

## AGENDA

<b>Meeting</b>	<b>Council of Governors</b>				
<b>Time</b>	<b>18:00 – 19:30hrs</b>				
<b>Date</b>	<b>Thursday 16 June 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 – 10.03.2022 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 of Directors meeting and papers</b>	<b>FD</b>	Board Papers	Chair	<b>18:05</b>
<b>3.</b>	<b>Trust updates – Governor focus areas</b> 3.1. Patient Voice 3.2. Outpatient elective recovery	<b>FR</b> <b>FR</b>	Verbal Verbal	Chief Nurse Site CEO, PRUH & SS	<b>18:35</b>
<b>4.</b>	<b>Nominations Committee - Terms of Reference</b>	<b>FA</b>	Enc	Director of Corporate Affairs	<b>18:55</b>
<b>5.</b>	<b>Nominations Committee – Update on the appointment of the Trust Chair</b>	<b>FD</b>	Verbal	Deputy Chair & Lead Governor	<b>19:05</b>
<b>6.</b>	<b>Governor involvement &amp; engagement</b> 6.1. Governor Engagement & Involvement Activities 6.1.1. Observation of Board Committees	<b>FR</b>	Verbal	Lead Governor  Governor observers	<b>19:20</b>
<b>7.</b>	<b>7.1. Governor Committee reports</b> 7.1.1. Patient Experience & Safety Committee 7.1.2. Governor Strategy Committee	<b>FI</b> <b>FI</b>	Enc. Enc.	Committee Chair Committee Chair	<b>19:25</b>
<b>8.</b>	<b>Any other business</b>		Verbal	Chair	<b>19:25</b>
<b>9.</b>	<b>Date of next meeting</b> Thursday 15 September 2022, 6:00pm – 7:30pm				

**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 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 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 Prof Dame 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 Beasley Prof Yvonne Doyle Prof Richard Trembath Steve Weiner Prof Clive Kay Jonathan Lofthouse Julie Lowe Dr Leonie Penna Mark Preston Professor Nicola Ranger Lorcan Woods Sophie Whelan Funmi Onamusi Chris Rolfe Siobhan Coldwell Sultana Akther <b>Apologies:</b> Beverley Bryant	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 Site Chief Executive, PRUH & South Sites Site Chief Executive, Denmark Hill Chief Medical Officer Chief People Officer Chief Nurse & Executive Director of Midwifery Chief Financial Officer Director of Corporate Affairs Director of Equality, Diversity and Inclusion Director of Communications AD Corporate Governance Corporate Governance Officer Chief Digital Information Officer

**Council of Governors Meeting – Public Session**

**Draft** Minutes of the Council of Governors (Public Session) meeting held on **Thursday 10 March 2022 at 18:00 – 19:30hrs**  
**The meeting was held virtually via MS Teams**

**Present:**

**Chair**

Sir Hugh Taylor Trust Chair

**Elected Governors**

Tony McPartlan	Bromley
Rashmi Agrawal	Lambeth
Emily George	Lambeth
Marcus Ward	Lambeth
Deborah Johnston	Patient
Devon Masarati	Patient
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
Erika Grobler	Staff – Nursing & Midwifery

**Nominated/Partnership Organisations:**

Cllr Robert Evans	Bromley Council
Cllr Jim Dickson	Lambeth Council
Professor Dame Anne Marie Rafferty CBE	King's College London
Ian Rothwell	South London & Maudsley NHS Foundation Trust
Dr Dianne Aitken	Lambeth Clinical Commissioning Group (CCG)

**In Attendance:**

Dame Christine Beasley	Non-Executive Director
Beverley Bryant	Chief Digital Information Officer
Nicholas Campbell-Watts	Non-Executive Director
Professor Yvonne Doyle	Non-Executive Director
Sue Slipman	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
Diane Charles-Kareen	Assistant Director of Patient Safety
Tracey MacCormack	Director of Midwifery and Gynaecology
Holly Salisbury	Member of Public
Sophie Whelan	Director of Corporate Affairs and Trust Secretary
Siobhan Coldwell	Associate Director of Corporate Governance
Sultana Akther	Corporate Governance Officer

**Apologies:**

Professor Jon Cohen	Non-Executive Director
Akhter Mateen	Non-Executive Director
Professor Richard Trembath	Non-Executive Director
David Morris	Joint Staff Side Committee

Item	Subject	Action
22/01	<b>Welcome and Apologies</b>	
	The Chair welcomed Governors/attendees and apologies for absence were noted for: <ul style="list-style-type: none"> <li>– Professor Jon Cohen, Non-Executive Director</li> <li>– Akhter Mateen, Non-Executive Director</li> <li>– Professor Richard Trembath, Non-Executive Director</li> <li>– David Morris, Joint Staff Side Committee</li> </ul>	
22/02	<b>Declarations of Interest</b>	
	There were no declarations of interests.	
22/03	<b>Chair's Action</b>	
	There were no actions for the Chair.	
22/04	<b>Minutes of the Previous Meeting</b>	
	The minutes of the meeting held on 09 December 2021 were agreed as an accurate record of the meeting.	
22/05	<b>Matters Arising/Action Tracker</b>	
	The Council noted the action tracker and the following update was provided: <ul style="list-style-type: none"> <li>• <b>Action 21/43: Discussion of the Board Meeting and Papers: Violence &amp; Aggression/Staff Retention</b> Following a review, there appeared to be no direct correlation between the 'reasons for leaving' and violence and aggression. The exit reasons were mainly in regard to career progression and personal growth. This was being reviewed in line with the People and Culture Strategy. The exit interview reporting and how this links in with the strategy would be fed back to the Governors to identify the impact and the actions agreed.</li> </ul>	
22/06	<b>Reflections of the Board Meeting and Papers</b>	
	The Chief Executive provided an update on the Trust's response to the current conflict in Ukraine in relation to support provided to staff and providing practical humanitarian support. The Trust had taken the following proactive steps: <ul style="list-style-type: none"> <li>• The Trust checked and confirmed with NHSE that there are no direct contractual relationships with Russian suppliers.</li> <li>• In terms of sending funds to Ukraine, the Trust had included in the CEO daily briefing, a list of legitimate charities to donate to, e.g. Disasters Emergency Committee.</li> <li>• Staff requests to be released to travel or help family members/ volunteer were being managed to provide support to staff affected by the conflict.</li> <li>• The Trust was considering how to support refugees who are healthcare professionals in the future and potentially releasing the military reservists within the trust who may be asked to provide humanitarian assistance.</li> <li>• Helping to send medical stock and working with KFM and receiving donations from manufacturers.</li> </ul>	

