

## AGENDA

<b>Meeting</b>	<b>Council of Governors</b>
<b>Time</b>	<b>18:00 – 19:30hrs</b>
<b>Date</b>	<b>Thursday 10<sup>th</sup> March 2022</b>
<b>Venue</b>	<b>MS Teams</b>

			Encl.	Lead	Time
<b>1.</b>	<b>Standing Items</b> 1.1. Welcome and Apologies 1.2. Declarations of Interest 1.3. Chair's Action 1.4. Minutes of Previous Meeting – 09.12.2021 1.5. Matters Arising / Action Tracker	<b>FA</b> <b>FR</b>	Enc. Enc.	Chair	<b>18:00</b>
<b>2.</b>	<b>Reflection of the Board Meeting and Papers</b> - To include discussion on: o Elective Recovery o Staff wellbeing o Ukraine o Living with COVID-19	<b>FD</b>	Board Papers	Chair	<b>18:05</b>
<b>3.</b>	<b>Trust Updates – Governors Focus Areas</b> - Learning from Serious Incidents and complaints - Improving Communication with Patients - Epic – patient and carer engagement - The Board and NED role in championing disability - London Living Wage - Carparking – reflections on the new arrangements at DH.	<b>FD</b>		Various	<b>18:40</b>
<b>4.</b>	<b>Chair Appointment</b>	<b>FD</b>	Verbal	Sue Slipman Jane Allberry	<b>19:10</b>
<b>5.</b>	<b>Governor Involvement &amp; Engagement</b> 5.1. Governor Engagement & Involvement Activities 5.2. Observation of QPPC – 20.01.2022 5.3. Observation of MPC – 10.2.2022	<b>FR</b> <b>FR</b> <b>FR</b>	Verbal	Jane Allberry Hilary Entwistle Billie McPartlan Dr Devendra Singh Banker	<b>19:15</b>
<b>6.</b>	<b>For Information</b> 6.1. Sub-Committee – Confirmed Minutes 6.1.1. Patient Experience & Safety Committee 6.1.2. Governor Strategy Committee	<b>FI</b>	Enc. Enc.	Chair	<b>19:25</b>
<b>7.</b>	<b>Any Other Business</b>			Chair	<b>19:25</b>
<b>8.</b>	<b>Date Of Next Meeting</b> Thursday 16 <sup>th</sup> June 2022, 6:00pm Venue TBC				

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

**Council of Governors Membership**

Sir Hugh Taylor	Trust Chair
<b>Elected:</b> Dr Devendra Singh Banker Jane Clark Tony McPartlan Professor David Jefferys Rashmi Agrawal Emily George Daniel Kelly Marcus Ward Devon Masarati Deborah Johnston Billie McPartlan David Tyler Dr Adrian Winbow Jane Allberry Lindsay Batty-Smith Angela Buckingham Hilary Entwistle Susan Wise Tunde Jokosenumi Aisling Considine Erica Groblar Mick Dowling Dr Akash Deep	Bromley Bromley Bromley Bromley Lambeth Lambeth Lambeth Lambeth Patient Patient Patient Patient Patient Southwark Southwark Southwark Southwark Lewisham Staff – Administration, Clerical & Management Staff - Allied Health Professionals, Scientific & Technical Staff – Nurses and Midwives Staff – Nurses & Midwives Staff - Medical and Dentistry
<b>Nominated/Partnership Organisations:</b> Dr Dianne Aitken Cllr. Jim Dickson Cllr Robert Evans Cllr. Dora Dixon-Fyle Ian Rothwell Dame Prof Anne Marie Rafferty David Morris	SEL CCG Lambeth Council Bromley Council Southwark Council South London & Maudsley NHS Foundation Trust King's College London Joint Staff Committee
<b>In attendance:</b> Professor Jon Cohen Nicholas Campbell-Watts Sue Slipman Akhter Mateen Dame Christine Beasely Prof Yvonne Doyle Prof R Trembath Steve Weiner Professor Clive Kay Beverley Bryant Jonathan Lofthouse Julie Lowe Dr Leonie Penna Mark Preston Professor Nicola Ranger Lorcan Woods Sophie Whelan Funmi Onamusi Chris Rolfe Sultana Akther Siobhan Coldwell Nina Martin	Non-Executive Director Non-Executive Director Non-Executive Director 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 Chief Medical Officer Chief People Officer Chief Nurse & Executive Directive of Midwifery Chief Financial Officer Director of Corporate Affairs Director of Equality Diversity and Inclusion Director of Communications Corporate Governance Officer AD Corporate Governance Assistant Board Secretary

## Council of Governors Meeting – Public Session

**Draft** Minutes of the Council of Governors (Public Session) meeting held on  
**Thursday 09 December 2021 at 18:00 – 19:30hrs**  
**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

Rashmi Agrawal

Lambeth

Emily George

Lambeth

Professor Daniel Kelly OBE

Lambeth

Billie McPartlan

Patient

David Tyler

Patient

Jane Allberry

Southwark (Lead Governor)

Hilary Entwistle

Southwark

Angela Buckingham

Southwark

Lindsay Batty-Smith

Southwark

Tunde Jokosenumi

Staff – Admin and Clerical

Aisling Considine

Staff – Allied Health Professionals, Scientific and Technical

Mick Dowling

Staff – Nurses and Midwifery

#### Nominated/Partnership Organisations:

Cllr Robert Evans

Bromley Council

Cllr Jim Dickson

Lambeth Council

Cllr Dora Dixon-Fyle

Southwark Council (Part meeting)

