

AGENDA

Meeting	Council Of Governors
Time	18:00 – 19:30
Date	Thursday 10th June 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 – 11.03.2021	FA	Enc.			
1.5. Matters Arising / Action Tracker	FR	Enc.			
2. Preparation for a Well-Led Inspection	FD			Giles Peel DCO Partners	18.05
3. Discussion of the Board Meeting and Papers	FD	Board Papers		Chair	18.20
4. Issues raised by Governors	FD			Various	18.40
- Elective Recovery					
- Screening Programmes – elimination of the backlog					
- Staff vaccinations					
- Patient Bedside Entertainment					
- Support for overseas nurses					
- Modernising Medicine (DH)			Enc.		
5. Car Parking	FD	Paper to follow		L Woods/E Munro	19.00
6. Election of New Governors	FI	Enc		Trust Secretary	19.05
7. Governor Involvement & Engagement					19.15
7.1. Governor Engagement & Involvement Activities	FR	Enc		Jane Allberry	
7.2. Observation of QPPC – 15/4/2021 and 3/6/2021	FR	Enc.		Victoria Silvester Kirsty Alexander	
7.3. Observation of FCC – 27/05/2021	FR	Enc.		Paul Cosh Carole Olding	
8. For Information				Chair	19.25
8.1. Sub-Committee – Confirmed Minutes					
8.1.1. Patient Experience & Safety Committee	FI	Enc.			
8.1.2. Governor Strategy Committee	FI	Enc.			
9. Any Other Business				Chair	19.25
10. Date Of Next Meeting					
Thursday 9 th September 2021, 6:00pm					
Venue TBC					

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

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	To follow	Chair	

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 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 Ian Rothwell Dame Prof Anne Marie Rafferty David Morris	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 Giles Peel 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 Consultant Corporate Governance Officer (Minutes) Trust Secretary Corporate Governance Officer Assistant Board Secretary
Newly Elected Governor Observers: Emily George Lindsey Batty-Smith Adrian Winbow	Lambeth Southwark Patient



Amran Hussain	Patient
Aisling Considine	Staff - Allied Health Professionals, Scientific & Technical
Akash Deep	Staff – Medical and Dentistry
Tunde Jokosenumi	Staff – Administration, Clerical & Management
Neil Christian Baulita	Staff - Nurses & Midwives
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 11th March at 18:00 – 19:30hrs
The meeting was held virtually via MS Teams

Present:

Chair

Sir Hugh Taylor Trust Chair

Elected Governors

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 (Lead Governor)
Hilary Entwistle	Southwark
Victoria Silvester	Southwark
Carole Olding	Staff - Nurses & Midwives
Claire Wilson	Staff - Allied Health Professionals, Scientific & Technical

Nominated/Partnership Organisations:

Dr Dianne Aitken	Lambeth CCG
Cllr. Robert Evans	Bromley 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 Jon Cohen	Non-Executive Director
Akhter Mateen	Non-Executive Director
Sue Slipman	Non-Executive Director
Professor Richard Trembath	Non-Executive Director
Steve Weiner	Non-Executive Director
Professor Clive Kay	Chief Executive Officer
Richard Chew	Acting Director of Communications
Louise Clark	Chief People Officer
Claudette Elliott	Director of Equality, Diversity and Inclusion
Julie Lowe	Site Chief Executive, Denmark Hill
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
Paul Dossett	Grant Thornton (External Auditor)
Rachel Rutt	General Manager to the Chief Executive's Office
Siobhan Coldwell	Trust Secretary
Nina Martin	Assistant Board Secretary
Tara Knight	Corporate Governance Officer (Minutes)
Dinesh Bhugra	
Gay Lee	Public Trust Member

Item	Subject	Action
21/01	<p>Welcome and Apologies</p> <p>No apologies for absence were received.</p> <p>The Chair welcomed and introduced Paul Dossett, lead partner of the newly appointed External Auditors, Grant Thornton.</p> <p>Paul informed the Council that Grant Thornton will be leading the external audit for 2021. The full audit plan was presented to the Audit Committee in early March. There has been excellent engagement and cooperation from Trust colleagues. There is a new approach to auditor's work on value for money under the National Auditors new code of practice that requires assurance to be given in three areas:</p> <ul style="list-style-type: none"> - Financial Sustainability - Governance - Economy Efficiency & Effectiveness <p>The Council will be updated on the auditors' findings in due course. Governors welcomed the auditors' keenness, willingness and experience of working with Governors and the opportunity to be educated on the external audit processes.</p>	
21/02	<p>Declarations of Interest</p> <p>There were no declarations of interests.</p>	
21/03	<p>Chair's Action</p> <p>There were no actions for the Chair.</p>	
21/04	<p>Minutes of the Previous Meeting</p> <p>The minutes of the meeting held on 10th December 2020 were agreed as an accurate record of the meeting subject to amending the list of those present to include Cllr. Robert Evans.</p>	
21/05	<p>Matters Arising/Action Tracker</p> <p>The Committee noted the action tracker and the following updates were provided:</p> <ul style="list-style-type: none"> - Action 19/31: OHSEL STP Response to the NHS Long Term Plan - Annual Joint Governors meeting across SEL Lewisham & Greenwich Trust do not have a Council of Governors. A meeting of this size will be difficult to conduct over MS Teams. This action is on hold until restrictions can be lifted. - Action 20/07: Governor Engagement/Work of the Task & Finish Group A full round of NED/Governor sessions was undertaken in March 2021. Engagement work is on-going. - Action 20/18 - 2: Hospital Acquired COVID-19 Governors requested that more up to date data is circulated. 	N Ranger

Item	Subject	Action
	<ul style="list-style-type: none"> – Action 20/18 - 4: The PiMs System was successfully implemented in October 2020. – Action 20/31: Outpatients Technology A more detailed report detailing the impact of new Outpatients technology would be provided at the PESC meeting in May. This was deferred from the PESC meeting in February due to the impact of the COVID-19 Wave 2. 	

21/06 Discussion of the Board Meeting and Papers

Staff Story

Governors found the staff stories presented at the Public Board meeting quite poignant and asked whether any training has been made available for Managers to identify signs of PTSD in staff members. The Council were informed that as part of the agreed Staff Recovery Programme, 1000 places will be made available on an external programme (REACT) for Managers and Leaders.

Vaccination Programme

Governors raised concerns about the number of staff members who had yet to take up the COVID-19 vaccination. It was asked whether patients would be able to refuse treatment from staff who had not be vaccinated.

Governors were reminded that less than 2% of staff had declined to take the vaccine and about a third of staff had yet to take the vaccine, which is not the same as declining to take it. Vaccination hesitancy exists in the wider community and is therefore reflected within the organisation. A programme of work is being led by the Chief People Officer and the Director of Equality, Diversity and Inclusion to explore reasons for any vaccination hesitancy and ensure as much information as possible is available so that staff can be responsibly encouraged to take up the vaccine.

The Council were informed that some staff members were concerned about the level of perceived pressure being put on staff to take up the vaccine. The Chief Medical Officer and Chief Executive Officer informed the Council that the Trust's current position is that patients would not be able to refuse treatment from staff members that have not taken the vaccine. The Council were reminded that there is no information currently available on whether the vaccine prevents transmission. At the moment, the first line of defence to reduce the risk of transmission from staff to patient and patient to staff, is appropriate PPE. Staff are not mandated to inform patients about their vaccination status. The lateral flow testing programme for staff continues.

Elective Care Recovery

With regard to communicating to patients affected by extended waiting times, Governors asked whether there is any messaging they can take to constituents from the Board about how the waiting lists are being managed. The Site Chief Executive for Denmark Hill informed the Council that the Trust is in the process of making contact with patients to reassure them that they have not been forgotten and will be seen in priority order. From early April, the Trust will be able to carry out larger volumes of elective work as the environment will be safer and staff will have the appropriate capacity to do so.