Item	Subject	Action
	<ul style="list-style-type: none"> <li>• There is a dedicated NHSE email address to provide offers of support and help with requests being received directly from clinicians. The Trust would take on specialist patients who cannot be accommodated in Poland/Ukraine.</li> <li>• Staff counselling is available through the Employee Assistance Programme, offering 24 hour confidential counselling, the staff psychology team are running a series of listening events for staff to have open conversations and share experiences and resources in a safe environment.</li> <li>• The Secretary of State letter to all NHS staff offering national support and the National Act in relation to mental health and counselling.</li> </ul>	
	<p>In terms of cyber security and the Trust’s readiness to manage any potential attacks, the King’s IT team has worked jointly with the Emergency Planning Resilience team on a plan to be resilient against any cyber-attack. The emergency preparedness plan has been submitted to NHSE. The Board is assured of cyber resilience, security and mitigations in place to deal with any cyber-attacks.</p>	
	<p>There has been significant impact on energy in terms of cost, the Trust expects a £4m cost pressure for next year. The Trust has sustainability initiatives to reduce electricity. In terms of supply chain resilience, the Trust’s food supplier is not reliant on smaller suppliers and there is strong mutual aid arrangements with partners including GSTT and KFM. The impact on the energy top ups required for patients who use energy from ICSs/CCGs for equipment would be investigated further. Lambeth Council has written to the Home Office with regard to establishing pathways for people requiring sanctuary and support.</p>	
	<p>The Council noted the development of two operating theatres at St Mary’s Sidcup (QMS) which could be used by the South East London APCs (King’s, GSTT and LGT). The triumvirate has collaborated to support the activities within the theatres which would help reduce waiting times for patients in SEL for routine procedures.</p>	
	<p>Communication with patients was discussed. The clinicians routinely triage patients. Patients are able to change appointments by replying to text messages received. As the system progresses, patient replies to text messages will be processed by IT and a new appointment date will be generated automatically.</p>	
	<p><b>Action: The Site Chief Executive (PRUH and SS) would provide an update on figures for how many telephone/video consultations are converted to face to face appointments.</b></p>	<p>J Lofthouse</p>
	<p><b>Action: The Active Bystander training would arranged for Governors.</b></p>	<p>F Onamusi /FTO</p>
22/07	Trust Updates	
22/07-1	Elective Recovery	
	<p>The Site Chief Executive (PRUH and SS) provided an update. The Council noted that elective recovery encompasses outpatient activity, patient access to advice and guidance, telephone/video consultation clinics, day case and inpatient operating and diagnostic procedures.</p>	
	<p>The following points were explained:</p>	
	<ul style="list-style-type: none"> <li>• Performance is measured using the volume of patients being treated and value in terms of the income or costing base the patients have created. In the</li> </ul>	

Item	Subject	Action
	<p>last 2 years, services have been developed and there have been changes in the way volumes of activity are accounted for.</p> <ul style="list-style-type: none"> <li>• There are six modalities of surgical service within which there are high volume low complexity activities and only 29 procedures across all the specialities that are classed as high volume low complexity activities. Externally the Trust is monitored against the value at a service level.</li> <li>• All Trusts refer to delivery in H1 (first half) and H2 (second half) of the year. Due to the multiple waves of Covid resulting in some activity being paused, the patient volume has fluctuated, therefore throughout the year, the patient waiting list is unequal.</li> <li>• Pathway: Patients move through the services step-by step having contact or interventions along the way. To convert the activity being undertaken in the financial year into a cash value, all the points along the patient journey are calculated to provide the cash value.</li> </ul>	
	<p><b>Action: The presentation of the new phases and new ways of workings will be circulated to the Governors.</b></p>	<p><b>J Lofthouse</b></p>
22/07-2	<p><b>Living with COVID-19</b></p>	
	<p>At the Cancer Patient Voice Group meeting, concerns were raised with regard to future arrangements in relation to mask wearing. The Site Chief Executive (PRUH &amp; SS) and the Chief Financial Officer are currently considering the options in regard to the environment/estates to provide greater reassurance and areas of protection.</p>	
22/07-3	<p><b>Learning from Serious Incidents and Complaints</b></p>	
	<p>The Chief Nurse and Executive Director of Midwifery provided an update on the approach to complaints and the learnings from incidents. There has been engagement with Governors and other key stakeholders including Kings Accessibility and the Lambeth Learning Disability Assembly.</p>	
	<p>The NHS is moving towards a patient safety framework, South East London is planning to move to the system in July and is currently working on the learning/themes and focusing on improvements to patient safety.</p>	
	<p><b>Action: The key themes identified would be collated in a thematic report and the action plan to address these would be circulated to the Governors.</b></p>	<p><b>N Ranger</b></p>
22/07-4	<p><b>Improving Communication with patients</b></p>	
	<p>The Trust was doing well to manage Covid and infection control within the organisation, with few hospital outbreaks with regard to Covid.</p>	
22/07-5	<p><b>Epic – patient and carer engagement</b></p>	
	<p>The Council was updated on the engagement activities with patients and carers. A patient panel has been established which includes the following:</p> <ul style="list-style-type: none"> <li>• A patient influencer role as a social media influencer to encourage younger patients to join the programme.</li> </ul>	

