee - 17.11.2020

20/35 Any Other Business

There was no other business.

Date of Next Meeting

Thursday 11th March 2021, 6:00 – 7:30pm

DRAFT



Council of Governors Action Tracker – 11.03.2021

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 SEL and Lewisham & Greenwich starting in the new year, every March. Trust Secretary to arrange.	S Coldwell	On hold	LGT do not have a Council of Governors. A meeting of this size will be difficult to conduct over MS Teams so it is on-hold until restrictions could be lifted.
10.09.2020	20/07	Governor Engagement/Work of the Task & Finish Group Wider accountability sessions will be arranged and a NED/Governor meeting is being planned for mid-October. How Governors engage in areas of particular interest is still being explored and reviewed.	H Taylor S Coldwell		A full round of NED/Governor sessions was undertaken in March 2021. ACTION COMPLETE.
10.09.2020	20/18 – 2	Hospital Acquired COVID-19 This was addressed in the COVID-19 Wave 1 Learning Review which was presented to the Board. It would be helpful for Governors to receive this report.	N Ranger	10.12.2020	The report was circulated to Governors. ACTION COMPLETE.
10.09.2020	20/18 – 3	IT Equipment, Scheduled Upgrades, Appointments Management and Bedside Entertainment – Update	Beverley Bryant		
10.09.2020	20/18 – 4	The PiMs System will be upgraded towards the end of October.	Beverley Bryant	11.03.2021	A progress update on this was requested.
10.09.2020	20/18 - 5	Working closely with the patient experience team through the recovery and reset programme, patient bedside entertainment is being reviewed. There are a lot of exciting modern packages available on the market. A progress update would be provided.	Beverley Bryant	11.03.2021	The procurement process is ongoing.
10.09.2020	20/20	Reset and Recovery Programme – update With regard to the Trust's recovery plans and progress in terms of productivity, Governors were concerned about the messaging and communication to constituents and managing their expectations. It would be helpful for messaging that Governors can share with their constituents to be drafted and circulated. Governors who wished to support in this area were invited to do so by contacting the Trust	R Beasley		

		Secretary. Communication with patients remains an ongoing issue. The specific exercise with regard to further feedback from patients was not carried forward and this would be revisited.			
10.12.2020	20/30	Vaccination Programme Governors were asked to continue to feedback any issues, particularly from constituents, on an ongoing basis to improve the system.	Governors	Ongoing	
10.12.2020	20/31	Estates It would suggested that it would be helpful to have an informal estates specific session with the Governors, this would considered.	H Taylor L Woods		
10.12.2020	20/31	Collaborative work across the System The Chair would be attending the first meeting of the Partnership Board of the ICS system in February 2021 and would brief the Council on developments at the next meeting.	H Taylor		On the COG agenda 11.3.2021. Action complete.
10.12.2021	20/31	Outpatients A more detailed report detailing the impact of new Outpatients technology would be provided in February when there would be a more representative body of experience.	J Lofthouse	Feb 21	This was deferred from the PESC meeting in February due to the COVID-19 Wave 2 impact. It will be brought to the May meeting.
10.12.2020	20/32	People and Culture Strategy There were two offers of engagement for Governors in the values refresh: 1. To become involved as a values volunteer which would require some training on enquiry techniques gathering staff stories and insights. Interested Governors were asked email the Trust Secretary or the Deputy Director of Learning & Organisational Development. 2. Values interviews of Governors to collect insight and thoughts in more depth. This would be rolled out in January.	Governors Chief People Officer		
10.12.2020	20/33	Governor Involvement & Engagement The Chair highlighted areas where Governor engagement/support was welcome: 1. Procurement in collaboration with GSTT relating to patient transport. 2. Procurement in relation to the patient entertainment system. 3. Working with staff on the People and Culture Strategy and the values refresh.	Trust Secretary		Governors have been involved in the procurement processes and attended a workshop to inform the patient transport procurement in January 2021.