Professor Dame Anne Marie Rafferty CBE

King's College London

Ian Rothwell

South London & Maudsley NHS Foundation Trust

#### In Attendance:

Dame Christine Beasley

Non-Executive Director

Nicholas Campbell-Watts

Non-Executive Director

Professor Jon Cohen

Non-Executive Director

Professor Yvonne Doyle

Non-Executive Director

Akhter Mateen

Non-Executive Director

Steve Weiner

Non-Executive Director

Professor Clive Kay

Chief Executive Officer

Jonathan Lofthouse

Site Chief Executive – PRUH and South Sites

Julie Lowe

Site Chief Executive, Denmark Hill

Fumni Onamusi

Director of Equality, Diversity & Inclusion

Dr Leonie Penna

Chief Medical Officer

Mark Preston

Chief People Officer

Professor Nicola Ranger

Chief Nurse & Executive Directive of Midwifery

Chris Rolfe

Director of Communications

Lorcan Woods

Chief Financial Officer

Tibello Sibanda

PA to the Chairman

Sophie Whelan

Director of Corporate Affairs and Trust Secretary

Siobhan Coldwell

Associate Director of Corporate Governance

Nina Martin

Assistant Board Secretary

Sultana Akther

Corporate Governance Officer

Tara Knight Corporate Governance Officer (Minutes)

**Apologies:**

Beverley Bryant	Chief Digital Information Officer
Sue Slipman	Non-Executive Director
Professor Richard Trembath	Non-Executive Director
Dr Dianne Aitken	Lambeth CCG
Erika Grobler	Staff Governor – Nursing & Midwifery
Deborah Johnston	Patient Governor
Devon Masarati	Patient Governor
David Morris	Joint Staff Side Committee
Marcus Ward	Lambeth Governor

<b>Item</b>	<b>Subject</b>	<b>Action</b>
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**21/38 Welcome and Apologies**

The Chair welcomed Governors and attendees and apologies for absence were noted for:

- Beverley Bryant, Chief Digital Information Officer
- Sue Slipman, Non-Executive Director
- Professor Richard Trembath, Non-Executive Director
- Dr Dianne Aitken, Lambeth CCG
- Erika Grobler, Staff Governor – Nursing & Midwifery
- Deborah Johnston, Patient Governor
- Devon Masarati, Patient Governor
- David Morris, Joint Staff Side Committee
- Marcus Ward, Lambeth Governor

**21/39 Declarations of Interest**

There were no declarations of interests.

**21/40 Chair's Action**

There were no actions for the Chair.

**21/41 Minutes of the Previous Meeting**

The minutes of the meeting held on 09 September 2021 were agreed as an accurate record of the meeting.

**21/42 Matters Arising/Action Tracker**

The Council noted the action tracker.

**Matters Arising**

The Lead Governor and Associate Director of Corporate Governance have discussed the recent updates to the Constitution, which will need to be kept under review.

**Action: The Chairman requested a separate meeting to be arranged with Governors to provide clarity around patient and public constituencies so that a recommendation can come to the next Council of Governors meeting.**