Item	Subject	Action
	Action: The Chair requested that updates on Elective Care Recovery and messaging to long waiting patients are made available to the Council of Governors.	J Lowe S Coldwell

Governors expressed concern about the efficacy of the messaging to patients that they should seek medical attention if they are unwell. The Chief Medical Officer informed the Council that, as part of the Professional Leadership Group within the CCG, there is great awareness amongst GPs that patients should be referred to services if there is any suggestion of any serious symptoms.

21/07 Issues raised by Governors

Elective Recovery

The Site Chief Executive for PRUH & South Sites re-affirmed that recovery is taking place in the South East London collaborative context. Clinical leaders meet on a weekly basis to prioritise, using a standardised approach, not only KCH patients but also those at GSTT and Lewisham & Greenwich NHS Trust. Activity is migrated between the three organisations to ensure that the most acute patients are treated urgently. The volume of KCH patients waiting for treatment is larger than those waiting under GSTT and Lewisham and Greenwich, which means that, in practice, the Trust is mostly treating its own patients. To supplement the physical resource for operative care and diagnostics, the Trust continues to access the independent sector where possible. Recovery for long waiting patients will take months and quarters to rectify rather than days and weeks.

Long COVID patients are currently receiving rehab care in Respiratory clinics however, the Trust is now in the process of formalising long COVID Clinics. Discussions are taking place with Commissioners to establish and formalise pathways for blended clinics with community partners. With greater regional and national direction it will become easier to coordinate the navigation of patients experiencing long COVID or multi-morbidities post COVID.

Complaints

The Council received and noted the Complaints Recovery paper. The Chief Nurse took over the Complaints portfolio in November 2020 with a significant backlog of outstanding complaints. Work continues to reduce the backlog and robust processes are being implemented to improve the quality of responses to complaints.

Staff Well-Being/Well-Being Hubs

The Trust continues to offer a health and well-being service to staff. A number of the well-being hubs remain open and are very well attended. Work continues with the staff psychology team and a team of well-being partners. Well-being partners are being linked with COVID wards, Critical Care areas and redeployed staff across the organisation. Support to teams is provided in reflection activities, one to ones, team briefs and sign posting to additional support from Occupational Health or the psychology team. A business case has been supported for permanent well-being hubs across the Trust.

Estates Update

The Chief Financial Officer presented an update on the Estates work that is currently taking place across the organisation.

Item	Subject	Action
------	---------	--------

The Trust has achieved greater funding from the Government, which will see a funded capital programme of between £18-19m in terms of critical care and urgent and emergency care.

The Council noted the following Estates projects:

- Refurbishment of Jack Steinberg CCU and Matthew Whiting Ward.
- Installation of infection control units across Ruskin Wing.
- Newly fitted fire doors.
- New beds contract; £2.3m recently spent on acquiring new beds.
- Railings around the DH Site have been restored and fitted with the Trusts' new branding/signage – Thank You campaign.
- New comfort cooling system for Fisk & Cheere Ward.
- Modular MRI units.
- New roof facelift – Denmark Wing roof.
- Mass vaccination centre at the Weston Education Centre will open on 22nd March.
- Modernising Medicine Programme: Redevelopment of a property near Loughborough Junction as a hub for staff that will be relocated from the main DH site.
- Modernising Medicine Programme: A four-storey modular building next to the Normanby building will open in the summer, which will accommodate outpatients and pharmacy.
- Modular buildings at the PRUH will be delivered on 26th March.
- Permanent well-being hubs with the DH hospital building will be developed within the next few weeks.

The Transport Lounge, Patient Discharge Lounge and Phlebotomy department are situated together, which has led to overcrowding in the area. Short term measures have been implemented to refresh the area and improve overcrowding, however, further improvements are required for the long term.

Governors asked about the recycling of furniture and equipment that the Trust no longer requires or uses. The Chief Financial Officer informed the Council that much of the furniture is sold on. The Chief Financial Officer will update the Council with further information on the matter outside the meeting.

L Woods

Governors were concerned about the car parking charges for staff at the PRUH and were informed that car parking charges are currently suspended for staff during the response to COVID. A review of parking permits holders and pricing has now taken place.

Governors requested an update on the development of additional theatre space at Orpington Hospital. The Site Chief Executive for PRUH & South Sites informed the Council that a business case will go to Board with a proposal for up to six additional theatre spaces on the Orpington Site.

Governors inquired about whether any estates work would be taking place in the Emergency Department to help improve the flow of patients. The Site Chief Executive for Denmark Hill advised the Council that the priority at present is the Modernising Medicine Programme which will increase space in the Golden Jubilee Wing area. Work has been carried out to improve social distancing and also the

Item	Subject	Action
	mental health facilities in ED. Measures are in place to help to ensure that patients move through ED more quickly.	
21/08	The White Paper	H Taylor
	<p>The Chair agreed to circulate the presentation on the implications of the White Paper on the integration of Health and Social Care for a separate discussion. The Council noted the following:</p> <ul style="list-style-type: none"> • There will be close collaboration with GSTT and Lewisham & Greenwich NHS Trust on all acute care pathways in South East London. • There will be a stronger focus on borough based partnerships with the view to improve population health and reduce health inequalities at borough level. • Details of funding and financing systems within the ICS structure is unclear at present. • Foundation Trusts will continue to exist although there will be a duty to collaborate rather than compete. • Accountability and governance arrangements are yet to be established. • Governors will work more closely with other Council of Governors within the South East London Partnership. 	
21/09	Governor Involvement & Engagement	
	<p>Governor Engagement & Involvement Activities The Lead Governor updated the Council and the following was noted:</p> <ul style="list-style-type: none"> – Appreciation for the recent NED/Governor sessions. Governors are impressed with their commitment. – Governors have found that NEDs attending the Council of Governors Sub-Committee meetings and Governors observing Board Committees has been working well and has greatly improved engagement. – A Patient Governor was recently involved in the interview process for the Associate Director for Patient Experience. – Governors would like to continue to be engaged in Patient Transport working groups. 	
	<p>Observation of Quality, People & Performance Committee (QPPC) The Council received and noted the observer summary of the Quality, People and Performance Committee held on 4th February 2021.</p>	
	<p>The Council noted that there has been improvement in the staff vacancy and turnover rate. Compliance with statutory and mandatory training continues to require improvement, including Safeguarding Children Level 3. The well-being of staff is supported well through the recovery plan.</p>	
	<p>The Chair of the Patient Experience and Safety Committee informed the Council that feedback from patient surveys indicated that nutrition and hydration has been performing poorly. The PESC Chair has recently been invited to join the new delivery group that will focus on nutrition and hydration. An update in this area, as well as an update on Outpatients, will come to the Patient Experience Committee on 6th May.</p>	

Item	Subject	Action
	<p>Observation of the Finance & Commercial Committee (FCC) The Finance and Commercial Committee met on 28th January 2021. The Council noted the good improvement in financial performance and commendation was given to the Chief Financial Officer and his team for their work.</p> <p>FOR INFORMATION</p>	
21/10	<p>Confirmed Minutes of Governor Sub-committees</p> <p>The Council noted the minutes of the Patient Experience & Safety Committee meeting held on 19.11.2020.</p>	
21/11	<p>Any Other Business</p> <p>No other business items were discussed.</p> <p>Date of Next Meeting</p> <p>Thursday 10th June 2021, 6:00 – 7:30pm</p>	

DRAFT

Council of Governors Meeting 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 can be lifted.
10.09.2020	20/18 - 5	IT Equipment, Scheduled Upgrades, Appointments Management and Bedside Entertainment – Update 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 and a verbal update will be provided at the meeting. .
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	40.12.2020 10.06.2021	The report was circulated to Governors. A further report was provided to QPP in April but is marked confidential. Discussion are on-going about whether information can be shared with Governors.
15.03.2021	21/06	Discussion of the Board Meeting and Papers: Elective Care Recovery The Chair requested that regular updates on Elective Care Recovery and messaging to long waiting patients waiting are made available to the Council of Governors.	J Lowe S Coldwell	10.06.2021	Elective recovery is covered in the board papers.
15.03.2021	21/07	Issues raised by Governors: Estates Update Governors asked about the recycling of furniture and equipment that the Trust no longer requires or uses. The Chief Financial Officer will update the Council with further information on the matter outside the meeting.	L Woods	10.06.2021	



Actions Not Due

Date	Item No	Action	By Whom	Due Date	Notes
NOT DUE/ON-GOING					
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	On-going	A full round of NED/Governor sessions was undertaken in March 2021. ACTION ON-GOING.
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 Secretary.	R Beasley R Chew		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	Will be covered on the agenda on 10/6.