Council of Governors

Report to:	Council of Governors
Date of meeting:	11 th March 2021
Presented by:	Prof N Ranger
Prepared by:	Foundation Trust Office
Subject:	Complaints Recovery
Action Required:	For Discussion

Summary

The Trust has significant complaints backlog. A plan is in place to recovery the position.

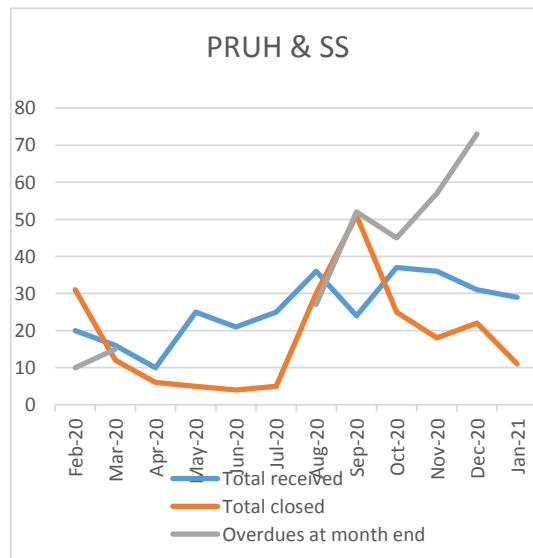
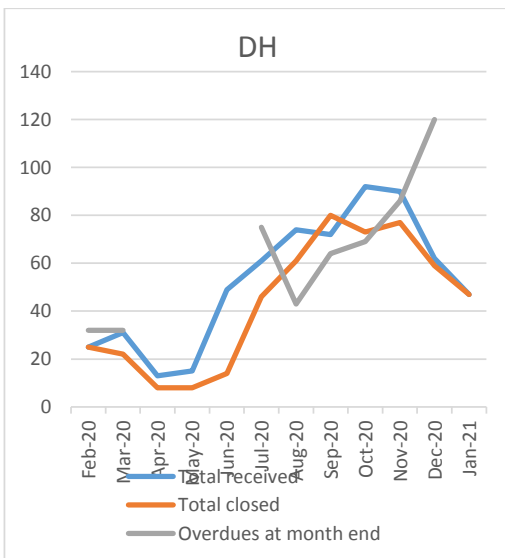
Action Required

The Council is asked to note the Chief Nurse's plan to recover the complaints position.

MAIN REPORT

Complaints Backlog Recovery Plan

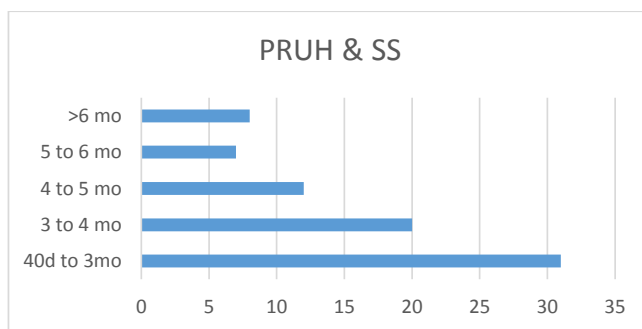
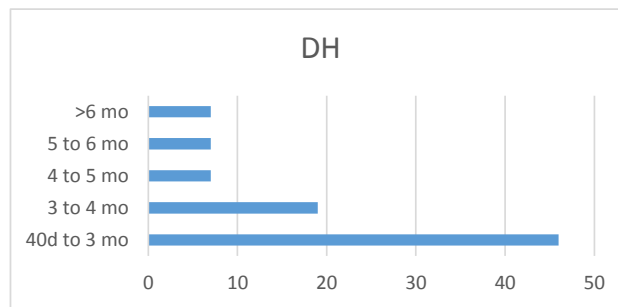
The graphs below show the complaints activity at the main Trust sites over the last 12 months. There are gaps in data relating to overdue numbers as Datix does not currently record these or enable them to be calculated directly.



During the early part of lockdown 1 overdue numbers fell as there were fewer incoming complaints and staff who were not redeployed could focus on existing responses. However, the reduced numbers of incoming complaints only lasted for a short period and numbers began to rise rapidly across all sites from April 2020. Closure of cases did not begin to increase again until June or July 2020. The increased numbers of complaints and the lag between receiving new and closing existing cases led to significant increases in the overdue numbers.