Item	Subject	Action
	<ul style="list-style-type: none"> <li>• A Lead patient influencer (with an understanding of digital, technology and healthcare). The Lead would represent the whole panel in meetings with staff and hold active discussions.</li> <li>• Interventions are assessed to encourage increased involvement and to improve diversity.</li> </ul> <p>The panel engages with patients through a range of workshops, surveys and polls, which are currently undertaken virtually. The discussion points are collated in a report and disseminated to other forums with staff involvement. The Patient Experience group which looks at 'My Chart' patient portal (including proxy access) and the Sex, Names and Gender Rapid Decision Group, gathers feedback from patients. This feedback has resulted in decisions on the build and fostered further discussions on admin, data and analytics, user experience versus security needs. The panel are expected to continue to manage the ongoing features and functions of the system.</p> <p>Further initiatives to encourage more diverse groups of patients was required, the London living wage allowance is provided to encourage attendance, IT training is to be provided and other data would be captured to rebalance the panel. The King's Cancer Patient Group has been engaged. Governors were invited to support in improving the diversity of the panel.</p> <p>The Council noted that there is an opportunity to improve patient interaction with the Trust through the Epic portals. Insights would be shared with Lambeth Together who have been working with local community researches to help broaden the diversity of the panel.</p>	
22/07-6	<p><b>The Board and NED role in championing disability</b></p> <p>The Council recognised further work was required as an organisation to overcome the challenges associated with providing care for people with disabilities on the hospital sites.</p> <p><b>Action: The Chair would discuss the opportunities to act as champions and support disability and other protected characteristics, with the Executives and NEDs.</b></p>	H Taylor
22/07-7	<p><b>Staff well-being</b></p> <p>The Chief People Officer updated the Governors on issues regarding staff wellbeing, including the impact of increased operational pressures, and the actions being taken. The Trust is reviewing its recruitment plans to ensure recruitment is undertaken in a timely manner.</p> <p>Supporting the growth and development of our workforce is one of the key themes of the People and Culture Strategy. The Trust is working to launch 'King's Kaleidoscope' to coordinate education, training and development offers to support staff to fulfil their career ambitions at King's.</p>	
22/07-8	<p><b>London Living Wage</b></p> <p>The Trust is committed to becoming a London Living Wage employer as part of the new People and Culture Strategy. All directly employed staff are paid the London living wage or above, the Trust is currently working with contractors to</p>	

Item	Subject	Action
	plan how to ensure they become a London Living Wage employer. Full accreditation will be applied for at that stage.	
22/07–9	<b>Car parking – reflections on the new arrangements at DH</b>	
	<b>Action: The Chief Financial Officer provided a note in response to the car park question which would be circulated to governors.</b>	L Woods
	<b>Action: The Chair offered to hold a meeting with governor, Angela Buckingham, to discuss the concerns with regard to the car parking issues at DH.</b>	H Taylor/ FTO
22/08	<b>NED/Chair Appointments</b>	
	The Council noted that the Chairman's term of office is due to end in January 2023 and with the increasing focus on place and system (ICS and APC) working, King's has been in discussion with GSTT on opportunities for closer working. The trusts already operate collaboratively to meet patient needs with 'One Team' working in specialist areas, and both Boards agreed to put a proposal to their Governors that the two trusts progress a joint appointment. The infrastructure of support within both trust would be reviewed following the Chair's appointment.	
	The King's and GSTT Nominations Committees would jointly conduct the appointment process with the aim of concluding the process by the end of June 2022. Governors noted the progress being made to appoint governors to the vacancies on the nominations committee and that training would need to be offered to new members of the committee.	
	The Council noted the developments and accepted the proposal.	
22/09	<b>Governor Involvement &amp; Engagement</b>	
	<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, providing useful feedback. Consultation events had taken place on the outpatient building and Modernising Medicine. There is interest in a number of groups, including the Cancer Patient Voice Group and Nutrition and Hydration.	
	<b>Action: Meet the NED sessions with the two new NEDs, Dame Christine Beasley And Dr Yvonne Doyle would be arranged.</b>	FTO
	<b>Observation of Quality, People &amp; Performance Committee (QPPC)</b>	
	The Council noted the summary of the Quality, People & Performance Committee meeting, which took place on 20.01.2022.	
	<b>FOR INFORMATION</b>	
22/10	<b>Confirmed Minutes of Governor Sub-committees</b>	



<b>Item</b>	<b>Subject</b>	<b>Action</b>
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The Council noted the minutes of the following meetings:

- Patient Experience & Safety Committee meeting held on 02.12.2021.
- Strategy Committee meeting held on 25.11.2021.

**22/11 Any Other Business**

No other items of business were discussed.

**22/12 Date of Next Meeting**

Thursday 16<sup>th</sup> June 2022  
6:00 – 7:30pm  
Venue TBC

DRAFT

## Council of Governors Meeting Action Tracker – 16 June 2022

Date	Item No	Action	Lead	Action due	Action update
<b>ACTIONS DUE</b>					
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	This would be discussed and the Lead Governor would be updated as it is pertinent to the Council of Governors elections to be held this year.
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	Ongoing. The Patient Experience Strategy has not yet been approved.
10.03.2022	22/06-1	<b>Reflections of the Board Meeting</b> The Site Chief Executive (PRUH and SS) would provide an update on figures for how many telephone/video consultations are converted to face to face appointments.	J Lofthouse	16.06.2022	Update to be provided at the 16 June meeting - Agenda Item 3.2
10.03.2022	22/06-2	<b>Reflections of the Board Meeting</b> The Active Bystander training would arranged for Governors.	F Onamusi /FTO	16.06.2022	Complete. The training has been scheduled for 27 <sup>th</sup> July at 2pm – 3.15pm. Joining instructions for the session will be sent to Governors in due course.
10.03.2022	22/07-1	<b>Trust Update – Elective Recovery</b> The presentation of the new phases and new ways of workings will be circulated to the Governors.	J Lofthouse	16.06.2022	Complete.
10.03.2022	22/07-3	<b>Trust Updates - Learning from Serious Incidents and Complaints</b> The key themes identified would be collated in a thematic report and the action plan to address these would be circulated to the Governors.	N Ranger	Mid-April 2022	The themes were reported in the Patient Experience report to the Governor Patient Experience & Safety Committee on 9 <sup>th</sup> June 2022. The Trust's annual complaints report 201/22 has also been shared with governors.
10.03.2022	22/07-6	<b>Trust Updates – The Board and NED role in championing disability</b>	H Taylor	16.06.2022	Verbal update to be provided at the 16 June meeting.

		The Chair would discuss the opportunities to act as champions and support disability and other protected characteristics, with the Executives and NEDs.			
10.03.2022	22/07-9	<b>Trust Updates – Car parking – reflections on the new arrangements</b> The Chief Financial Officer provided a note in response to the car park question which would be circulated to governors.	L Woods	16.06.2022	Complete.
10.03.2022	22/07-9	<b>Trust Updates – Car parking – reflections on the new arrangements</b> The Chair offered to hold a meeting with governor, Angela Buckingham, to discuss the concerns with regard to the car parking issues at DH.	H Taylor	09.05.2022	Complete.
10.03.2022	22/09	<b>Governor Involvement and Engagement</b> Meet the NED sessions with the two new NEDs, Dame Christine Beasley and Prof Yvonne Doyle would be arranged.	FTO	18.03.2022	Complete.
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	The action was paused during the pandemic. Action to be reviewed in line with the three trusts' face-to-face meeting guidelines and SEL system developments.