Closed Actions

Date	Item No	Action	By Whom	Due Date	Notes
CLOSED ACTIONS					
10.09.2020	20/18 – 4	The PiMs System will be upgraded towards the end of October.	Beverley Bryant	11.03.2021	This was implemented successfully October 2020. ACTION COMPLETE.
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	20/33	Governor Involvement & Engagement 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		Governors have been involved in the procurement processes and attended a workshop to inform the patient transport procurement in January 2021.
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 be considered.	H Taylor L Woods		Estates presentation on CoG Agenda 11.03.2021.
10.12.2020	20/32	People and Culture Strategy There were two offers of engagement for Governors in the values refresh: <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. 	Governors Chief People Officer		A number of governors have participated in this work including the lead governor. Action complete.



15.03.2021	21/08	<p>The White Paper The Chair agreed to circulate the presentation on the implications of the White Paper on integrating of Health and Social Care for a separate discussion.</p>	<p>H Taylor S Coldwell</p>		<p>There was a detailed discussion at the Strategy Committee on 30th April.</p>
------------	-------	---	--------------------------------	--	--

Briefing: Modernising Medicine at Denmark Hill

Summary

Modernising medicine is an ambitious transformation programme happening at our Denmark Hill site. The programme will see a proportion of our outpatient and inpatient services moving into new and purpose-built buildings. The newly developed clinical areas will be designed by, and equipped with input from the staff involved so that they meet the requirements of their services. We will also be creating an integrated emergency floor which will focus care around the patient by ensuring that people receive treatment and support by the right professional, in the right place, at the right time. We continue to be committed to providing outstanding patient care and this transformation project will significantly improve patient outcomes, safety and experience

The new buildings - both on site and at Coldharbour Works near Loughborough Junction station - will enable us to repurpose the Golden Jubilee Wing at Denmark Hill to create this integrated emergency floor. By co-locating our acute clinical teams so that they can work more closely together, we can minimise delays for patients by giving them an urgent assessment which will in turn reduce unnecessary admission into hospital. Improving our communities experience of urgent and emergency care are core priorities for the Trust and this work aligns us to national guidelines and best practice.

In more detail:

As we continue to recover from the COVID-19 pandemic, King's College Hospital is refocusing on transforming and improving health care for our population and communities. Our ambitious programme of transformation planned at our Denmark Hill site includes investing over £3million in staffing alone as well as funding significant improvements to our buildings and infrastructure.

We are committed to ensuring that patients who need our help, consistently receive the very best care in a timely way which meets their needs. Our overarching aim of the modernising medicine transformation programme is to minimise unnecessary delays and improve patient experience through our emergency department. It is incredibly important that acutely unwell patients receive the very best care by the right professionals at every point in their health care pathway.

We will be creating a co-located acute medical unit to set up an integrated emergency floor. This will enable all our emergency and acute care clinical teams to work more closely together and to provide more same-day care for patients who can be seen quickly and cared for without requiring an inpatient stay in hospital. When this new pathway is realised, it is hoped that we will prevent long waiting times and unnecessary stays in hospital. Within this co-located service, we are also rolling out new 'hot clinics' – also known as rapid access clinics - which will provide timely access to specialist assessment. We have also opened a discharge unit to support patients who are ready for discharge, which in turn, will help streamline the flow of patients through the hospital. Moreover, we will also be implementing quality improvement initiatives to support earlier discharge for patients who are medically fit to leave hospital, again ensuring patients don't experience unnecessary delays.

To enable us to create space for a new co-located acute medical unit, some services are moving to newly refurbished and purpose built settings bringing more benefits to a wider cohort of our patients and service users.

Firstly, a proportion of outpatient community-based therapies are moving to Coldharbour Works near Loughborough Junction station. There will be 14 consulting rooms providing hand therapy, musculoskeletal therapy and physiotherapy. Inpatient therapy services will remain based at Denmark Hill but in another newly developed state of the art building which is being constructed over the next few months.

Within this new £12million building on site which will be situated next to the Normanby Building on Bessemer Road will be other outpatient services which will include dermatology, rheumatology, respiratory, neurosciences, pain and anaesthetics, and urology as well as some elements of surgery and medicine. Each service being given new clinical space and will be able to contribute to the layout and design so that their new setting is fit for purpose.

These changes can only be sustainable and successful if we have the right numbers of staff and skill mix. We are recruiting in medicine and nursing to ensure that we can safely implement seven day working, increasing consultant cover in particular to support timely senior clinical decision making. Decreasing our reliance on temporary staff will provide better continuity of care for patients as well as improve staff retention and morale.

This transformation will also help the Trust achieve the objectives set out in the national NHS Long Term Plan. Locally, we will improve patient outcomes, safety and experience by preventing people attending hospital when they could receive same-day care or help closer to home in the community – minimising the risk of infection in the acute hospital. This will ensure in particular that our older, frail patients are not unnecessarily admitted to hospital which we know is not always the most appropriate environment for their care needs.

We hope that these improvements will see King's viewed as an exemplar Trust for patient outcomes and experience and enable us to better meet the needs of our communities now and in the future.

June 2021



Council of Governors

Report to:	Council of Governors
Date of meeting:	10 th June 2021
Presented by:	Sir Hugh Taylor
Prepared by:	Foundation Trust Office
Subject:	Governor Election Results
Action Required:	For noting

Summary

The Trust recently held elections for a number of Council Governor Seats. The Council of Governors is asked to:

1. Note the results of the recent elections in the patient, public and staff categories and congratulate the successful candidates.
2. Thank the outgoing members for their commitment and support during their time as governors.
3. Welcome David Morris and Ian Rothwell as new stakeholder governors, replacing Phidelma Lisowska (staff side) and Charlotte Hudson (SLaM) respectively.