From Oct 2020 the number of cases being closed began to drop off significantly this was partly due to capacity in the team at PRUH & SS. Other factors included reduced capacity to handle complaints across the whole process, focus on newer complaints and the quality of responses received from the care groups, requiring additional work.

Overdue numbers as at the end of January 2021 are set out below broken down by age of the response.



The focus is now on reducing the overdue responses to near zero, as quickly as possible without reducing the quality of the response provided whilst continuing to respond to new complaints within the timescales.

The following recommended steps have been taken to achieve the reduction:

- Timescales for responding to new complaints were extended by approval of KE & QPPC. This gives care groups and complaints officers longer to complete responses and slows the rate at which complaints fall into an overdue state.
- A workshop to review all complaints by site will be chaired by CNO and a clear plan for each outstanding complaint over three months will be developed.
- Complaints officers are improving contact with complainants to ascertain whether a complaint needs to remain active or to try and close complaints in a more informal way or limit the scope of the response.
- Complaints officers are focussing on completing overdue responses and whilst some focus is on the older cases the greatest number are in the 40 day to 3 month and more effort is being directed to these.
- Additional resource is being utilised whilst this is available from redeployed/shielding staff.
- Template responses and guidance on completing responses will be provided to assist.
- Collection of relevant data will be improved to provide more detail on causes of delay.

Applying the steps outlined above has provided the opportunity to start to reduce the numbers of overdue responses over a relatively short period of time.

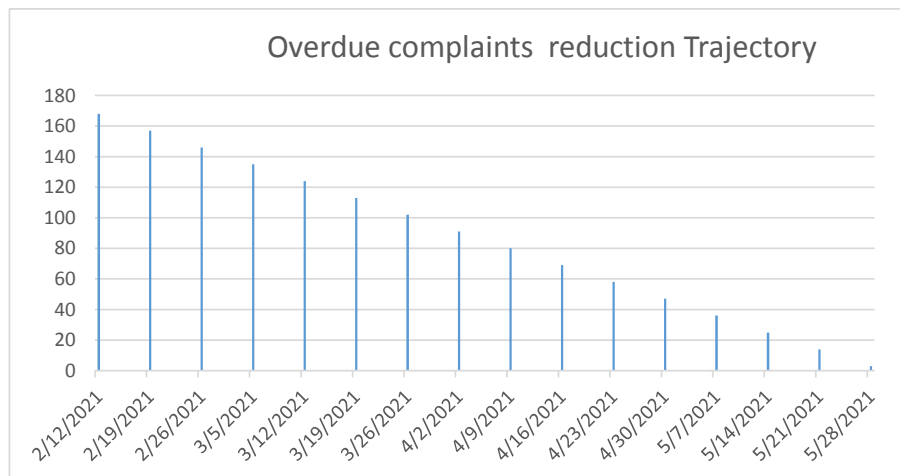
It is anticipated that overdue numbers can be reduced to near zero in just over 3 months whilst keeping the response to new complaints within the normal deadlines.

It is important to set realistic targets and keep these under review to avoid early failure whilst giving scope to exceed targets and consequently reduce overall recovery time.

The current total overdue responses stands at 168, implementing the steps set out will enable the overall total to be reduced at a rate of just over 10 responses per week.

The reduction trajectory is set out in the chart below. This will be reviewed weekly to ensure that numbers remain on or better than target.

Any negative deviation from the target will be managed as required to return to the trajectory.



Current data and compliance with trajectory will be reported to KE on a 4 weekly cycle.

Proposals to update KCH complaints policy from 2021

The current KCH complaints policy has expired. The Executive has considered options to review the policy and will be undertaking a full review as per below. It is felt that this is the only option which will resolve the underlying strategic and operational issues.