Meeting:	Council of Governors	Date of meeting:	16 June 2022
Report title:	Nominations Committee Terms of Reference	Item:	4
Author:	Sophie Whelan, Director of Corporate Affairs	Enclosure:	4
Sponsor:	Sir Hugh Taylor, Chair		

<b>Purpose of the report</b>							
The purpose of the paper is to provide the Council of Governors with the revised terms of reference for the Nominations Committee for review and approval.							
<b>Board/ Committee action required (please tick)</b>							
Decision/ Approval	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Information	<input type="checkbox"/>
<b>The Council of Governors is asked to approve the revised terms of reference for the Nominations Committee.</b>							
<b>Executive summary</b>							
The Nominations Committee reviewed the Committee's terms of reference at the meeting on 26 April 2022 and discussed a number of proposed updates to provide further clarity regarding the Committee's responsibilities and membership arrangements.							
The revised terms of reference are included in Appendix 1 for the Council of Governor's review and approval.							
The Council of Governors is asked to approve the revised terms of reference.							

# King's College Hospital

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## COUNCIL OF GOVERNORS

### NOMINATIONS COMMITTEE

#### TERMS OF REFERENCE

#### 1. Authority

- 1.1 The Council of Governors' Nominations Committee ('the Committee') is constituted as a standing committee of the Council of Governors. The Committee is authorised by the Council of Governors to act within its terms of reference.
- 1.2 The Committee is authorised to request the support of professional advisors with the relevant experience and expertise if it considers this necessary to exercise its functions.

#### 2. Purpose

- 2.1 The Committee is responsible for advising and/or making recommendations to the Council of Governors on:
  - The appointment and re-appointment of the Chair and Non-Executive Directors (NEDs);
  - The remuneration, allowances and other terms of service for the Chair and NEDs; and
  - The evaluation of performance of the Chair and the NEDs.

#### 3. Membership

- 3.1 The membership of the Nominations Committee will include the Chair of the Trust and five Governors (including the Lead Governor), a majority of whom shall be drawn from the patient or public constituencies.
- 3.2 The Committee shall be chaired by the Chair of the Trust. Where the Trust Chair has a conflict of interest, for example Chair remuneration, the Committee will be chaired by the Deputy Chair/ Senior Independent Director.
- 3.3 When the Trust Chair is being appointed or reappointed the Deputy Chair will Chair the Committee, unless the Deputy Chair is standing for appointment, and another Non-Executive Director shall be identified to chair the Committee.
- 3.4 Where there is a vacancy on the Committee, governors will nominate themselves to be a member. Where the number of governors nominated exceeds the number of places available Committee members will be selected by a Council of Governors vote facilitated by the Foundation Trust Office.

#### 4. Attendance

- 4.1 The quorum necessary for the transaction of business will be three members of the Committee, including the Committee Chair (or their nominated deputy) and two governors (including at least one governor from the patient constituency or the public consistency).

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- 4.2 The Chief Executive, Chief People Officer and Director of Corporate Affairs may attend meetings of the Committee by invitation of the Committee Chair.
- 4.3 Other advisors will be invited to attend for specific agenda items by invitation of the Committee Chair as required.

## 5. Meeting administration

- 5.1 The Foundation Trust Office will provide administrative support and will ensure that the Committee receives information in a timely manner.
- 5.2 The minutes of all meetings of the Committee shall be formally recorded.
- 5.3 Draft meeting minutes shall be circulated to members following the meeting and presented for approval at the subsequent meeting.

## 6. Frequency of meetings

- 6.1 The Committee will meet as required but no less than once a year.

## 7. Specific duties

The Committee shall:

### Nomination

- 7.1 Review the balance of skills, knowledge and experience of the non-executive directors on the Board.
- 7.2 Consider the succession planning for the Chair and non-executive directors taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board in the future.
- 7.3 Agree a clear process for the appointment of the chair and non-executive directors and for new appointments:
  - Prepare role descriptions and person specifications for the Chair and non-executive director roles, including consideration of the time commitment.
  - Take into account the views of the Board on the qualifications, skills and experience required for each position.
  - Identify and assess candidates (seeking support from professional advisors where appropriate), with due regard for the Trust's equality and diversity principles.
  - Recommend the preferred candidate or candidates for appointment by the Council of Governors, ensuring that the candidate(s) are eligible for appointment under the Constitution.
- 7.4 Receive reports annually on the Chair and NED performance evaluation process and outcome.
- 7.5 Advise the Council of Governors regarding any matters relating to the potential removal of office of a non-executive director, including the Chair (in accordance with the Trust's Constitution).

## Remuneration

- 7.6** Recommend to the Council of Governors the remuneration and other terms and conditions of office of the Chair and Non-Executive Directors having due regard to national and local benchmarking information, all relevant laws and regulations, and all relevant national policy requirements and guidance

## 8. Reporting

- 8.1** The Committee will report to the Council of Governors following each meeting to highlight any matters that require disclosure or escalation.
- 8.2** The Trust's Annual Report will include an overview of the work of the Committee.

## 9. Confidentiality

- 9.1** A member of the Nominations Committee shall not disclose a matter dealt with or brought before the Committee without its permission until the Nominations Committee has reported on the matter to the Council of Governors or otherwise concluded the matter.
- 9.2** A member of the Nominations Committee shall not disclose any matter reported to or otherwise dealt with by the Committee, notwithstanding that the matter reported or action has been concluded if the Council of Governors or the Nominations Committee resolves that it is confidential.

## 10. Review

- 10.1** The Committee shall review its terms of reference annually and recommend any changes it considers necessary to the Council of Governors for approval.