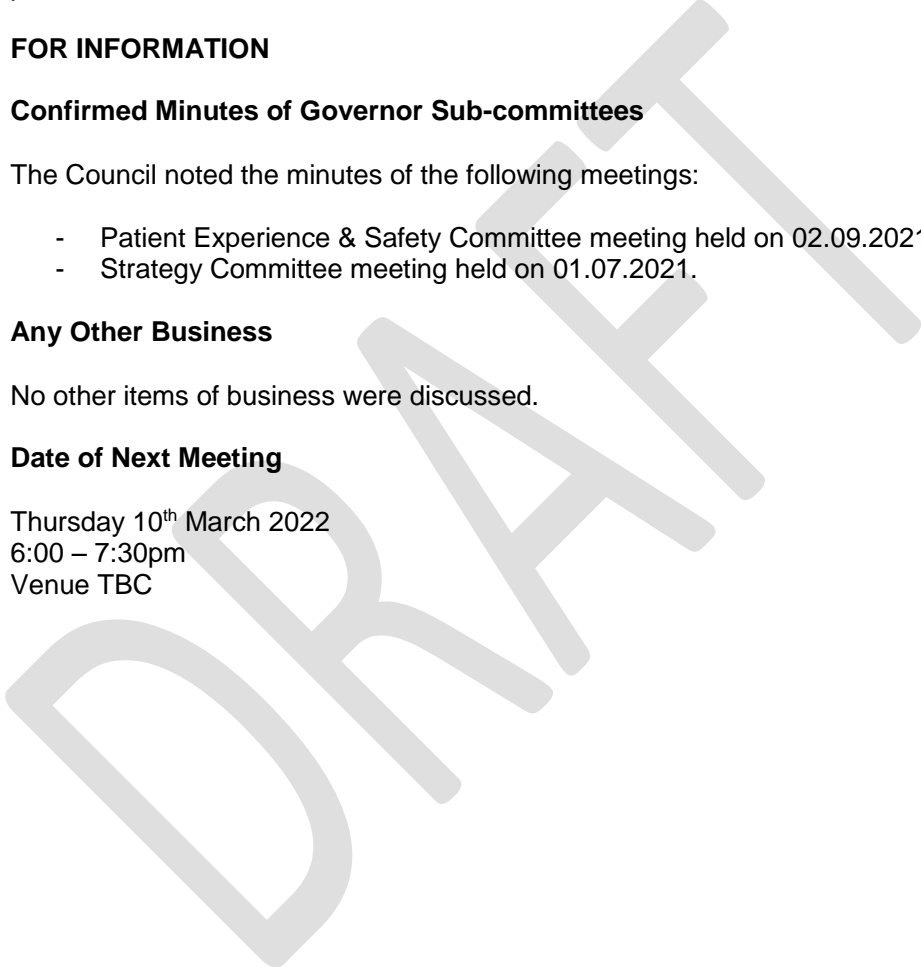
**H Taylor  
S Coldwell**

Item	Subject	Action
21/43	<b>Discussion of the Board Meeting and Papers</b> <p>The Council received and noted the Board papers.</p> <p><b>PPE Supplies</b>            The Council sought reassurance that the Trust has adequate supplies and reserves of PPE. The Site Chief Executive for PRUH &amp; South Sites informed the Council that the Trust maintains a large stock pile of atypical PPE, higher grade face masks and also additional bed space equipment should it be necessary to expand and convert areas from HDU to ITU level care or from general acute level care to higher acuity bed spaces. The Trust holds a safe level of PPE reserve.</p> <p><b>Violence &amp; Aggression</b></p> <p><b>Staff Retention</b>            The Council discussed whether there was any correlation between the incidence of violence and aggression and the retention rate. The Council was informed that reasons for leaving are captured on ESR, however staff are sometimes reluctant to disclose the true reason for exit. Work continues, particularly through the People and Culture Strategy, to support line management and teams to create an atmosphere conducive to retention.</p> <p><b>Action: The Chief People Officer will summarise the data on exit reasons and provide a report for the next meeting of the Council of Governors.</b></p> <p>Governors raised staff concerns around accessing training, development and promotion opportunities that ultimately affect staff retention levels. Through the Trust Strategy, and investing in the apprenticeship model, the focus will be on incentivising line managers to support staff in training and development.</p> <p>The Council were informed that mandatory COVID-19 vaccinations for particular groups of NHS staff will be written into law next week. There may be a significant group of staff members that choose to remain unvaccinated against COVID-19. Challenges are expected in finding suitable alternative employment, particularly for highly skilled professionals. This process will begin from February as staff will need to have had their first dose by then in order to be double vaccinated by April 2022. There is currently no data available to suggest that staff have left the organisation due to mandatory COVID-19 vaccinations, however, an impact assessment will be developed once the data becomes available.</p> <p><b>Mental Health Service Provision</b>            The Council highlighted the system issues related to mental health service provision that may cause long stays in the ED and affect the number of incidents related to violence and aggression. The Trust is working closely with SLAM and Oxleas to reduce the length of stay in ED once mentally unwell patients are medically cleared.</p> <p>The Chief Nurse informed the Council that it has recently been agreed with the NMC that, for the first time, KCL will offer an RGN/RMN combined graduate programme.</p>	M Preston

Item	Subject	Action
	<p><b>Freedom to Speak Up</b> Work is taking place to raise the profile of the Freedom to Speak Up Guardian across all sites. The Trust has a diverse team of FTSU ambassadors to support the work of the Guardian. The Trust continues to encourage staff to speak up and be open about issues so that they can be addressed. Progress in relation to Freedom to Speak Up is tracked and monitored throughout the organisation.</p>	
21/44	<p><b>Issues Raised by Governors</b></p> <p><b>Elective Recovery</b> The Council received an update from the Site Chief Executive Officer for PRUH &amp; South Sites on the elective recovery position.</p> <p>Following national guidance, the Trust stopped undertaking elective work in 2020 and therefore developed a significant increase in long waiting patients. Patients continue to join the waiting list. A collaborative approach to clinical prioritisation has been taken, and a standardised process has been adopted across South East London.</p> <p>There has been substantial improvement in diagnostic productivity and waiting times and the PRUH is now performing at the national standard. Challenge remains at the Denmark Hill site around complex cases involving MRI, CT and Endoscopy procedures that are not easily provided at other centres and thus, best provided at Denmark Hill as a specialist centre.</p> <p>The Trust is moving to substantiate virtual and telephone outpatient appointments. The South East London target is for 25% of outpatient activity to move to a virtual platform by April 2022. Clinical leads will make the decision on whether a face to face consultation is the best option in each case and patients are also able to request face to face appointments.</p> <p>The Trust has committed to reducing the very longest waiting patient list (those waiting over 104 weeks) down to zero by the end of March 2022, with the exception of ultimate patient choice. Tracking and progress is monitored by the Site CEOs. Good progress and improvement has been made, however, recovery will take a long time to achieve.</p> <p><b>ICS and APC Developments</b> The Council were informed of the developments in relation to the ICS and APC, including the appointment of the Chief Executive Officer Designate of the South East London Integrated Care Board.</p>	H Taylor
	<p><b>Action: A briefing session on ICS/APC developments will be arranged for Governors with the Chairman</b></p>	
	<p><b>Learning from Serious Incidents and Complaints</b> The Chief Nurse informed the Council that there has been much focus and excellent progress against the backlog of complaints and Serious Incidents (SIs). The Chief Nurse and Chief Medical Officer review all SIs and complaints on a weekly basis to agree an approach with the team, addressing any areas that require an immediate response. A robust system is in place to identify any themes and learning.</p>	

Item	Subject	Action
	<p>The new national patient safety and serious incidents framework will focus on system learning and will be a significant change to what is currently in place. The new Patient Safety Incident Response Framework (PSIRF) will help to provide assurance around themes and trends and systems in place related to patient safety and is due to be introduced nationally in April 2022.</p>	N Ranger
	<p><b>Action: A briefing session for Governors on the new PSIRF is to be arranged with the Chief Nurse.</b></p>	N Ranger
	<p>The Patient Experience Strategy has now been developed and will be going to the Executive Team for review in the near future. Once this has been finalised, it will come to the Council of Governors.</p>	
	<p><b>Car Parking – Reflections on the New Arrangements at DH</b> The Chief Financial Officer updated the Council on the programme of building works and car parking arrangements on the Denmark Hill Site.</p>	
	<p>There have been extensive changes over the last 12 months. These changes are mainly as a result of the Modernising Medicine project. Part of the car park has been used to build the 4 storey, Outpatients modular building. Works will continue over the next 8 weeks and the building will be commissioned for use by next summer. As a result, the number of car parking spaces have been restricted and a further 6 disabled bays have now been suspended, however, several 2-hour bays have now been introduced. Following feedback from Governors, efforts have been strengthened to ensure there is a good flow of cars and that there is reasonable enforcement of the parking rules outside of the Hambleton Wing. Security has been asked to ensure that bays are being used for the right purpose and that vehicles are moved on if they are parked inappropriately. Governors requested consideration of extending the time limits of the 10 minute drop-off zones. The Council was informed that Security will take a more relaxed approach to time limits within these zones whilst works are taking place.</p>	
21/45	<p><b>Formal presentation of the 2020/21 Final Annual Report and Accounts</b></p>	
	<p>The Council received and noted the final Annual Report and Accounts for 2020/21.</p>	
21/46	<p><b>Governor Involvement &amp; Engagement</b></p>	
	<p><b>Governor Engagement &amp; Involvement Activities</b> The lead Governor updated the Council on engagement and involvement activities. Governors continue to observe the Board Committees and many Governors serve as volunteers and/or patient and public reps. Two Governors will now be involved in the Nutrition and Hydration workstreams.</p>	
	<p><b>Observation of Quality, People &amp; Performance Committee (QPPC)</b> The Council received a summary of the Quality, People &amp; Performance Committee meeting, which took place on 18.11.2021.</p>	
	<p><b>Observation of Bromley Committee</b> The Council received a summary of the Bromley Committee meeting, which took place on 16.09.2021.</p>	