Proposal	Benefits	Disadvantages	Resource requirements
<p>Full review of policy to include:</p> <ul style="list-style-type: none"> • Focus on dealing with inpatient complaints/concerns within 24 hrs; • Closer working/integration with PALS team; • Closer liaison with patient safety team • Phone or face to face contact (when allowed) with all complainants; • Complaints team working more closely with care groups on investigation, collating information and writing responses; • Use of templates to assist with responses; • Better collection/use of data; • Improved sharing learning/feedback processes. 	<ul style="list-style-type: none"> • More effective complaints team; • Faster better quality responses; • Increased patient satisfaction; • Improved learning; • Fewer complaints; 	<p>Slower to implement</p>	<ul style="list-style-type: none"> • Time • Team restructure • Training requirements for the team • Trust wide education programme

SUMMARY OF QPPC meeting 4th February 2021 by Kirsty Alexander and Victoria Silvester

The meeting was much shorter than usual – two hours rather than six – so as not to take up too much time for front line staff. A theme running through this meeting was Communication.

Adolescent care in A & E. There has been a spike in child mental health due to COVID-19. In response to a **question by NED**, children with mental health are not admitted to any pediatric wards. They must be kept safely in A & E for sometimes several days until a suitable placement is found for them. **NED asked for more precision/timeline** and was advised the Trust is in dialogue with SLAM and needs to go through the mental health board.

COVID-19 and Vaccination update. This week, for the first time, patient numbers in the second covid wave have dipped below the first wave. Much has been learned from the first wave. **NED asked reason for reduced mortality rates. Response: improvements in survival.** 1,000 staff were redeployed but this time, more in groups rather than moving an individual to work with an entirely new team. Also, staff training in the summer ready to move onto the respiratory wards. More wellbeing care for staff in critical care. But there is a need for staff to have rest, yet pressure to start on the next phase of 're-set and recovery' to capture those waiting. The key areas are cancer, diagnostics and RTT (referral to treatment). The PRUH ED now has separate areas for both frail patients and mental health patients. The vaccination programme is going well with a plan to encourage BAME staff to be vaccinated. **NED suggested highlighting stories of BAME staff who had changed their mind and been vaccinated.**

Workforce There has been a significant decrease in the vacancy rate since October and the trust is confident of meeting its end of year target. The "thankyou" campaign of staff photographs has morphed into a recruitment campaign. Turnover rates are also down, which is unusual for this time of year, but covid may have impacted on people's ability to move jobs. It is vital that the staff recovery plan includes a focus on retaining staff. Perhaps unsurprisingly, sickness rates have gone up again in December with both covid and stress and anxiety contributing to the level of absence. Mandatory training compliance is on an upward trend, but the Trust is still shy of its 90% target. Safeguarding Children level 3 training remains in the bottom 3 topics for compliance but there is a clear plan of action to address this. The trust continues to embed a culture of early resolution in employee relations and disciplinary cases. The data implied that cases at the PRUH were taking longer to resolve than at DH but this may be an anomaly to do with the complexity of individual cases.

NED asked how could staff have a break after covid. In response, management will be meeting the military for advice; also, an 'air-gap' for staff. In wave one they were expected to leave covid on a Friday and return to normal ward on Monday. Chief nurse recommended sabbaticals especially for staff from overseas or family far away. **NED suggested need to communicate outline plans to staff now.**

Equality Diversity and Inclusion Work is underway to recruit an EDI team and for EDI work to be visible on all sites through that recruitment. There is a draft risk assessment in place which puts the organisation in a strong position to assure that decisions made do not impact negatively on those with protected characteristics.

Maternity. Ockenden Report (following Shrewsbury and Telford maternity enquiry) highlights seven audits. Chief Nurse will bring a review to April meeting. **NED referred to Maternity Board Minutes.** Explanation: Bank staff are Trust staff doing extra hours. Agency staff are regulars. However, the aim

is to be agency free. At present the Trust does not promote internally. **NED asked guidance on visiting partners – scans/labour/visiting?** Attendance during scan and labour, restrictions on visiting due to infection prevention and space. **NED suggested need to Communicate via website.**

Patient Safety. Due to sickness, the team is behind in responses to duty of candour and incidents. **NED requested a meeting to discuss more never events in ophthalmology.**

Patient Outcomes. This report was positive, and letters will be sent to the teams that have done so well. **NED - reach a wider staff audience through internal Communications. Encourage staff to be proud of our organization.**

Patient Experience Report. Inpatient food and beverage is a concern of the Chief Nurse. Complaints team has a new lead to handle the backlog. The Volunteers were congratulated, especially the chaplaincy team. **NED (Chair) asked governor observers for comments.** Response, due to time constraint at this meeting, this report will be discussed more widely at the governor PESC meeting on 11th February.