## Patient Experience & Safety Governor Committee

Minutes of the **Patient Experience & Safety Committee (PESC) meeting**  
**Thursday 24 February at 09:30 – 11:30hrs**  
 MS Teams – Video Conference

### Present:

Tony McPartlan	Public Bromley Governor (Chair)
Billie McPartlan	Patient Governor
Deborah Johnston	Patient Governor
Devon Masarati	Patient Governor
David Tyler	Patient Governor (part meeting)
Jane Clark	Public Bromley 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
Nicholas Campbell-Watts	Non-Executive Director

### In attendance:

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
Andrew Wilmer	Head of Patient Safety
Tracey McCormack	Director of Midwifery
Jo Jones	Director of Managed Services at KFM
Salma Aziz	Superintendent Pharmacists
Siobhan Coldwell	Associate Director of Corporate Affairs
Sultana Akther	Corporate Governance Officer (Minutes)

### Apologies:

Jane Allberry	Lead Governor/Public Southwark Governor
Diane-Kareen Charles	Assistant Director of Patient Safety
Professor Jon Cohen	Non-Executive Director
Funmi Onamusi	Director of Equality, Diversity and Inclusion
Daniel Kelly	Public Governor (Lambeth)

Item	Subject	Action
<b>21/56</b>	<b>Welcome, Introductions and Apologies</b>	
	The Chair welcomed all in attendance and apologies for absence were noted.	
<b>21/57</b>	<b>Declarations of Interest</b>	
	No interests were declared.	
<b>21/58</b>	<b>Minutes of the Previous Meeting – 02.12.2021</b>	
	The minutes of the previous meeting held on 02 December 2021 were accepted as an accurate record of the meeting.	



Item	Subject	Action
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<b>21/59</b>	<b>Matters Arising/Action Tracker</b>	
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The Committee reviewed the action tracker and received a number of updates, which have been reflected on the tracker.

- **Action: 20/10: CQC Mock inspection**  
This would be followed up with the Associate Director of Corporate Governance.
- **Action: 21/21: Nutrition and Hydration Delivery Group**  
The first project in relation to protected meal times has been successfully launched at the PRUH and DH. An action plan for the forthcoming financial year would be produced looking at KPIs to focus on. The key deliverables will be presented for consideration at the next meeting.
- **Action 21/35: Patient Experience Report PLACE visits**  
The PLACE visits would be discussed with the facilities team to progress and an update would be provided in due course.

**PATIENT SAFETY & RISK MANAGEMENT**

<b>21/60</b>	<b>Patient Safety Report – Quarter 3</b>	
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The Committee received and noted the Patient Safety Report for Q2. The following areas were highlighted:

- Duty of Candour (DoC) performance dropped below the 95% target towards the end of 2021. This was due to operational pressures, vacancies in the patient safety team and lack of awareness of the process in some areas. Performance improved in Jan/Feb as a result of an updated DoC policy which clarifies the role and a robust escalation process. Various escalation routes have been trialled and the process flow has been published to Care Groups to ensure visibility of DoC resources.
- Serious Incidents (SIs) has been static with 207 open SIs. 20 SIs are reported per month which is a small percentage for the size of the Trust. The team assesses how many SIs cause serious harm or death out of all the SIs reported. Thematic reviews and concise investigations are being implemented for SIs, clustering and theming incidents into one comprehensive review to provide better insights into the issue across the wider organisation. Action plans are tracked through the Serious Incidents Committee to aid the process of closing down actions.
- Amber Incidents are reviewed on an ongoing basis and grouped into 22 patient safety themes with one thematic review carried out analysing the learnings from all the incidents across the different areas with Trust wide recommendations. This will form the basis of a Quality Improvement plan for each of those themes.

**Action: The Head of Patient Safety Insight and Performance would share the Patient Safety themes identified with the Committee.**

**A Wilmer**

Item	Subject	Action
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Following the launch of the Patient Safety Implementation Response Framework (PSIRF), the Trust would be working with NHSE/I and the Patient Safety implementation Team to explore alternatives to investigations and development of tools to be utilised to manage SIs. The teams would be piloting After Action reviews which would take place within 2 days after the incidents. There was a shift in the approach to dealing with SIs which includes debriefing, staff support and assisting managers to identify and support staff involved in SIs.

The amber incidents would be reviewed and the outcomes shared with the patient in real time. Staff would also be involved in the reviews of investigations and quality improvement projects relating to patient safety and robustly implementing the Just Culture model, looking at incidents from a systems perspective.

<b>21/61</b>	<b>CQC Update</b>	
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The Director of Quality Governance provided an update. Monthly meetings with the teams continue to track the actions and the progress being made in relation to the 'must do' actions, and the 'should do' actions require changes to the environment in DH ED.

The CQC are carrying out a programme of pilot assessments of nine dental services providers in London who will undergo a Dynamic Monitoring Approach (DMA). The meeting with the senior Dental leadership team was positive with discussions on how well the Dental Team have performed in regard to recovery of the RTT position following the Covid waves. The CQC have indicated that some providers may be inspected unannounced if the outcome of the DMA was positive as a means of validating their scoring and testing the accuracy of the inspection approach.

As part of the CQC's ongoing work with the maternity services, a series of focus groups have been facilitated with maternity staff, feedback has been received and next steps to support further improvements are being looked at.

The Committee noted that whistleblowing concerns include concerns regarding clinical practice, staffing levels, culture and employment practices. These are investigated to ensure alignment with the Freedom to Speak Up process and that the information is triangulated with HR and inpatients safety and complaints. Actions are established to address the concerns. The Committee discussed the challenges of staff shortages and the impact of VCOD on the way staff are interacted with and supported to make additional quality improvements.

A new programme of monthly care group presentations have been introduced on care group key line of enquiries in addition to feedback on their quality assessment toolkits. Teams are engaged and identifying areas where there are gaps and where they can improve. The Committee emphasised the importance of ensuring the audit process identifies and addresses the simple issues.

### **PATIENT EXPERIENCE**

<b>21/62</b>	<b>Joint Programme For Patient, Carer And Public Involvement in COVID-19 Recovery</b>	
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The Joint Programme for Patient, Care and Public Involvement in Covid Recovery was established in September 2020 to ensure the involvement of patients, carers

Item	Subject	Action
	<p>and the public in ongoing changes and the development of services necessitated by the COVID pandemic. The programme's first public-facing activity involved the design and delivery of a telephone survey to understand patient, carer and public attitudes and behaviours in relation to accessing care and services during the pandemic. 1501 patients across the boroughs, KCH and GSTT were interviewed. The results provided insights into the local population's perception on accessing healthcare services, how this may have been impacted by the pandemic and if there are any protected characteristics that have had negative/positive impacts on healthcare services. The public confidence in accessing NHS services face to face is significantly high which is encouraging. Future communications would need to provide reassurance about the level of risk and measures that are in place to keep patients, carers and visitors safe when attending health service facilities.</p> <p>Three projects have been established as a result of this programme which focus on long Covid, recovery following Covid and health service development for the future. The Committee discussed that patient safety within the hospital environment is top priority. The Trust would proceed with caution when dealing with the removal of requirements for patients and staff to wear PPE.</p> <p><b>Action: Southbank University undertook a desktop exercise, the results provide insights into best practice, guidelines and the emerging evidence around the programmes. The results would be shared with the Committee.</b></p>	<p>Patricia Mecinska</p>