MAIN REPORT

Election results attached



Report of Voting

KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF VOTING: 5PM ON 17 MAY 2021

CONTEST: PATIENT

RESULT		4 to elect
JOHNSTON, Deborah	200	ELECTED
WINBOW, Adrian	196	ELECTED
TYLER, David	193	ELECTED
MASARATI, Devon	187	ELECTED
HUSSAIN, Amran	138	
ADISA-ADESINA, F	92	
FARROW, Terence	88	
COTTRELL, Bernard	60	
HARRIS, David (Dave)	58	
MAZUR, Marie	17	

Number of eligible voters		2,789
Votes cast by post:	216	
Votes cast online:	185	
Total number of votes cast:		401
Turnout:		14.4%
Number of votes found to be invalid:		3
Total number of valid votes to be counted:		398

CONTEST: Public: Lambeth

RESULT		3 to elect
GEORGE, Emily	144	ELECTED
KELLY, Daniel	140	ELECTED
AGRAWAL, Rashmi	118	ELECTED
MUSKWE, Tapiwa	55	
YOUNG, Paah	30	



Number of eligible voters		1,530
Votes cast by post:	133	
Votes cast online:	70	
Total number of votes cast:		203
Turnout:		13.3%
Number of votes found to be invalid:		2
Total number of valid votes to be counted:		201

CONTEST: Public: Southwark

RESULT		3 to elect
ALLBERRY, Jane	191	ELECTED
BUCKINGHAM, Angela	120	ELECTED
BATTY-SMITH, Lindsay	117	ELECTED
LAMBE, Sunny	111	
HAFEJI, Safiya	82	
AKHABUE, Emmanuel	47	
JOHNSTON, Timothy	46	
ST HILAIRE, Sheona	44	
MEREGINI, Onyemaechi Christian	38	
BOWSHER, Jason	16	
PAGE, John	16	

Number of eligible voters		2,383
Votes cast by post:	207	
Votes cast online:	111	
Total number of votes cast:		318
Turnout:		13.3%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		318

CONTEST: Staff: Admin, Clerical and Management

RESULT		1 to elect
JOKOSENUMI, Tunde	247	ELECTED
QUADRI, Farha Tahera	95	
GLOVER, David	56	
HOSSENY, Anisha	55	
SMITH, Ryan	41	
CREAMER, Patrick	40	
POLAT, Daniel	3	



Number of eligible voters		2,585
Votes cast online:	537	
Total number of votes cast:		537
Turnout:		20.8%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		537

CONTEST: Staff: Allied Health Professionals

RESULT		1 to elect
CONSIDINE, Aisling	93	ELECTED
MORGAN, Peter	65	
BEAZLEY, Daniel	47	
DENNIS, James	19	
VIRANI, Farah	16	
LEE, Dillan	14	

Number of eligible voters		1,248
Votes cast online:	254	
Total number of votes cast:		254
Turnout:		20.4%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		254

CONTEST: Staff: Medical and Dentistry

RESULT		1 to elect
DEEP, Akash	134	ELECTED
STANTON, Biba	111	
COMPSON, Jonathan	73	
NORWOOD, Fiona	71	
KOHLI, Sandeep	60	
KHORSANDI, Shirin Elizabeth	28	
WILKINSON, Michael	26	

Number of eligible voters		2,394
Votes cast online:	503	
Total number of votes cast:		503
Turnout:		21.0%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		503



CONTEST: Staff: Nurses and Midwives

RESULT		1 to elect
BAULITA, Neil Christian	96	ELECTED
GROBLER, Erika	76	
KHAWAJA, Sally	71	
HOLLAND, Sadie	63	
QUINN, Sarah	41	
OSINIBI, Mira	28	

Number of eligible voters		5,893
Votes cast online:	375	
Total number of votes cast:		375
Turnout:		6.4%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		375

6

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

- a) was sent the details of the election and
- b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Ciara Hutchinson
Returning Officer
On behalf of King’s College Hospital NHS Foundation Trust

Committee: Council of Governors

Committee Chair: Hugh Taylor – Trust Chairman

Meeting date: Thursday 17th June 2021

Subject: Governors' Engagement Activity

Reporting Period: 11.03.2021 to 04.06.2021

Kirsty Alexander – Patient Governor

- **22.03.2021** - SLaM recovery college "Understanding Epilepsy"
- **24.03.2021** - End of Life Care Group
- **25.03.2021** - SLaM recovery college "Understanding Epilepsy"
- **13.04.2021** – South London Neurosciences Patient Advisory Group
- **15.04.2021** – Quality, People and Performance Committee
- **29.04.2021** – Strategy Committee
- **06.05.2021** – Council of Governors agenda setting meeting
- **06.06.2021** – Patient Experience and Safety Committee

Jane Allberry – Lead Governor, Southwark

- **17.03.2021** - Cancer Patient Experience Meeting.
- **22.03.2021** - King's patient experience assessment session
- **30.03.2021** - King's patient experience assessment session
- **13.04.2021** - Neuroscience Patient Public Voice Group
- **15.04.2021** - King's Cancer Patient Voice Meeting
- **20.04.2021** - King's Cancer Patient Experience Steering Group
- **28.04.2021** - SEL Cancer Alliance meeting
- **29.04.2021** - SEL Cancer Alliance meeting
- **29.04.2021** - SELCA patient involvement meeting
- **29.04.2021** - Strategy Committee
- **05.05.2021** - cancer quality of life survey meeting
- **06.05.2021** - Patient Experience ad SC
- **27.05.2021** - London cancer patient advisory group

Paul Cosh – Patient Governor

- **25.03.2021** – Observer, Finance Commercial Committee Meeting
- **28.05.2021** – Observer, Finance Commercial Committee Meeting

Barbara Goodhew – Public Governors, Lambeth

- **06.06.2021** – Patient Experience and Safety Committee Meeting
- **10.05.2021** – Accessibility Planning Meeting

Stephanie Harris – Public Governor, Southwark

- **14.04.2021** - King's College Hospital Mental Health Delivery Group
- **20.04.2021** - Kings' Health Partners Mind & Body Expert Advisory Group

Tony McPartlan – Public Governor, Bromley

- **06.05.2021** - Patient Experience & Safety Committee Meeting

Billie McPartlan – Patient Governor

- The patient transport entertainment tender
- A meeting about the pharmacy
- The king's patient cancer voice group (and a couple of sub groups)
- A couple of accessibility meeting groups.

Victoria Silvester – Public Governor, Southwark

- **08.04.2021** - PESC agenda planning meeting
- **15.04.2021** - Observer QPPC meeting
- **29.04.2021** - Nutrition and Hydration Delivery Group
- **06.05.2021** - Patient Experience & Safety Committee Meeting
- **10.05.2021** - Accessibility for patients and visitors project
- **13.05.2021** - Nutrition and Hydration project
- **13.05.2021** - Chair, Quality Priorities meeting
- **26.05.2021** - Food Information subcommittee, nutrition and hydration project
- **27.05.2021** - Patient Food Service meeting
- **27.05.2021** - Nutrition and hydration project
- **02.06.2021** - Food Information subcommittee, nutrition and hydration project
- **03.06.2021** - Observer QPPC meeting
- **09.06.2021** - Food Information subcommittee, nutrition and hydration project
- **10.06.2021** - Nutrition and hydration project

SUMMARY OF QUALITY PEOPLE & PERFORMANCE COMMITTEE MEETING, 15TH APRIL 2021
Victoria Silvester and Kirsty Alexander

Review of Never Events These have increased to seven in this quarter but overall, there is no sense that they are increasing. A full report at the next meeting.

COVID-19 Vaccination Update Concern for the South African variant in Lambeth. Preparing for the third wave. Completing second vaccinations by next week. Contacting staff who have rejected the vaccination. **NED asked if any staff are refusing lateral tests and has vaccine policy been updated?** Response: High risk areas, weekly testing, other areas – encouraged; pushing hard for PCR tests with Lambeth problem. Policy not updated yet.

COVID-19 Hospital Acquired Infection Our performance is good compared to other hospitals but our buildings are difficult for ventilation. PRUH wards circle one to another, King's old estate. **Chairman raised Duty of Candour. Meeting and talking to relatives.** Response: Documentation is insufficient; Clinicians need guidance to have an honest conversation with relatives.

Quality Accounts Three remain the same + new one: Long term covid. **NED – please challenge measure of success on all quality priorities.** (on PESC agenda in May).

Virtual Clinics Discussions with every department. Each team is looking at risks. Currently 37% outpatient clinics virtual at PRUH. 14% at King's. Joining up admin with the clinical side is key. **Chair asked Governors for feedback.** Responses: concern for elderly population who may not explain their condition when not in person, also request for letters not texts. Telephone conversations good with younger generation. **NED requested quality assessment and concerned with 'unknown number' on patients' mobile phones. Chair asked for solid patient feedback.**

Patient Safety Report Backlog of 53 Serious Events. **Chairman raised delays in reporting. Chair concerned violence doubled in the last year.** Response: Security Team excellent at de-escalation of violence. Work underway on Falls & Pressure Ulcers. (On PESC agenda in May).