Patient Experience & Safety Governor Committee

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

Thursday 19th November 2020 at 14:00 – 16:00hrs

MS Teams – Video Conference

Present:

Victoria Silvester	Public Southwark Governor (Chair)
Jane Allberry	Lead Governor/Public Southwark Governor
Stephanie Harris	Public Southwark Governor
Kirsty Alexander	Patient Governor
Emmanuel Forche	Patient Governor
Billie McPartlan	Patient Governor
Devendra Singh Banker	Public Bromley Governor
Tony McPartlan	Public Bromley Governor
Barbara Goodhew	Public Lambeth Governor
Mick Dowling	Staff Governor
Claire Wilson	Staff Governor (Part Meeting)
Phidelma Lisowska	Nominated Governor
Nicholas Campbell-Watts	Non-Executive Director

In attendance:

Claudette Elliott	Director of Equality, Diversity & Inclusion
Jessica Bush	Head of Engagement and Patient Experience
Ashley Parrott	Director of Quality Governance
Tara Knight	Corporate Governance Officer (Minutes)

Apologies:

Carole Olding	Staff Governor
Professor Jonathan Cohen	Non-Executive Director
Nicola Ranger	Chief Nurse & Executive Director of Midwifery

Item	Subject	Action
20/48	<p>Welcome, Introductions and Apologies</p> <p>Apologies for absence were noted for:</p> <ul style="list-style-type: none"> – Carole Olding, Staff Governor – Jon Cohen, Non-Executive Director – Nicola Ranger, Chief Nurse & Executive Director of Midwifery 	
20/49	<p>Declarations of Interest</p> <p>No interests were declared.</p>	
20/50	<p>Minutes of the Previous Meeting - 24.09.2020</p> <p>The minutes of the previous meeting held on 24th of September 2020 were accepted as an accurate record of the meeting.</p>	
20/51	<p>Action Tracker and Matters Arising</p> <p>The Committee reviewed the action tracker. The following updates were noted:</p>	

Item	Subject	Action
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- **Action 19/05 – Overstaying Patients’ Visitors**
 Visiting rules have changed significantly due to COVID-19. During the height of the pandemic, no visitors were allowed onto wards except in end of life cases and patients with learning disabilities or dementia. This policy was slightly relaxed in June to allow one visitor per patient for one hour per day. Visitors were required to carry a visitors ‘passport’, which required the support of Security to implement. The Committee was informed that the visitors’ policy is regularly reviewed by Gold Command. The Committee requested the action remain open so that it can be re-visited once the pandemic has subsided. **[Action Updated]**.
- **Action 19/23 - Statistics on Patient Self-discharge**
 The Director of Quality Governance informed the Committee that cases of concern are recorded on Datix and investigated. Self-discharge data is collected at Ward level in some areas but is not recorded or reported centrally. Many issues relating to self-discharge are picked up in the patient experience data. **[Action Closed]**.
- **Action - Work to Improve Inpatient Care**
 The Patient Experience Improvement Plan has been shared with the Committee. **[Action Closed]**.
- **Action 20/10 - CQC Mock Inspections**
 The Director of Quality Governance informed the Committee that mock inspections had taken place in both EDs in September. Governors had not been invited due to COVID-19 restrictions.

6.1

PATIENT EXPERIENCE

20/52 Patient Experience Report – Verbal update

The Head of Engagement and Patient Experience updated the Committee on the interventions to improve services and inpatient experience.