### 21/63 Outpatient Pharmacy

An update was provided on the Outpatients Pharmacy and the changes to pathways to improve experience for patients. The virtual pathway was introduced during the pandemic. Following feedback from patients, two leaflets were created explaining:

- a. the outpatient pharmacy prescription journey for collection which includes multiple points of checking the prescription against the medication to ensure it is clinically correct. Where a prescription item is not in stock, the Trust formulary is followed with a list of drugs that can be prescribed within the hospital. The formulary is available to clinicians.
- b. the outpatient pharmacy prescription journey for delivery which includes the virtual pathway and winter plan. The patient does not attend the pharmacy and delivery of medication is arranged by post or courier.

The winter plan pathway was discussed with patients to address the limited space in the waiting area. The leaflets have been displayed in the outpatient clinic waiting areas and A&E for patient information. Patient Experience feedback has been positive, although 29% was negative in regard to waiting times, location and distance of the pharmacy.

The Electronic Prescribing Team have implemented a system change which flags up incorrectly done prescription. The outpatients pharmacy team work with specialist pharmacists in inpatient pharmacy to share prescription issues and flag significant concern. Interventions into a prescription are recorded against the clinic and prescriber and reported to the Trust on a monthly basis. In addition, access to the Trust Datix system allows for issues to be put through the system to inform the relevant doctor/consultant.

Item	Subject	Action
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The Committee noted that discussions are being held with the Estates team with regard to the pharmacy location and the potential to move the facility to another space on the DH site. A session with Kings PPI team and colleagues in estates would be held to review and support improvement to patient experience. The Committee would be kept updated on future developments and other options to support medication collection.

**21/64 Quality Priorities (2021/22) – Progress Update**

The Head of Quality Governance presented an update on the progress made in Q3 towards the four Trust Qualities and the methodology for selecting the Quality Priorities for 2022/23. The aim is to co-produce the quality priorities with meaningful engagement with partners, stakeholder and internal staff. The Quality Account focuses on patient safety, clinical effectiveness and outcome and patient experience. The Trust also considered whether services are well led, equitable and sustainably resourced. The Patient Safety, Outcomes and Experience Teams have undertaken data intelligence to outline how the data aligns with the topics identified as recommendations.

The Trust has included metrics to measure against in order to provide assurance that the Quality Account Priorities are being met. Additionally the priorities have been rated using the green, amber and red metrics. In terms of the current themes, there is a high appetite to continue with the deteriorating patients and other existing priorities including tackling health inequalities.

The shortlisting panel will be meeting to review all the recommendations using an evidence based scoring decision metric to refine to four Quality Priorities topics. The shortlisted topics will be presented to KE, reviewed at the Audit Committee and submitted to QPPC for ratification. The Quality Priorities will also be sent to NHS England for feedback on appropriateness and external scrutiny.

The Committee noted that all four Quality Account Priorities topics will have dedicated support from the Continuous Quality Improvement teams as part of the learning and improvement process. This will help ensure and embed sustainability.

**Action: The final draft of the Quality Accounts will be circulated to the governors as part of the consultation process to provide an opportunity to review where the priorities are at with the measures and the progress on achieving these.**

Kudzai Mika

**GOVERNOR FEEDBACK**

**21/65 Feedback from Governors on Patient Safety and Experience Activities, 02.12.2022 – 24.02.2022**

**Jane Allberry – Lead Governor, Southwark**

- **08/12/2021** - Cancer Workforce Group
- **16/12/2021** - Complaints discussion
- **16/12/2021** - GSTT new cancer strategy
- **12/01/2022** - Cancer Workforce Group
- **13/01/2022** - King's Cancer Patient Voice

Item	Subject	Action
	<ul style="list-style-type: none"> <li>• <b>25/01/2022</b> - Cancer support workers group and South London neuroscience PPV group</li> <li>• <b>02/02/2022</b> - Priorities for Quality Accounts</li> <li>• <b>08/02/2022</b> - New OP building</li> </ul>	
	<b>Devon Masarati – Patient Governor</b>	
	<ul style="list-style-type: none"> <li>• <b>13/01/2022</b> - KCPV</li> <li>• <b>13/01/2022</b> - Emergency Department PPIE Group</li> <li>• <b>08/02/2022</b> - Outpatient Building</li> <li>• <b>09/02/2022</b> - EDI delivery group</li> <li>• <b>10/02/2022</b> - Governors Strategy Committee</li> <li>• Feedback on signage and food/drink provision in outpatients</li> </ul>	
	<b>Deborah Johnston – Patient Governor</b>	
	<ul style="list-style-type: none"> <li>• <b>12/01/2022</b> - Cancer Workforce Group</li> <li>• <b>13/01/2022</b> – King's Cancer Patient Voice Advisory Group</li> <li>• <b>08/02/2022</b> - Cancer Workforce Group</li> </ul>	
	<b>Billie McPartlan – Patient Governor</b>	
	<ul style="list-style-type: none"> <li>• <b>08/12/2021</b> - Haematology New Outpatients Meeting</li> <li>• <b>09/12/2021</b> - Customer Care/Service Training Focus Group</li> <li>• <b>13/12/2021</b> - CRUK Insights Panel</li> <li>• <b>21/12/2021</b> - Customer Care Service Training Focus Group</li> <li>• <b>02/02/2022</b> - Kings Priorities Meeting</li> <li>• <b>08/02/2022</b> - New Outpatients Building Meeting</li> <li>• <b>22/02/2022</b> - Anthony Nolan Policy Insights Panel</li> </ul>	
	<b>Daniel Kelly - Public Governor, Lambeth</b>	
	<ul style="list-style-type: none"> <li>• <b>13/01/2022</b> – King's Cancer Patient Voice Advisory Group</li> <li>• Macmillan Support posts interviews</li> </ul>	
<b>21/66</b>	<b>Quality, People &amp; Performance Committee (QPPC) meeting - Governor Observer Summary</b>	
	The Committee received and noted the observer summaries from the QPPC meeting held on 20 January 2022.	
<b>21/67</b>	<b>Feedback on Areas of Concern</b>	
	Training and measures of safer recruitment needed to be addressed. The Committee agreed to invite HR colleagues to present on the current recruitment practises. The Committee recognised the challenges with the environment and suggested inviting Health and Safety/Estates colleagues to discuss the plans to address these.	
	Governors were invited to contact the Associate Director of Corporate Affairs should any further concerns develop.	