Duty of Candour Staff require training for investigations. Focus on timely completion of SI reports. **NED asked – help us to understand how reports are given to patients.** Response: Letters or if very sensitive, a meeting.

Red Risk Review Reducing harm to deteriorating patients. (Quality Priority – on PESC agenda).

Workforce Vacancy rate just above target, recruitment going well, and turnover down significantly on last year. However, covid has put career decisions on hold for many, so retention over next 12 months is crucial. Sickness rates are average if covid excluded, and covid related sickness has declined significantly (only 34 on date of meeting). Mandatory training rates still poor. Child safeguarding level 3 compliance is still under target but has improved significantly and is no longer in bottom 3. Job planning and medical appraisals are on track to catch up after covid pause. The embedding of an informal approach to resolving disciplinary issues is a success story with formal cases reducing from 70 to 20 this year. Disproportionality of BAME staff subject to disciplinary action is reducing. Length of time to resolve cases has reduced from 30 to 12 weeks. A focused programme of support for post covid staff recovery is underway including enhancing manager's skills to support staff and identify mental health issues; a thank you campaign; a feel-good fund and an additional day of annual leave.

Performance How performance is reported will change so that PRUH can be benchmarked against District General hospitals and DH against teaching hospitals. Post covid recovery – King's 1st trust nationally to get all services open but huge backlog in all areas. Strategies in place for prioritization, tracking patients and measuring progress. London has 66k patients with more than 52wk wait and King's has 7k of that. Discussed that SEL has poor performance against 6 week cancer target, which also needs addressed.

SUMMARY OF FINANCE AND COMMERCIAL COMMITTEE MEETING, 27th MAY 2021**Paul Cosh****Finance Plan & Underlying Financial Position**

Many adjustments have been made to compare This Year's financial performance, with all its COVID activity and Government "support", with the Plan (budget) and Last Year's numbers.

The summary is that KCH is in control months 1-6 and there are indications that we have performed better than some other Trusts.

There was an interesting comment that the Government has been more agile and supportive than in past times – there should be enough finance available in the Trust.

This very brief summary does not properly reflect the 55 minutes of discussion – involving much more input and comment from NEDs than before.

Update Oversight Framework – this discussion was about "escaping" our special measures status but there seemed to be confidence that we would in good time.

Personally, I was pleased that the reports on the core finances of the Trust came before discussion about Subsidiaries this time and there was no rush to go through the several excellent sets of tables and graphs.

Subsidiaries

KFM Update – is making an £8.2m contribution to the Trust. All seemed in good order with the controls and efficiencies (in purchasing) continuing to bring benefits.

Viapath & Pathology Tender – is proceeding OK. The structure of ownership and control look complicated to me but it is important to record the comment that, while there will be little financial gain in the early years, there are no financial risks involved.

It was noted that the Viapath arrangements are the subject of a FOI request and some press enquiry.

KCS – all sections seemed to be going to plan and the Committee commended the progress made.

Lastly, I leave you with my view that this F&P Committee generally and the Finance function specifically is 100% more efficient and clearly in control than the Committee I first saw three years ago.

Patient Experience & Safety Governor Committee

Minutes of the **Patient Experience & Safety Committee (PESC) meeting**
Thursday 11th February 2021 at 11:30 – 13:00hrs
 MS Teams – Video Conference

Present:

Victoria Silvester	Public Southwark Governor (Chair)
Stephanie Harris	Public Southwark Governor
Emmanuel Forche	Patient Governor
Billie McPartlan	Patient Governor
Kirsty Alexander	Patient Governor
David Jefferys	Public Bromley Governor
Tony McPartlan	Public Bromley Governor
Jane Clark	Public Bromley Governor
Marcus Ward	Public Lambeth Governor
Mick Dowling	Staff Governor
Claire Wilson	Staff Governor
Anne Marie Rafferty	Nominated Governor
Phidelma Lisowska	Nominated Governor
Nicholas Campbell-Watts	Non-Executive Director
Professor Jonathan Cohen	Non-Executive Director

In attendance:

Claudette Elliott	Director of Equality, Diversity & Inclusion
Jessica Bush	Head of Engagement and Patient Experience
Joanna Haworth	Deputy Chief Nurse
Samantha Gradwell	Head of Patient Safety
Siobhan Coldwell	Trust Secretary
Sultana Akther	Corporate Governance Officer (Minutes)

Apologies:

Jane Allberry	Lead Governor/Public Southwark Governor
Barbara Goodhew	Public Lambeth Governor

Item	Subject	Action
------	---------	--------

21/01	Welcome, Introductions and Apologies	
--------------	---	--

Apologies for absence were noted for:

- Jane Allberry – Lead Governor/Public Southwark Governor
- Barbara Goodhew – Public Lambeth Governor

21/02	Declarations of Interest	
--------------	---------------------------------	--

No interests were declared.

21/03	Minutes of the Previous Meeting - 19.11.2020	
--------------	---	--

The minutes of the previous meeting held on 19th November 2020 were accepted as an accurate record of the meeting.

The following points were highlighted with regard to the Patient Experience report:

Item	Subject	Action
	<ul style="list-style-type: none"> • Patient information on admission and discharge: The Committee was not privy to the new patient leaflets and it was expected that all governors, especially patient governors would have had input. The Trust Secretary would discuss this with the Deputy Chief Nurse and circulate the leaflets to the Committee. 	S Coldwell & J Haworth
	<ul style="list-style-type: none"> • Management of patient's property patient story. The Director of Quality Governance had followed up with the relevant patient however they had failed to get in contact with the governor to progress this. The Trust Secretary would follow this up with the Director of Quality Governance to feedback. 	S Coldwell & A Parrott

21/04 Matters Arising/Action Tracker

The Committee reviewed the action tracker. The following updates were noted:

- **Action 20/53-2 – Quality Priorities (2020/2021) Update**
Governors expressed interest in attending groups/committees that lead on the quality priorities. A list of meetings that Governors could attend was to be provided however this had not been progressed. This would help governors to be better informed when requested to comment on the annual quality priorities.

The Committee was assured that the membership of the Mental Health Board which was high level strategic, was being rectified to include Stephanie Harris and the Deputy Chief Nurse would follow up on the position of lead governor involvement in the Cancer group.

- **Action 20/53-1 - Quality Priorities - Reducing harm to deteriorating patients**
Bedside tablets to support staff to upload observations in real time. The Director of Quality Governance to find out if the tablets will be attached to each bed or if the tablets will be assigned to each member of staff. An update to be provided at the next meeting.

The Committee noted that the volunteer service offer DVDs in addition to the l pads as bedside entertainment, however there is a delay in use as the DVDs require PAT testing. A booking system is also run for wards to book l pads out for patients to use to communicate with family. The Trust would look to continue this service as due to tertiary services, many patients would still not be permitted visitors post lockdown.

A Parrott

8.1

PATIENT EXPERIENCE

21/05 Patient Experience Report – Quarter 3

The Head of Engagement and Patient Experience updated the Committee on the patient experience metric for Q3. The Committee discussed the following key points:

- The response rate for FFT is very low due to the demands of Covid-19 and with the second wave, rates are likely to continue to drop on the Covid-19 wards including ICUs. The patient experience team was developing a comprehensive plan as to how to increase visibility and better support the teams on wards to capture data consistently.