Item	Subject	Action
	<p><b>Observation of the Finance &amp; Commercial Committee (FCC)</b> The Council received a summary of the Finance &amp; Commercial Committee meeting, which took place on 11.11.2021.</p> <p><b>Observation of Major Projects Committee</b> The Council received a summary of the Major Projects Committee meeting, which took place on 14.10.2021.</p> <p><b>Observation of Audit Committee</b> The Council received a summary of the Audit Committee meeting, which took place on 25.11.2021.</p>	
	<b>FOR INFORMATION</b>	
21/47	<p><b>Confirmed Minutes of Governor Sub-committees</b></p> <p>The Council noted the minutes of the following meetings:</p> <ul style="list-style-type: none"> <li>- Patient Experience &amp; Safety Committee meeting held on 02.09.2021.</li> <li>- Strategy Committee meeting held on 01.07.2021.</li> </ul>	
21/48	<p><b>Any Other Business</b></p> <p>No other items of business were discussed.</p>	
21/49	<p><b>Date of Next Meeting</b></p> <p>Thursday 10<sup>th</sup> March 2022 6:00 – 7:30pm Venue TBC</p>	





## Council of Governors Meeting Action Tracker – 09.12.2021

Date	Item No	Action	By Whom	Due Date	Notes
<b>DUE</b>					
17.10.2019	19/31	<b>OHSEL STP Response to the NHS Long Term Plan</b> The NHS is now increasingly working through integrated care systems. The Chair suggested that we ought to have an annual joint Governors meeting across 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.
09.12.2021	21/42	<b>Matters Arising</b> The Chairman requested a separate meeting to be arranged with Governors to provide clarity around patient and public constituencies so that a recommendation can come to the next Council of Governors meeting.	H Taylor S Coldwell	10.03.2022	
09.12.2021	21/43	<b>Discussion of the Board Meeting and Papers: Violence &amp; Aggression/Staff Retention</b> The Council discussed whether there was any correlation between the incidence of violence and aggression and the retention rate. Reasons for leaving the organisation are captured on ESR. The Chief People Officer will summarise the data on exit reasons and provide an update for the next meeting of the Council of Governors.	M Preston	10.03.2022	Update to be provided at the meeting on 10/3
09.12.2021	21/44-1	<b>Issues Raised by Governors: IPC/APC Developments</b> A briefing session on ICS/APC developments will be arranged for Governors with the Chairman and Chief Executive Officer.	H Taylor C Kay	10.03.2022	Complete
09.12.2021	21/44-3	<b>Issues Raised by Governors: Patient Experience Strategy</b> The Patient Experience Strategy has now been developed and will be going to the Executive Team for review in the near future. Once this has been finalised, it will come to the Council of Governors.	N Ranger	10.03.2022	The strategy has not yet been completed.
09.12.2021	21/44-2	<b>Issues Raised by Governors: Learning from Serious Incidents and Complaints</b> A briefing session for Governors on the new PSIRF is to be arranged with the Chief Nurse.	N Ranger	16.06.2022	

**Actions On-going/not due**

Date	Item No	Action	By Whom	Due Date	Notes
<b>NOT DUE/ON-GOING</b>					
10.09.2020	20/07	<b>Governor Engagement/Work of the Task &amp; Finish Group</b> 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	<b>Reset and Recovery Programme – update</b> 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.	<del>R Beasley</del> 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	<b>Vaccination Programme</b> Governors were asked to continue to feedback any issues, particularly from constituents, on an ongoing basis to improve the system.	Governors	Ongoing	

## Patient Experience & Safety Governor Committee

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

**Thursday 02 December 2021 at 09:00 – 11:00hrs**

MS Teams – Video Conference

### Present:

Billie McPartlan	Patient Governor (Chair)
Deborah Johnston	Patient Governor
Devon Masarati	Patient Governor (part meeting)
David Tyler	Patient Governor
Tony McPartlan	Public Bromley Governor
Daniel Kelly	Public Lambeth Governor
Marcus Ward	Public Lambeth Governor (part meeting)
Jane Allberry	Lead Governor/Public Southwark Governor
Lindsay Batty-Smith	Public Southwark Governor
Angela Buckingham	Public Southwark Governor
Hilary Entwistle	Public Southwark Governor
Erika Grobler	Staff Governor, Nursing & Midwifery
Tunde Jokosenumi	Staff Governor, Admin, Clerical & Management
Anne Marie Rafferty CBE	Nominated Governor - King's College London
Professor Jon Cohen	Non-Executive Director
Nicholas Campbell-Watts	Non-Executive Director

### In attendance:

Diane-Kareen Charles	Assistant Director of Patient Safety
Annette Fogarty	Associate Director of Nursing for Patient Safety
Dr Ed Glucksman	Corporate Medical Director
Patricia Mecinska	Assistant Director of Patient Experience
Kudzai Mika	Head of Quality Governance
Roisin Mulvaney	Director of Corporate Governance
Simon O'Donoghue	Head of EDI, Patient Communities
Clare Williams	Deputy Chief Nurse
Siobhan Coldwell	Associate Director of Corporate Affairs
Tara Knight	Corporate Governance Officer (Minutes)

Item	Subject	Action
<b>21/42</b>	<b>Welcome, Introductions and Apologies</b>	
	There were no apologies for absence. The Chair welcomed all in attendance and introductions were made.	
<b>21/43</b>	<b>Declarations of Interest</b>	
	No interests were declared.	
<b>21/44</b>	<b>Minutes of the Previous Meeting – 02.09.2021</b>	
	The minutes of the previous meeting held on 02 September 2021 were accepted as an accurate record of the meeting.	