Item	Subject	Action
	<b>COMMITTEE GOVERNANCE</b>	
<b>21/68</b>	<b>Committee Annual Report – For Approval</b>	
	The report would be brought to the next meeting summarising the Committees activities over the year and looking at the areas of focus moving forward.	
<b>21/69</b>	<b>PESC Terms of Reference - Annual Review</b>	
	The Committee reviewed and approved the Terms of Reference.	
<b>21/70</b>	<b>ANY OTHER BUSINESS</b>	
	The Committee discussed the need for more Governor visibility around the Trust. A link to the Council of Governor webpage on patient feedback forms was suggested as well as Governor photos in the Membership bulletin. This would be explored further.	
	<b>DATE OF NEXT MEETING</b>	
	Thursday 9 <sup>th</sup> June 2022 14:00 – 16:00hrs	

## Governors' Strategy Committee Minutes

Draft Minutes of the Meeting of the Governors' Strategy Committee held on  
**Thursday 10 February 2022, 14:00 - 16:00hrs via MS Teams**

### Members Present:

Devendra Singh Banker	Bromley Public Governor (Chair)
Jane Clark	Bromley Public Governor
David Jefferys	Bromley Public Governor
Tony McPartlan	Bromley Public Governor
Jane Allberry	Southwark Public Governor
Angela Buckingham	Southwark Public Governor
Hilary Entwistle	Southwark Public Governor
Lindsay Batty-Smith	Southwark Public Governor
Devon Masarati	Patient Governor
David Tyler	Patient Governor
Deborah Johnston	Patient Governor
Tunde Jokosenumi	Staff Governor - Admin, Clerical & Management
Erika Grobler	Staff Governor – Nursing and Midwifery

### In Attendance:

Akhter Mateen	Non-Executive Director
Beverley Bryant	Chief Digital Information Officer (Joint with GSTT)
Mark Preston	Chief People Officer
Jack Barker	Clinical Director of IT, KCH and OHSEL
Siobhan Coldwell	Associate Director, Corporate Governance
Roxanne Smith	Deputy Director of Strategy
Paul Blakely	Deputy Head of Strategy
Nina Martin	Assistant Board Director (Minutes)

### Apologies:

Ian Rothwell	Nominated Governor – SLaM NHS Foundation Trust
David Morris	Nominated - Joint Staff Side Committee
Billie McPartlan	Patient Governor
Rashmi Agrawal	Lambeth Public Governor
Emily George	Lambeth Public Governor
Marcus Ward	Lambeth Public Governor
Aisling Considine	Staff Governor - Allied Health Professionals/ Scientific & Technical
Akash Deep	Staff Governor - Medical and Dentistry
Mick Dowling	Staff Governor – Nurses and Midwives

<b>Item</b>	<b>Subject</b>	<b>Action</b>
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<b>22/01</b>	<b>STANDING ITEMS</b>	
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#### **Welcome and Apologies**

All apologies were noted.

#### **Minutes of Previous Meeting on 25 November 2021**

The minutes of the previous meeting were approved as an accurate record of the meeting, subject to the following amendments:

- ICS appears as ISC in the Minutes – The acronym will be amended.

Item	Subject	Action
22/02	<p><b>Matters Arising/Action Tracker</b>                      There were no matters arising from the minutes.</p> <p><b>TRUST STRATEGIC FOCUS</b>  <b>Trust Strategy: 2021-2026</b> – The Committee noted the report and The Deputy Director of Strategy gave a progress update on the Trust Strategy delivery plan against its <b>BOLD</b> ambitions. Work had been ongoing over the last few months to increase awareness and engagement with these ambitions. The key updates included:</p> <p><b>Brilliant People:</b></p> <ul style="list-style-type: none"> <li>• A number of events were carried out to communicate and embed the Trusts’ refreshed values.</li> <li>• A new health and wellbeing framework had been developed and a wellbeing hub at Denmark Hill launched. Additionally, a Board-level Wellbeing Guardian had been appointed.</li> <li>• Project Search had been launched to create learning and employment opportunities for young people with autism and learning disabilities. A new digital platform was implemented to streamline the Trusts’ volunteering on-boarding process and increase volunteer recruitment.</li> </ul> <p><b>Outstanding Care:</b></p> <ul style="list-style-type: none"> <li>• Coldharbour Works was now open to begin to create greater capacity at Denmark Hill for emergency and acute pathways, alongside growth in tertiary/elective services.</li> <li>• A new Frailty Unit at the PRUH was launched and a tender for a new endoscopy unit was issued. The first part of the new Critical Care Unit at Denmark Hill had also opened.</li> </ul> <p><b>Leaders in Research, Innovation &amp; Education:</b></p> <ul style="list-style-type: none"> <li>• KCH had operated at the forefront of COVID-19 research, including in increasing the diversity of research participants.</li> <li>• Business case approval to deliver the Apollo Programme and develop our new Electronic Health Record (EHR) had been received. New digital technologies to deliver value-based healthcare, including Cogstack and the AI Deployment Engine had been launched.</li> </ul> <p><b>Diversity, Equality &amp; Inclusion at the heart of everything we do:</b></p> <ul style="list-style-type: none"> <li>• A new EDI team has been created and an EDI Director appointed reporting directly to Chief Executive.</li> <li>• KCH is developing partnerships with local community groups and starting to take forward its sustainability commitments through the KCH Green Plan.</li> <li>• A new work experience programme has been piloted offering opportunities to local students and encouraging greater diversity in our future health and care workforce.</li> </ul> <p>By way of next steps materials to share across the trust that set out our high-level strategic priorities for 2022/23. The strategy team would be working with Care Groups and Corporate teams to help them align their local plans and strategies with the Trust Strategy. A number of underpinning strategies would soon be launched, such as the Digital Strategy, People &amp; Culture Strategy &amp; the EDI Roadmap.</p>	
22/03	<p><b>DIGITAL STRATEGY UPDATE</b>                      On January 17 2022, the King’s College Hospital business case for a joint deployment of Epic with Guy’s and St Thomas’ was approved by the Department of Health and Social Care. This investment decision makes possible much of the ambitious digital transformation work described in the digital strategy. The Committee received an update from the Joint Chief Digital</p>	