Item	Subject	Action
	<ul style="list-style-type: none"> The inpatient 'How are we doing?' campaign identified that nutrition and hydration remained below target. This was reflected in the patient's survey and as a result a Nutrition and Hydration improvement project has been established to look at performance improvement. This would look to amalgamate all the different groups that currently assess nutrition and hydration, into a single governance structure. The Committee noted that food and beverage was consistently being flagged by the Deputy Chief Nurse. The committee requested further information on the complaints received (PRUH - 11, DH -10). 	J Haworth
	<ul style="list-style-type: none"> Significant work is being undertaken in relation to discharge in a number of forums and in relation to Covid-19, a virtual ward system has been developed. This has showed early signs of success in terms of supporting patients to be discharged at home with a pulse oximeter monitoring in a virtual sense. The Patient Experience Team would be supporting work in relation to pharmacy and dispensing of medication at the point of discharge. 	
	<ul style="list-style-type: none"> Comfort includes a whole range of factors such disturbance, noise, being hot/cold. Further analysis of the comments would be carried out to understand what this encompasses. 	J Bush
	<ul style="list-style-type: none"> The discharge lounge at the DH site it is not fit for purpose, however at the PRUH it is a well-designed facility. During Covid-19, a temporary Covid-19 discharge lounge and a non-Covid-19 discharge lounge was developed. 	
	<ul style="list-style-type: none"> In terms of the backlog of complaints, currently there are 124 overdue complaints and there is a trajectory to reduce this and maintain business as usual (BAU). The complaints teams is looking to review and redesign the complaints policy. 	
	<ul style="list-style-type: none"> Recent engagement activity includes the In-Touch Virtual Receptionist within outpatients and work with gynaecology team in relation to women using the Early Pregnancy and Gynaecology Scanning Unit (EPAGSU) service at the PRUH. 	

8.1

In Q3 there has been an increase in the number of complaints received, with the core themes being clinical treatment and communications. During the first wave of Covid-19, there was the option to 'pause' the processing of new and ongoing complaints investigations. This had not been the case since December 2020. The Trust had therefore taken the decision to temporarily change its standard complaints response timelines from 25-40 working days. The Committee agreed that extension should be formally time-limited and any further extension would need to be formally requested at the Patient Experience and Safety Committee and the Quality, People and Performance Committee in no less than 3 months. A paper would be presented to the King's Executive outlining the current position, the trajectory and the plans to reduce this.

The Committee felt it was important to explain the circumstances resulting in any delays in responding to a complaint. It was highlighted that patients are contacted on a regular basis to keep them abreast of the status of their complaint response. The Committee was informed that all complaints received are given a triage category, and the Patient Safety team carry out an assessment to see if there is a connection between any complaints and any incidents.

21/06 Quality Priorities - Summary

The Head of Engagement and Patient Experience presented the Quality Priorities and the following was noted:

Item	Subject	Action
	<ul style="list-style-type: none"> Reducing harm to deteriorating patients remains a key priority. There has been significant training for staff in relation to this and exploring how this can be extended in addition to the Covid-19 response. With regard to patient experience, there are initiatives around cancer services and the emergency department. In ED, data from patients who have presented with mental health conditions will be captured and taken forward to improve services. A written update will be circulated to the Committee with regard to improving outcomes for patients with COPD. This quality priority is behind due to delays in a response from the Lung Foundation. The integrated respiratory team who would oversee this category of patients have been active with the response to Covid-19 and establishing the virtual wards. Further information on virtual wards would be circulated to governors. Reducing violence and aggression to staff. There are hotspot areas where violence and aggression is widespread e.g. the emergency department and aggression from patients who are clinically unwell. With regard to the visiting guidelines, there is currently guidance on people who can visit the hospital. There is also an additional feature of compassionate and staff led visiting. This involves an assessment being carried out on deteriorating patients due to lack of contact and relatives being invited to visit. A staff webinar has been held which includes a de-brief at the end of ward shifts. The restraint policy has been reviewed and a refashioned version of the 'Not a Target' campaign has been introduced. In addition 'Not a Target' badges are being worn by staff. This work had been paused due to Covid-19; the response would be restarted and governors were welcome to contribute to the violence and aggression work streams. 	J Haworth

8.1

The Committee emphasised the importance of having a good line of communication to manage cancellation of routine care without confirming a date when services can be resumed. A Public Relations exercise was being carried out to inform patients and carers that many staff were redeployed to the Covid-19 wards and vaccination hubs. The restarting of activity is the priority for the NHS, there was a need to balance the treatment of priority patients without overwhelming staff and ensuring that patients waiting a long time receive a harm review.

21/07 Disability & Accessibility Update

The Director of Equality, Diversity & Inclusion updated the Committee on the work being undertaken to improve access to services for patients. As the Trust moves forward with the reset and recovery, this would be an opportunity for the input and progression of the associated actions that are needed to improve accessibility and supporting patients and staff with a disability. The working group on customer care and training would be restarted and an email would be circulated imminently to request Governor input and engagement in particular groups.

C Elliott

The Committee noted that the issues pertaining to parking are a feature of ongoing discussions and considerations. The Committee discussed a better option would be for patients to pay for parking as they leave rather than pay before going into the hospital. At present there are no immediate resolutions to the concerns raised. However in discussion with the Chief Financial Officer, the Director of Equality, Diversity & Inclusion would ensure that, once in a position to conclude what actions can be taken forward the Committee would be updated and kept informed of any futures changes.

Item	Subject	Action
------	---------	--------

The Committee was informed there is currently no statement of minimum standards with regard to accessibility. This would be developed to identify areas of focus, to better understand the areas where standards are not being met and measuring and mitigating accordingly. As part of the wider work with regard to accessibility, standards would be developed that can be shared with the Committee and governor involvement was welcomed.

PATIENT SAFETY & RISK MANAGEMENT

21/08 Patient Safety Report – Quarter 3

The Committee received and noted the Patient Safety report. In the last wave of Covid-19 there was a reduction of incident reporting however the serious incidents (SIs) reports had increased. The Committee discussed the following points:

- There are total of 696 amber reports open on Datix, 230 are moderate and approximately 160 are overdue. The Patient Safety Team was developing a project plan to address the number of overdue amber reports and consider different methodology of managing the incidents to maximise learning and minimise investigative input. During the Covid-19 pandemic, clearing the backlog of serious incidents and ensuring the legal obligation to the Duty of Candour has been prioritised.
- There were 28 serious incidents declared in Q3. Patient falls and assessing, diagnose monitoring review were most common types of SI. The Committee agreed it would be useful to understand in what areas falls occur and whether there were any trends in falls. In response, falls is part of the Harm Free Care work, which also includes pressure damage. Meetings were held to consider how to set the project up, manage and develop overarching Trust-wide action plans to demonstrate reductions with advanced knowledge of learning. The Head of Patient Safety would circulate to the Committee data on the areas of falls to probe into the problems.
- Two never events were declared in Q3. The Committee agree it was important to share information on never events with all clinical staff to prevent reoccurrence. A significant area of concern was the backlog of 107 serious incident investigations at July 2020. Good progress has been made with the backlog reduced to 30 ongoing investigations. However since then, another backlog had developed, as a result both backlogs would be merged to ensure oversight of all SIs in progress.

S Gradwell

The Committee discussed how the SIs at the Trust compare nationally. The data from the National Reporting and Learning System (NRLS) indicated that the Trust was not an outlier. The death rate was below 0.5%. The Chief Nurse & Executive Director of Nursing and Midwifery was organising a meeting to look further at all the never events and whether they were related to circumstances around the pandemic. A report would be presented to the King's Executive on never events across the Trust in the last 3 years and data suggested that never events were not increasing.

With regard to capacity of the Patient Safety Team and redeployments, currently two members of staff (both ITU trained) were redeployed with no end date yet confirmed. The team was working to reduce the backlog of SIs and keep on top of the Duty of Candour, this was an additional stress to the team. Therefore any

Item	Subject	Action
------	---------	--------

further redeployment of the team would mean that the current progress would not be sustainable.