The improvement plan was created in response to patient feedback and results from the national survey. The plan has been in place for the last four months. The Committee noted the following updates:

- **Patient Property:** The new Patient Property Policy has been agreed; colour coded property bags are being rolled out – e.g. for soiled clothes, property of bereaved patients.
- **Patient information on admission and discharge:** New patient leaflets have been agreed.
- **Nutrition and Hydration:** Some projects are coming to the end, whilst others still require a lot of work: Nutrition and Hydration work on helping patients with food and drink will become a larger scale project.
- **Cancer Patient Experience:** Results from the National Cancer Patient Experience Survey show good progress and improvement.
- **Outpatient Patient Portal:** Feedback from patients indicate that the digitisation of services, including receiving appointments and letters electronically will be welcomed.

Item	Subject	Action
	<p>The Committee discussed managing expectation and the longstanding complaint regarding delay with discharge due to waiting for medication from pharmacy. The management of patient's property still requires improvement on some wards. The Director of Quality and Governance would like to follow up a specific case as a Patient Story.</p>	<p>A Parrott S Harris</p>
20/53	<p>Quality Priorities (2020/21) - Update</p> <p>The Director of Quality Governance presented the Quality Accounts to the Committee and the following was noted:</p> <ul style="list-style-type: none"> <p>• Reducing harm to deteriorating patients This is one of the areas that the highest number of incidents are reported. Improvement is needed in recognising and acting on early warning signs of deterioration. The whole system has been reviewed, including looking at the education and training of staff. Learning from incidents is a priority and a safe care forum, which is led by the senior nursing team, has been established.</p> <p>• Improving patient experience for inpatients, outpatients, emergency departments, maternity services and cancer services Continued progress with the trust wide Connected Leadership programme for ward leaders. The implementation of the patient experience improvement plan also continues. Work is taking place within the Emergency Departments to carry out regular safety and welfare checks on patients.</p> <p>• Improving outcomes for people with Chronic Obstructive Pulmonary Disease This work will take place over the course of two years and is on target with initial plans.</p> <p>• Reducing violence and aggression to staff and improving experience for patients Violence against staff remains one of the highest trends in terms of reported incidents. A programme of work is in place to address this which includes training and education for staff, improvements to the environment and standardising processes.</p> <p>The Committee was reminded that previous quality priorities and programmes of works have not ceased and that not all will feature in the Quality Accounts document. The Quality Strategy will include other programmes of work and be circulated once finalised.</p> <p>Governors were invited to inform the Committee Chair if they were interested in being involved in any work to progress the quality priorities. Committees that Governors might be able to attend next year will be circulated.</p> <p>The Council of Governors were invited to review the 2019/20 Quality Account document, which outlines how the Trust has met the quality objectives throughout the year. Due to COVID-19, the Audit component of the Quality Account was omitted. Governors were advised to comment on the Trust's progress and performance against last year's priorities as well as any other general comments on the document.</p>	<p>A Parrott L Hamer</p>

Item	Subject	Action
	All comments should be returned to Jane Allberry (Lead Governor) by Monday 23 rd November, 4:00pm.	
20/54	Disability & Accessibility Update	
	<p>The Director of Equality, Diversity & Inclusion updated the Committee on the work taking place to improve access to services for patients. Much work has taken place on accessible information and a policy was introduced last year. Work is taking place to expand this policy. The remit of the working group will be extended to look more widely at issues pertaining to accessibility and will have more patient involvement.</p> <p>Priority areas of focus for the remainder of this financial year will be:</p> <ul style="list-style-type: none"> • Telephone access • Signage • Customer Service Training • Accessible toilets and changing areas <p>In addition to these four priority areas, the Equality, Diversity and Inclusion delivery plan has now been finalised. In the context of patient experience and access, the following focus areas will be:</p> <ul style="list-style-type: none"> • Implementation of an equality impact analysis process for all plans of work across the Trust. • Reintroduction of annual audits which include an accessibility assessment. Where possible, patients and governors will be part of the assessment process. • Close work with the Chief Digital Information Officer on digital and information changes across the Trust. 	
	<p>The Committee raised concerns about the increasing unavailability of parking spaces for disabled patients, particularly in the current climate where vulnerable patients are unable to use public transport. The Director of Equality, Diversity & Inclusion agreed to liaise with the Chief Financial Officer, who has responsibility for Estates, and come back to the Committee on the matter.</p>	C Elliott
	<p>The Committee requested that an email is circulated to request governor engagement and input into particular areas.</p>	C Elliott
	PATIENT SAFETY & RISK MANAGEMENT	
20/55	Patient Safety Report – Verbal Update	
	<p>Due to recent changes in the Executive team and ownership of both Patient Safety and Patient Experience, reports were not available in time for the meeting. Once they have been approved, both reports will be circulated to the Committee. The Chair asked for the meeting dates for 2021 to be reviewed to help ensure that timely circulation of written reports prior to patient experience meetings.</p>	FTO
	<p>The Director of Quality Governance gave an overview on the Trust’s patient safety position and the Committee noted the following:</p>	