Item	Subject	Action
21/45	<b>Matters Arising/Action Tracker</b>	
	<p>The Committee reviewed the action tracker and received a number of updates, which have been reflected on the tracker.</p>	
	<b>PATIENT SAFETY &amp; RISK MANAGEMENT</b>	
21/46	<b>Reducing Harm to Deteriorating Patients</b>	
	<p>The Associate Director of Nursing for Patient Safety updated the Committee on the work to reduce harm to deteriorating patients.</p>	
	<p>A thematic review was carried out into serious incidents relating to deteriorating patients. The key themes identified included, recognition of deterioration, documentation and escalation.</p>	
	<p>The Committee received an overview of the ongoing work of the department, which includes sepsis awareness, equipment audit and a task and finish group to provide oversight on progress with quality priorities. KPIs are being reviewed and refreshed.</p>	
	<p>The Committee were interested in how doctors are engaged in the work to reduce harm to deteriorating patients. A robust training package is in place for medics, nurses, AHPs and healthcare support workers. The Deputy Chief Nurse and Corporate Medical Director are currently reviewing the core skills framework and the education programmes for doctors and nurses and a plan is in place for delivery. PSIRF will provide a national patient safety syllabus launched by NHSE/NHS.</p>	
21/47	<b>Patient Safety Report – Quarter 2</b>	
	<p>The Committee received and noted the Patient Safety Report for quarter 2. The Assistant Director of Patient Safety informed the Committee that there has been an increase in serious incidents and one 'never event' in quarter 2. There are ongoing improvement programmes to address pressures ulcers and falls and to contextualise serious incident data in terms of mortality and patient outcomes. Work is also taking place to disaggregate data and explore why there are more serious incidents reported at the PRUH than at Denmark Hill. There will be a presentation to the Board on the 9<sup>th</sup> December regarding the action plan to reduce incidents relating to violence and aggression.</p>	
	<p>Duty of Candour performance has declined in quarter 2. The Committee were concerned about the length of time taken to investigate serious incidents and send a report to families. Delays remain in CCG sign off, who have an action plan in place to address the backlog. The Deputy Chief Nurse reminded the Committee of the incredible pressure on the organisation created by responding to the pandemic. Some members of the patient safety team are trained in critical care and so were moved to the front line. The new national patient safety framework will focus on system learning and will be a significant change to what is currently in place. PSIRF will help to provide assurance around themes and trends and systems in place related to patient safety.</p>	

Item	Subject	Action
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## PATIENT EXPERIENCE

### 21/48 Patient Experience Report – Quarter 2

The Committee received and noted the Patient Experience Report for quarter 2. PALS reported slightly lower levels of activity. Key areas where concerns were raised by patients and their families include Ophthalmology and Orthopaedics. The main areas of concerns were related to appointment delays and not being able to contact a service/department.

There was an increase in complaints. Historically, complaints data has been reported based on the number of complaints. It was requested by the Quality, People & Performance Committee that reporting include the number of complaints in relation to activity levels within a particular department or service. There has been a significant reduction in the complaints backlog.

The Friends and Family Test (FFT) standard has been met for the past two months. Work is taking place to develop new methods of collecting FFT data and a deep dive has been carried out into concerns around waiting. Patients were concerned about the time taken to go for a procedure when in day surgery and the time taken to receive information. An action plan is being developed to address findings from the deep dive, which will be shared with the Committee.

The number of volunteers continue to increase and the therapy dogs have now been re-introduced.

### 21/49 New Quality Priorities (2021/22) – Planning & Update

The Director of Quality Governance presented an update to the Committee on progress with the Quality Accounts. The following was noted:

- **Reducing Harm to Deteriorating Patients:** There has been a change in leadership with the recruitment of an Assistant Director of Nursing for Patient Safety to focus the approach and align with the Patient Safety Framework. An update was given earlier on the agenda.
- **Long COVID:** The focus is to establish clinics in collaboration with colleagues across South East London to provide services for those affected by long COVID.
- **Improving Patient Experience for Inpatients:** The Trust has been successful in compliance with the action to improve the score for patients receiving emotional support from staff. The Trust has also achieved the action to attain 96% on the Friends and Family Test recommendation rate across all inpatient services. It is expected that the new entertainment system roll out will begin by the end of quarter 3. A web portal that can be accessed from a patients' personal device, has been commissioned. Web enabled devices will also be made available for patients who do not have compatible devices.
- **Reducing Violence & Aggression:** The Trust has recruited a Matron to lead on reducing violence and aggression, which has made a positive impact on understanding data, training needs analyses and developing the best improvement interventions. A full update on the work taking place to reduce violence and aggression will be presented to the Board next week.

Item	Subject	Action
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The Committee was informed that work continues on the previous priorities, including cancer and maternity. Much of this work takes place through the Patient Experience Committee. The current quality priorities were developed to narrow the scope and provide achievable outcomes. The consultation and stakeholder engagement around developing and agreeing the Quality Priorities for this year was not ideal due to the pandemic and the timings. At a national level, there was a delay in announcing the requirement to produce the Quality Priorities and Accounts. Going forward, the team will ensure governor engagement through the patient experience workstreams.