GOVERNOR FEEDBACK

21/09 Feedback from Governors on Patient Safety and Experience Activities, 19.11.2020 to 04.02.2021

Kirsty Alexander – Patient Governor

- **03.12.2020:** Observed Quality, People & Performance Committee
- **12.01.2021:** The South London Neurosciences Patient Group

Jane Allberry – Lead Governor, Southwark

- **26.11.2020:** London Cancer Patient Advisory Group
- **30.11.2020:** King's Cancer Patient Experience Working Group
- **02.12.2020:** SEL Cancer Alliance
- **14.12.2020:** King's Cancer Patient Experience Working Group
- **15.12.2020:** SEL Cancer Rep "coffee morning"
- **18.12.2020:** Digital check-in trial interview
- **12.01.2021:** Neuroscience PPV group meeting
- **15.01.2021:** SELCA Patient Experience and Involvement Steering Group
- **21.01.2021:** Patient Transport Focus Group
- **28.01.2021:** London Cancer Patient Advisory Group

Barbara Goodhew – Public Governor, Lambeth

- **14.12.2020:** Research in Emergency Department discussion

Victoria Silvester – Public Governor, Southwark

- **26.11.2020:** Patient Food Service Meeting
- Edited Patient Food Audit questions for this Committee
- **03.12.2020:** Observer QPPC meeting + drafted summary
- **16.12.2020:** PESC work plan 2021 meeting
- **21.01.2020:** Patient Transport Focus Group Meeting
- **25.01.2021:** PESC Agenda Planning Meeting
- **04.02.2021:** Observer at the QPPC Meeting + drafted summary

Stephanie Harris Plender – Public Governor, Southwark

- **09.02.2021:** Mind and Body Expert Advisory Group

21/10 Quality, People & Performance Committee (QPPC) meeting - Governor Observer Summary

The Committee received and noted the meeting summaries from the QPPC meetings held on 3rd December and 4th February 2021. The workforce section would be presented at the Strategy Committee which Kirsty Alexander would attend to report back to this Committee.

21/11 Feedback on Areas of Concern

The Committee discussed the closure of the self-discharge process, this needed to be looked into further. Assurance was given on the work to prevent patients from self-discharging. Concerns were raised with regard to MCA (Mental Health Act) and there is an option to put emergency Deprivation of Liberty Safeguards (DoLs) in

Item	Subject	Action
	place if necessary. The approach to MCA was fairly robust. The Deputy Chief Nurse would discuss this further with the Trust Secretary and feedback on progression.	Jo Haworth

COMMITTEE BUSINESS

21/12 Terms of Reference

The Committee reviewed the terms of reference and discussed the following:

- 2.2. Kings Way has been superseded by the Care Programme, this would need to be amended.
- 2.3. Review of communication and publication for patients – This was in the programme for May.
- 5.2. The titles of the key Trust personnel who may be invited to attend Committee meetings would need to be reviewed and updated.

FTO

21/13 PESC Annual Summary

The Committee noted the annual report.

21/14 ANY OTHER BUSINESS

No other business items were raised or discussed.

The Committee expressed their gratitude, on behalf of patients, to the staff at the Trust for all their hard work done over the last few months.

DATE OF NEXT MEETING

Thursday 6th May 2021
16:00pm – 18:00pm

Governors' Strategy Committee Minutes

Minutes of the Meeting of the Governors' Strategy Committee held on Thursday 12th November 2020, 09.00-11.00am via MS Teams.

Members Present:

Devendra Singh Banker	Bromley Public Governor (Chair)
Tony McPartlan	Bromley Public Governor
Jane Allberry	Southwark Public Governor
Victoria Silvester	Southwark Public Governor
Stephanie Harris-Plender	Southwark Public Governor
Carole Olding	Staff Governor – Nurses and Midwives
Claire Wilson	Staff Governor – Allied Health Professionals
Billie McPartlan	Patient Governor
Marcus Ward	Lambeth Public Governor

In Attendance:

Prof Jules Wendon	Executive Director of Clinical Strategy & Research (Joint GSTT)
Akhter Mateen	Non-Executive Director
Heather Gilmour	Deputy Director of Strategy
Emily Newton	Strategy Manager
Sherin Nurmohammed	Assistant Strategy Manager
Karen Larcombe	Programme Director – King's Health Partners Neurosciences
Dr Jozef Jarosz	Joint Director - KHP Neurosciences
Prof. Mark Richardson	Joint Director – NHP Neurosciences
Ranj Bhangoo	Neuroscience Clinical Director
Robert Weeks	Neuroscience Deputy Clinical Director
James Eales	General Manager for Neuroscience
Siobhan Coldwell	Trust Secretary

Apologies:

Julie Lowe	Julie Lowe
Hilary Entwistle	Southwark Public Governor
Phidelma Lisowska	Nominated Governor – Joint Staff Office

Item	Subject	Action
------	---------	--------

020/12 STANDING ITEMS

Welcome and Apologies

Welcome and apologies were noted.

Minutes of Previous Meeting on 17/09/20

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

Matters Arising/Action Tracker

Item	Subject	Action
------	---------	--------

The Governors suggested it would be helpful if email reminders with the MS Teams link could be circulated out a day before Governor sub-committee meetings.

020/13 TRUST STRATEGIC FOCUS

Strategy and Post Covid-19 Update

An update was provided on the Trust's Strategy post Covid-19. The following points were discussed:

- Prior to Covid-19, a joint clinical strategy was being developed with GSTT. A number of opportunities for collaborative working were identified and prioritisation criteria was being developed which was presented to the Joint Board in February. This work was paused during Covid-19.
- Covid-19 had improved integration and ICS working at a secondary tertiary level and in terms of Lambeth Together, Partnership Southwark and One Bromley.
- The vascular reconfiguration had been paused. Following the GIRF reports it was felt that further work needed to be undertaken by GSTT and KCH on consolidated arterial vascular to the GSTT site. Due to pressure of Covid-19 it would take longer to deliver this.
- The acute based care programme board had also been paused under the pressure of Covid-19, which looked at secondary care and recovery and reset. In addition, the specialist commissioned work was also going through significant change in terms of how this may be delivered in the future, moving to a provider based model of care across south London.
- There was a strategy programme for cancer and paediatric. Dental was highly impacted by Covid-19 as dental procedures are aerosol generated and therefore effected in terms of social distancing.
- The Trust was undertaking short-term work versus long term change of clinical pathways. Work was being undertaken with the APC looking at how to develop optimal care for all patients across London, within South east London and King's patients recognising that optimal care for King's patients may include the offer that patients are treated elsewhere in a timely manner.

The work being undertaken as part of reset and recovery was not a permanent pathway change. Covid-19 had help recognise that the separation of elective care from urgent and emergent care is beneficial. A formal process would be commenced with more patient engagement, if this pathway proved to be beneficial.

The Committee was informed that there were a number of patient engagement work being undertaken locally in southeast London. The main concerns were in relation to patient's wiliness to access health care. There was a joint programme between GSTT, Royal Brompton and King's to explore the changing attitudes and barriers in the second wave of the pandemic, in order to ensure that people access the care needed. A subsequent benefit of the hubs where elective work was undertaken is that patients have been screened and swabbed negative. Therefore providing greater reassurance for patients that their chances of coming to harm by acquisition of Covid-19 in that healthcare environment is diminished. In terms of post-operative care, patients are streamed through three pathways (elective swab negative, patients who are high risk or still awaiting swab results and Covid-19 positive environments) in order to diminish the risk.

Item	Subject	Action
------	---------	--------

There was a programme of work by which patients who represented diversity of the population were asked about their views on the reset. The Executive Director of Clinical Strategy & Research (Joint GSTT) would find out if pan-London data on this is available to be shared.