Item	Subject	Action
	<ul style="list-style-type: none"> • There has been an increase in the number of incidents reported. The level of harm against those instances, however, has been low. • There have been no 'never events' reported. • The main incident themes are: <ul style="list-style-type: none"> – Violence & aggression – Identification of deteriorating patients – Medication incidents – General administration • There remains a backlog of serious incidents. A plan is in place to improve this, which includes the recruiting of extra staff. 	

GOVERNOR FEEDBACK

20/56 Feedback from Governors on Patient Safety and Experience Activities, 24.09.2020 to 19.11.2020

Kirsty Alexander – Patient Governor

- **01.10.2020:** Observed Quality, People & Performance Committee
- **22.10.2020:** South London Neurosciences Patient and Family Group (working on a patient-led care plan app)
- **18.11.2020:** End of life care meeting

Jane Allberry – Lead Governor, Southwark

- **24.09.2020:** Accessibility Meeting with Acting Director of Equality, Diversity & Inclusion
- **24.09.2020:** Patient Experience & Safety Committee
- **30.09.2020:** SE London Cancer Alliance
- **21.10.2020:** Guy's Cancer User Group – (Relevant as King's patients go to Guy's)
- **22.10.2020:** King's Cancer Patient/Public Advisory Group
- **22.10.2020:** South London Neuroscience PPV Group

Billie McPartlan – Patient Governor

- **24.09.2020:** Accessibility Meeting with Acting Director of Equality, Diversity & Inclusion
- **24.09.2020:** Patient Experience & Safety Committee

Carole Olding – Staff Governor (Lead Nurse for Trauma)

- **24.09.2020:** Patient Experience & Safety Committee

Victoria Silvester – Public Governor (Southwark)

- **24.09.2020:** Accessibility Meeting with Acting Director of Equality, Diversity & Inclusion
- **24.09.2020:** Patient Experience & Safety Committee
- **01.10.2020:** Observer, Quality People & Performance Committee

Item	Subject	Action
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- **08.10.20:** Trust Communications review
- **22.10.20:** Agenda planning meeting for PESC, November meeting
- **02.11.20:** Patient Food Service Quality Review

20/57 Quality, People & Performance Committee (QPPC) meeting - Governor Observer Summary

The Committee received and noted the meeting summary from the QPPC meeting held on 1st October 2020.

20/58 PESC 2021 Agenda Items Discussion

Governors were invited to participate in discussions around prospective agenda items for the Committee next year. The following areas were suggested:

- Transport
- Disabled car parking spaces
- Patient involvement: Mental Health delivery
- Outpatients/Inpatients Progress
- Follow-up care arrangements for patients discharged to other Boroughs
- Discharge delays – release of beds caused by delays in medication from pharmacy
- Outpatient clinics/pharmacy waits
- Patient Experience Strategy: This would identify key areas for the Committee to monitor.
- Freedom to Speak Up Guardian Strategy for patient safety
- Care Quality Commission preparation and visit preparedness
- End of life care visitor restrictions

20/59 ANY OTHER BUSINESS

No other business items were raised or discussed.

DATE OF NEXT MEETING

Thursday 11th February 2021
11:30am – 1:30pm