**21/50 Disability & Accessibility Update**

The Head of Equality, Diversity & Inclusion informed the Committee that his role focuses on addressing health inequalities and improving the experience of patients and communities.

The team are in the process of developing an EDI Strategy, which should be finalised within the next month. A large focus area within the EDI Strategy will include access and inclusion for patients. An update will be shared at the next meeting once the Strategy is finalised. Current projects include ensuring there is access to hearing loops across the Trust. This work is being led by the Estates and Facilities team who are developing a business case. The Trust also seeks to procure clear face masks for those who need to be able to lip read. There are currently some restrictions as this type of mask does not offer the required protection in particular areas.

The Trust Disability Charter has been refreshed and will be relaunched next week. The Access Patient and Public Advisory Group support with the workstreams looking at signage, telephone access and the layout of the new Outpatients building. The Group is seeking to expand its membership to include people whose first language is not English to support work in relation to interpreting and translation services.

**GOVERNOR FEEDBACK**

**21/51 Feedback from Governors on Patient Safety and Experience Activities, 02.09.2021 – 02.12.2021**

**Jane Allberry – Lead Governor, Southwark**

- **14.09.2021:** Neuroscience PPV group
- **17.09.2021:** Improving access to cancer CNSs meeting and SELCA patient experience group meeting
- **30.09.2021:** SEL Cancer Alliance meeting
- **30.09.2021:** London Cancer Patient Advisory **Group**
- **07.10.2021:** Outpatient letters meeting
- **15.11.2021:** Cancer quality of life survey **meeting**
- **18.11.2021:** Presentation of findings from Neuro-rehab survey at SEL community Neuro-rehab meeting
- **23.11.2021:** King's Cancer Patient Voice meeting
- **25.11.2021:** SEL Cancer Alliance
- **25.11.2021:** London Cancer Patient Advisory Group

Item	Subject	Action
	<ul style="list-style-type: none"> <li>Number of meetings on GSTT Cancer Strategy - roughly every 2 weeks</li> </ul>	
	<p><b>Billie McPartlan – Patient Governor</b></p> <ul style="list-style-type: none"> <li><b>14.09.2021:</b> South London Neurosciences Patient Group</li> <li><b>20.09.2021:</b> Accessibility Advisory Group</li> <li><b>24.09.2021:</b> Anthony Nolan (participated in No Patient Left Behind MP event)</li> <li><b>28.09.2021:</b> CRUK Research and Strategy Panel</li> <li><b>07.10.2021:</b> Outpatient Letters Session</li> <li><b>19.10.2021:</b> Meeting with Patricia Mecinska, Assistant Director of Patient Experience</li> <li><b>09.11.2021:</b> Accessibility Advisory Group</li> <li><b>10.11.2021:</b> Haematology Outpatients Meeting</li> <li><b>22.11.2021:</b> CRUK Research and Strategy Panel</li> <li><b>23.11.2021:</b> Anthony Nolan Policy Insights Panel</li> <li><b>23.11.2021:</b> Kings Cancer Patient Voice</li> </ul>	
21/52	<p><b>Quality, People &amp; Performance Committee (QPPC) meeting - Governor Observer Summary</b></p> <p>The Committee received and noted the observer summaries from the QPPC meeting held on 18 November 2021.</p>	
21/53	<p><b>Feedback on Areas of Concern</b></p> <p>No areas of concern were raised and Governors were invited to contact the Associate Director of Corporate Affairs should any concerns develop.</p> <p><b>COMMITTEE GOVERNANCE</b></p>	
21/54	<p><b>Committee Work Plan 2022 – For Approval</b></p> <p>It was agreed that this item would be approved offline.</p>	<b>S Coldwell</b>
21/55	<p><b>ANY OTHER BUSINESS</b></p> <p>No other items of business were discussed.</p> <p><b>DATE OF NEXT MEETING</b></p> <p>Thursday 24<sup>th</sup> February 2022 09:30 – 11:30am</p>	

**Governors' Strategy Committee  
Minutes**

Draft Minutes of the Meeting of the Governors' Strategy Committee held on Thursday 25<sup>th</sup> November 2021, 13.00-15.00 via MS Teams.

**Members Present:**

Devendra Singh Banker	Bromley Public Governor (Chair)
Tony McPartlan	Bromley Public Governor
Jane Clark	Bromley Public Governor
Jane Allberry	Southwark Public Governor
Angela Buckingham	Southwark Public Governor
Marcus Ward	Lambeth Public Governor
Aisling Considine	Staff Governor - Allied Health Professionals/ Scientific & Technical
Tunde Jokosenumi	Staff Governor – Administration, Clerical and Management
Erika Grobler	Staff Governor – Nurses and Midwives
David Tyler	Patient Governor
Billie McPartlan	Patient Governor
Deborah Johnston	Patient Governor
Devon Masarati	Patient Governor
Anne Marie Rafferty	Nominated Governor – King's College Hospital

**In Attendance:**

Akhter Mateen	Non-Executive Director
Mark Preston	Chief People Officer
Roxanne Smith	Deputy Director of Strategy
Paul Blakeley	Deputy Head of Strategy
Emily Newton	Senior Strategy Advisor
Adam Creeggan	Director of Performance and Planning
Jacqueline Coles	Freedom to Speak Up Guardian
Siobhan Coldwell	Associate Director of Corporate Governance
Sophie Whelan	Director of Corporate Affairs and Trust Secretary
Sultana Akther	Corporate Governance Officer

**Apologies:**

David Jefferys	Bromley Public Governor
Daniel Kelly	Lambeth Public Governor
David Morris	Nominated Governor – Joint Staff Office

<b>Item</b>	<b>Subject</b>	<b>Action</b>
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**21/16 STANDING ITEMS**

**Welcome and Apologies**

Welcome and apologies were noted.