Neurosciences Update

An update was provided on the KHP Neurosciences programme. The following points were highlighted:

- The KHP Neuroscience institute is of the largest regional neuroscience centres in UK. It has achieved an upward trajectory of the impact of neurosciences research over the last 10 years.
- It had a tripartite mission across clinical research and training and education, digital and data. The partnership is accelerating connections and creating an integrated institute giving line of sight from the community services to the tertiary services.
- The KHP Neurosciences centre seeks to be a system leader in driving excellence across all pathways and this is being facilitated by the work undertaken with the Operational Delivery Network (ODN) across southeast London and Kent.
- In the Epilepsy Clinic, ways to use sensors attached to or implanted in the patient was being developed to collect signals continuously. This would enable forecast (ahead of time) of the occurrence of epileptic seizures.
- The King's Health Partner Outcomes Book describes the drive to improve outcomes for patients and the impact across the tripartite mission and would continue to drive innovation as part of the KHP 5-year plan.

A presentation was given on the KCH Neurosciences Strategy. The vision mirrored the KHP vision in terms of the tripartite mission of delivering world class education, research and excellent clinical services. The KCH strategy to achieve the vision includes the following:

- Capacity and additional non elective bed space, consolidated outpatient space and additional theatres to meet current demands. The chronic shortage of bed space and theatre capacity had impacted on staff.
- Inclusion of Intra-operative MRI capabilities to world class clinical outcomes. This was recommended by NICE as a standard of care for brain tumour surgery.
- Collaboration with Partners to align services with GSTT, Lewisham and Greenwich and Kent to improve pathways in and out of King's.
- Development of services by introducing an acute head injury unit at the DH site working with the trauma centre and combining neurology and neurosurgery expertise.
- There was a need for an autonomous business unit with the right infrastructure and a dedicated site/wing to house neurosciences services.
- During Covid-19, neurology treated patients who were not suitable for ITU and delivered excellent care, whilst also going through all of the backlog. It introduced acute neurology clinics and a new general neurology service that had reduced the waiting list at DH from 6 months to 3 weeks.
- There was a high level of mental health issues amongst different neuro patients and in terms of national comparative data, King's is the largest neurosurgical unit in London and has 3 and half neurosurgery theatres.
- In terms of comprehensive neuro rehabilitation beds across England, King's is the least well provided. Data on sister organisations linked with KHP indicated that King's is behind on any international comparison of

Item	Subject	Action
------	---------	--------

interventions which was demonstrated to make significant improvements to patient long term outcomes with neuro rehabilitation services.

- There was work within ODN and Pan-London, recognising the lack of neuro rehab inpatient beds but also the lack of interlinking with community and ensuring this is integrated.

The Committed noted that the Neuroscience service was severely under-resourced and in need of capital investment to achieve its vision. The Committee discussed how can governors influence the Board to consider the insufficiency of services for patients. Any such proposals should be submitted to the Investment Board, following which they should be presented to the Major Projects Committee for an update. The Committee agreed to push through the Board to improve neurosciences services at King's. It was suggested that the Investment Board should be asked whether any such request for demand had been presented and what the view is in terms of its practicality and viability.

Operational Planning Update

An update was provided on the Trust operation planning. The Trust was required to produce an annual operating plan which must meet specific requirements set by NHSEI. The financial environment had changed, future funding arrangements would include block contracts with a performance related element. This was in regard to the system as a whole, working in collaboration with provider colleagues through the APC to help resolve issues. There were no guidance on the technical requirements and the operation plan cycle however the Operation Plan Steering Group was working to create an integrated business plan to respond to the central requirements.

The aim was to produce a first draft of the operational plan by the end of January 2021. The BIU team had undertaken work on re-profiling and considering what can be done in terms of the elective work and projecting the impact of Covid-19 and the deliverables. This had informed discussions with colleagues at other Providers.

The Committee agreed that Adam Creeggan (Director of Planning and Performance) would be invited to the next meeting to provide an update on the operational plan.

020/14 NED COMMITTEE UPDATES - Akhter Mateen (NED)

Strategy, Research and Partnership Committee (SRPC)

The Committee was given a summary of the topics discussed at the SRPC meeting:

- Applied Research Collaborative (ARCs) for South London which focused on converting and implementing the initiatives that benefits outcome and local care, social care and health care.
- Update on APC which included the reset and recovery of elective care. The APCs are tracking behind the trend line that was projected for how they would recovery from the 52-week wait. The actual 52 week wait in southeast London was 7800 52-week+ wait, the trajectory projected should have been 6000.
- A presentation was given on the KHP 5-year strategic plan discussing the themes including high impact innovation, novel technologies in the field of therapies and diagnostics, using the research collaborative (alignment of

Item	Subject	Action
------	---------	--------

KHP and ARCs) to deliver better outcomes and improving population health focused on wider care. There was also a focus on workforce for the future, developing education and specialities training to meet the demand of the future. The workforce and clinical strategy was paramount and was part of the QPPC agenda.

Major Projects Committee (MPC)

An update was provided on the discussions at the MPC meeting:

- The Trust's overall capital plan was £90m for the year. The internal programme's financial envelop was £52million of which £40million would be utilised with a residue of £12m which would be repurposed. The challenge was to keep delivery of the capital plan at the right pace.
- The Trust has NHSE approved external funding of £38million (£20m has been approved and £18m is awaiting approval).
- Endoscopy at the PRUH was approved. The current facility did not meet the current high demand. It was not an accredited site by the Joint Advisory Group (JAG). There was a plan to spend £24m in building 6 additional new rooms and improving the current existing 2 rooms which would provide sufficient capacity and improve the service. There was assurance that there would be sufficient resources in terms of the workforce.
- Integrated Electronic Health Record – Kings sought to work alongside GSTT to implement the EPR system. GSTT was expected to go live on 10th April. King's did not yet have a FBC as there was a need to identify the funding source. The proposal was to spend £3.5m to recruit a team to work jointly with GSTT during the process and design development stages of the programme. Therefore King's would be sufficiently ready to implement the system in the future when funding is made available. In terms of timescale, King's would be 6 months behind GSTT if it was to go ahead with implementation.
- The Committee discussed two investment proposals, modernising medicine at the PRUH at an operating cost of £11m and £7m capital. At the DH site, Acute Medical Centre would be co-located to the first floor of the Golden Jubilee Wing with a capital cost of £6-7m for the Frailty centre. This would involve decanting and placing patients in separate locations and then transferring them back once the premises had been build.
- There were ongoing discussions with regard to the CCU and both parties were working to resolve the legal obligation issues.

020/15 WORK PLANNING

The Committee noted the 2020-21 work plan. The following topics of interest were suggested to be included in the strategy deep dive based on the maturity of work underway at the Trust:

- Strategy on workforce which would include workforce moral values, cultures and behaviours, staff wellbeing and workforce planning for the future and training education.
- Workforce issues presented at QPPC would need to be fed back to the Strategy Committee. The Chair of QPPC could be invited to a meeting to provide this update.
- Update on Haematology Institute work.
- Other service related deep dives such as the Clinical Environment Group set up for reset and recovery which addresses capital investment and prioritisation.

Item	Subject	Action
	<p>It was suggested that in order to have better understanding by lay Governors, presenters at meetings should be reminded to start from the general to specific detail of their presentations with explanations of any acronyms.</p> <p>The Committee discussed that cross-Trust Governor meetings should be held and GSTT and SLAM were in agreement. There were discussions about managing the logistics of this.</p> <p>The Committee discussed concerns with regard to car parking. Though not a strategic piece of work, it was agreed that the Chief Finance Officer should be invited to provide a brief at the Council of Governors meeting on the changes to car parking space that would be made on both sites. There needed to be standard briefing for staff on the position so they can disseminate information to patients.</p>	
020/16	ANY OTHER BUSINESS	
	<p>There was no other business to discuss.</p>	
020/17	DATE OF NEXT MEETING	
	<p>Thursday 21st January 2021, 13.00-15.00pm</p>	