**Minutes of Previous Meeting on 01/07/21**

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

**Matters Arising/Action Tracker**

There were no matters arising.



Item	Subject	Action
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21/17	<b>TRUST STRATEGIC FOCUS</b>	
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### Trust Strategy Update

Since the launch of the trust strategy, the objective has been to boost awareness across the Trust including the new trust values and how this interacts with people in their roles and with partners. A series of spotlight weeks were run on each of the letters of the BOLD vision to raise awareness which received positive feedback. In addition, there have been discussions with SLAM, GSTT and KCH Partners on how to collaboratively deliver the strategy. The next step is to articulate a plan on how to deliver against the commitments in the strategy.

The aim of the Trust Board Development session was for the Board to reflect on the new values and to consider the Board's role in the delivery of the new Trust Strategy. The outputs will support the development of the Trust Strategy delivery plan and supporting action plans. This focuses on three elements:

1. Achievement of the BOLD vision - The Board was able to reconnect and reconfirm its commitment to the BOLD vision including monitoring and evaluating the delivery of the strategy through outcome measures and Board assurance. The discussion highlighted particular areas of focus and prioritisation of the actions.
2. Specific goals and measures to help implement the strategy – Discussions involved ways to provide direct assurance against the strategy by developing bespoke set of goals in the delivery plan. This would include a concise highlight dashboard which will show progress against the highest priority elements of the strategy.
3. Delivery against the goals and setting and agreeing the delivery plan in the coming year.

The delivery plan would be developed with input from key stakeholders such as governors, partners and patient groups. The Committee considered the following:

1. Particular areas or transformation priorities for delivery. Outstanding care should be a primary focus as it is a good reflection of the staff and feeds into the wider strategy. Work on rehabilitation was suggested. The staff hub initiative was reinforced as having a positive impact on staff well-being, staff resilient and improved patient care.
2. Ongoing engagement and the best forum to have input as the plan develops. There had been engagement with various teams to feed in information from smaller departments. The Strategy team had been working on a set of toolkit to enable each individual care group/area to work on their care group level plans with the level of detail that is suitable for them.

The Committee would consider engagement in mid-late January to understand the content of the delivery plan and discuss how governors can be involved in the implementation the new strategy.

**D Singh-  
Banker &  
S Coldwell**

The Committee was reassured that profound strategic decisions were made in drafting the strategy in relation to the importance of general hospital services, strategic development of certain specialist services in the future and the types of models to have as a collaboration across the system. The existing initiatives across the organisation were looked at. An audit was conducted on what is being done to improve services and areas that can be expanded across the organisation. In order to make progress, a number of the initiatives would be brought together in a more coherent way to assess the impact and determine whether that is the right intervention.

Item	Subject	Action
	<p>In terms of monitoring progress, the Board discussed the need for metrics that are meaningful and how data can be collected effectively to understand improvements. Work on the delivery plan was to make the strategy more tangible.</p> <p>The Committee was assured that governor concerns raised are escalated to the relevant Executive Director to manage the response. An email would be circulated to the governors on the issues raised and the Trust's response in terms of the actions taken to address these.</p>	S Coldwell

## 21/18 OPERATIONAL PLANNING PROGRESS UPDATE

The Director of Planning and Performance provided an update on the 2022/2023 operational planning. There are three primary purposes of activity planning for the Trust:

1. The regular planning submissions to NHSI which the Trust is monitored against.
2. It underpins the Trust's Indicative Activity Plans which is shared with commissioners for contractual negotiations.
3. Internal planning used for determining activity/ income targets for each care group.

The annual process has been split in halves, delivering half year plans H1 and H2 and ad hoc planning requests, looking at more specific elements. Recent example includes a national submission on the forecast number of over 104 week waiters submitted in August; a discrete planning exercise around this and winter delivery.

In the second half of the current financial year (H2), there has been a focus on the mechanism for deriving money from the Elective Recovery Fund (ERF), the requirement was to deliver more than 89% of FY1920 completed RTT pathways. There has been increased focus on outpatient transformation, the target of delivering 25% outpatients appointments as non-face-to-face appointment remains from the H1 FY2122 planning guidance and a continued focus on elective recovery. This is in regard to eliminating waits over 104 weeks by March 2022 and stabilising waiting lists.

The H2 planning makes an assumption that non-elective non-Covid demand is at pre-pandemic (2019/2020) levels. It is unlikely that this will take place. Capacity is being absorbed by dealing with the P1 and P2 (urgent patients) and the long waiting patients. As new referrals are increasing, there is added pressure on the PTL that is not clinical priority work which will put the 52-week wait under pressure.

With regard to the target that 25% of outpatient activity should be non-face-to-face, decisions to treat/ discharge/complete a pathway are taken place at a lower rate relative to the number of outpatient attendances. The additional non-face-to-face appointments are not delivering any additional major value to the clinical pathway, but rather triage point. Decisions to hold face-to-face is decided on an individual care group basis. In terms of the ERF, the 89% target is not expected to be met across SEL. However, KCH is currently performing at 91% of FY1920 levels of pathway completions.

The Committee noted the 2022/2023 Operational Planning Cycle. The National Guidance was expected to remain unchanged. There are a number of engagement meetings with the clinical business units leading to a finalised draft by December-January with a view to socialise the IAP with the commission at the start of the new financial year.

Item	Subject	Action
	<p>In terms of the next step, the engagement process was continuing with the care groups to quantify expected activity impacts and phrasing of expected activity adjustments. The service developments and adjustments that feed into the plan were yet to be finalised. There was substantial work being undertaken to convert the schemes into fully phased activity plans.</p> <p>The Committee discussed that equity of access has become important for central teams, however the challenges of achieving these are recognised and workforce is the biggest limiting step to elective recovery.</p>	

## 21/19 NED COMMITTEE UPDATES

### Major Projects Committee Update – 14 October 2021

There had been updates on significant projects at the Major Projects Committee meeting, the following were highlighted:

- Modernising Medicine on DH - revamping the Golden Jubilee Wing, decanting therapies and improving the quality of the facility.
- There were delays caused by the outpatients modular building due to factors associated with labour shortages, material and transport shortage and cost increases. The delay is not expected to be significant.
- Coldharbour works - certain services are being moved as part of the decanting and relieving pressure on the Golden Jubilee. There had been increase in costs as a result of extra space being acquired associated with the decant of unit 6 and other areas and to accommodate more team on the site.
- An opportunity to take up the unused Valmar trading estate and build a facility, options were currently being considered taking into account the clinical requirements of how the space can be effectively utilised.
- The endoscopy facility and the car park expansion at the PRUH are progressing at pace in line with expectation.

### Audit Committee Meeting Update – 25 October 2021

The following points from discussions at the Audit Committee meeting were highlighted:

#### Finance:

- King's payment profile - there is a better payment process which required creditors/invoices to be paid within 30 days or within the terms of the invoice, whichever is later. The target set up for Trusts is 95% in terms of the volume and value of invoices. King's was below the 80%, last month the 90% was achieved in value. There is a lot of activity to sustain and improve the process and trajectory.
- Advent of International Finance Reporting Standards 16 (IRFS) – in the past lease payments could be made over a number of years and these were revenue expenditure, however the rules are changing where if leases are made, there is an accounting aspect which will capitalise on the balance sheet and become an asset which will decrease progressively. This will add complexity to ways of working, audit and also it will prevent significant projects through the lease based approach.

#### Risk Management

- There has been work undertaken to improve risk management within the organisation. The Good Governance Institute (GGI) has been deployed to help embed this within the organisation and good progress has been

Item	Subject	Action
	<p>made. The GGI has submitted its final report with observations and recommendations.</p> <ul style="list-style-type: none"> <li>The Board Assurance Framework provides a better oversight of all the strategic risks that the organisation faces which the Board will focus on looking at the consequences, mitigation actions of the risks and the escalation process depending on their severity.</li> </ul>	
	<p>External Assurance</p> <ul style="list-style-type: none"> <li>Two reports from internal audit have provided positive assurance and will be reviewed in January 2022 and there has been good progress on a number of overdue recommendations.</li> <li>In terms of external audits, the two subsidiary audits (KCH management and KCH commercial) had been completed with no significant issues identified.</li> </ul>	
<b>21/20</b>	<b>FREEDOM TO SPEAK UP</b>	
	<p>The Freedom to Speak Up (FTSU) Guardian role was established following the recommendation from the 2015 Freedom to Speak Up Review. The review set out 20 principles, the main one being that every organisation needs to foster a culture of safety and learning in which staff feel safe to raise a concern. The review also made a clear correlation between the impacts of bullying of an individual or team and the fact that patients suffer harm or receive less than optimal care. The overarching principle was for there to be a culture of openness and commitment to safety and improvement that staff can speak up and whistleblowing would become normal practice.</p>	
	<p>The requirement for trusts and foundation trusts to have a FTSU Guardian has been in place since October 2016. FTSU Guardians must operate independently, impartially and objectively, whilst working in partnership with individuals and groups throughout their organisation, including their senior leadership team and there for all workers including of contractors.</p>	
	<p>The Committee noted that a number of workers at King's choosing to remain anonymous when reporting concerns reduced by 53% in Q1 &amp; Q2, when compared to the same period the previous year. This is a positive indicator of an increased confidence in speaking up and is evidence that supportive processes are having a significant impact. Kings is in the highest 25% of Trusts reporting cases which is positive.</p>	
	<p>In terms of priorities for the next 6 months, the barriers to speak up will be addressed, collaborating with key stakeholders, a communication strategy focusing on increasing visibility and awareness would be and ensuring staff know they can speak up and empowering managers to listen up. This has been welcomed by the Executive Team.</p>	
<b>21/21</b>	<b>WORKFORCE UPDATE</b>	
	<p>The item was deferred to the next meeting.</p>	
<b>21/22</b>	<b>COMMITTEE BUSINESS</b>	
	<b>Work Planning</b>	
	<p>The Committee discussed the possibility of extending the meeting. It was agreed that 2 hours was sufficient and agenda items would need to be more compact to</p>	

Item	Subject	Action
	<p>allow for effective governor follow up discussions. Presenters could be issued with guidance on the level of detail, length of time and focus of presentations.</p> <p>In terms of agenda items moving forward, these can be more focused once the delivery plans for the strategy are ready with regard to what is being delivered, the successes and challenges.</p>	
<b>21/23</b>	<b>ANY OTHER BUSINESS</b>	
	<b>ICS Development</b>	
	<p>NHSEI has issued some guidance with regard to how integrated care systems will function. The legislation has not yet been passed.</p> <p>In SEL, the ICS has appointed its CEO, the APC (King's, GSTT, and LGT) is in place in London focusing on high volume low complexity work, in terms of elective recovery this involves prioritising patients across all three hospitals.</p> <p>There has been substantial work done in relation to agreeing the governance and leadership roles. There has been some guidance on the role of governors in ICSs in the way it is currently formed in terms of ensuring that views of the members of the Trust and public are represented and involved in significant transactions. The NHSEI guidance on the integrated governance would be circulated to the governors.</p> <p>The final governance structure is yet to be agreed and will be discussed at Chief Executive meetings with a view to acquiring Executive sign off at the end of the year. ICSs will need to submit their constitution and governance structure to NHSEI by the end of the year. This includes the governance structures for all provider collaborative. This will be discussed further at the December Council of Governors meeting to gain a better idea of how the system is working in practice, the challenges and the direction moving forward.</p>	<b>S Coldwell</b>
<b>21/24</b>	<b>DATE OF NEXT MEETING</b>	
	<p>Thursday 10<sup>th</sup> February 2022, 14.00-16.00.</p>	