Item	Subject	Action
	<p>Information Officer and the Chief Clinical Information Officer on how the Digital Strategy would support the implementation of the Trust's corporate strategy and its <b>BOLD</b> ambitions.</p> <p><b>Brilliant People:</b> As staff are at varying level in their technological ability, training and after care support would be in place to support their use of the Epic software. The digital strategy includes the development of a Skill Academy to develop future leaders by drawing from the local community. The academy will provide entry level opportunity for those interested in IT as a career path.</p> <p><b>Outstanding Care:</b> Epic would support the delivery of outstanding care by supporting the standardisation and continuity of care across the organisation. All coding and data entries would be standardised. This in turn would support the reduction in variation and drive improvement in patient care.</p> <p><b>Leadership, Research &amp; Innovation:</b> Jack Barker, Chief Clinical Information Officer (CCI), presented this update. He is the CCI for the Integrated Care System and part of a pan London project gathering data for population health and epidemiology research. The level of collaboration between KCH and GSTT over the last year was unprecedented and encouraging.</p> <p>Epic implementation would facilitate access to more and better research data linked across emergency departments, intensive care, wards and both hospitals. The speed of research had improved since Covid-19 and Epic would allow for even more rapid access to real time data. Real time data from primary care was already available so care pathways within primary and secondary care can be linked.</p> <p>The Epic software would help staff engage with patients in new and innovative ways particularly through the My Chart function.</p> <p><b>Diversity, Equality and Inclusion:</b> The digital strategy would support digital inclusion by giving technology to patients which would allow them to book appointments themselves and interact with clinicians digitally. Though it is recognised that there are some patients that would prefer the traditional paper system.</p> <p>The Committee heard that Epic signalled the start of a mass joining up of provider services which would support the delivery of care, diagnosis, retrieval of patient information and prescribing. Local care records would give general practitioners and consultants alike the ability to view patients social and health records.</p> <p>Instances where staff have issues logging into systems was largely attributable to the previous underfunding of licences. The implementation of Epic would identify all staff needing access to the system and ensure access is given.</p> <p>Epic would simplify the process around accessing performance data. The performance team presently do a good job collating information from the multiple systems within the Trust. With EPIC all statutory reporting data would be accessible with one click. Epic supports self-service which in turn would relieve pressure on the Business Intelligence Unit.</p> <p>Further to a query from the Committee on support for general practices with their data management system, it was noted that General Practice utilise EMIS</p>	

Item	Subject	Action
	<p>as their clinical management system. This was a fairly modern software. The Epic care link will allow general practice to access data from Epic. The Clinical Commissioning Groups provide funding for GPs to upgrade their system as needed.</p> <p>Epic includes a component called My Chart which is a patient access tool. This allows patients and their carers or family to add helpful information which may not have been placed on their records but which would be helpful to their care plan. This feature was one of the reasons why Epic was chosen.</p> <p>The CDIO summarised that Epic aims to improve overall patient experience and should reduce confusion and frustration in navigating the complexity of the NHS.</p> <p><b>Action: At a future meeting, a session would be held to take governors through the My Chart functionality on Epic.</b></p>	
22/04	<p><b>PEOPLE AND STRATEGY UPDATE</b></p> <p>The Chief People Officer presented an update to the Committee on the progress with the People &amp; Culture Strategy, specifically on recruitment and staff retention.</p> <p>KCH establishment had increased significantly between 2019 and 2021 in response to operational demands. The Trusts' vacancy rate as at the end of September 2021 was 13.20%.</p> <p>The Trusts' new recruitment campaign was launched at the end of 2020 backed by an international recruitment deployment schedule. The campaign was a two-phase process. Phase one included the internal recognition "Thank You" campaign. Phase two developed from the outcomes of Phase one.</p> <p>To support future recruitment, KCH was reviewing its processes around recruitment and retention. Some of the areas that the Strategic Recruitment plan aim to further develop and implement include: Value based recruitment; Inclusion and fairness in recruitment; Establishing an Appointment and Advisory committee; increasing representation at 8a and above roles.</p> <p>Given the limitations within the local recruitment market, international recruitment remains ongoing and will continue until domestic supply increases. Travel restrictions during the pandemic had limited the international market.</p> <p>The staff Governor asked for the strengthening of pastoral care and support for international nurses particularly around accessing affordable accommodation once the Trust's initial commitment ended. While new recruits received support for 4-6 weeks upon recruitment, they usually found it challenging to both study for their exams while looking for suitable and affordable accommodation.</p> <p>The Trust recognises this challenge and the Workforce Operations lead was developing an approach to address this issue.</p> <p>International staff pay was aligned to the national Agenda For Change standard and there was no bargaining around pay conditions based on national standards.</p>	CDIO

Item	Subject	Action
	<p>The Trust was also working with South East London ICS on workforce supply focussing on positions that KCH has had challenges recruiting.</p> <p>On ERS, the number of people reporting disability was much lower than reflected in the staff survey and this needs to be addressed at both Trust and ICS level. A disability standard would need to be developed.</p>	
	<p>The Trust is developing a culture to support staff retention by implementing lifelong learning opportunities and apprenticeship programmes; Health and Wellbeing initiatives; better recognition of best practice and the development of new and extended roles.</p> <p><b>Action: The finalised People and Culture Strategy would be presented at a future Governor Strategy Committee.</b></p>	<b>CPO</b>
<b>22/05</b>	<p><b>EQUALITY, DIVERSITY AND INCLUSION (EDI) DELIVERY PLAN</b></p> <p>The Director of Equality, Diversity and Inclusion and the Head of EDI Patient and Communities updated the Committee on the proposed EDI roadmap and delivery plan for the next three years. The roadmap covers the four components of the Trust <b>BOLD</b> ambitions</p> <p>By the end of 2024 success would be evidenced by seeing staff at all levels of diversity feeling safe at work and through a reduction in reports of discrimination; patients feeling safe, improved accessibility and health inequalities reduced. Another key outcome would reflect staff and management awareness of and owning their role in building an inclusive culture within the organisation.</p> <p>The Patient and Communities EDI lead updated that a proposal for a structured approach to address health inequalities was being developed. He provided the following updates on teams' activities:</p> <ul style="list-style-type: none"> <li>• The team had this week started working with a community partner to run a leadership programme targeting volunteers and apprentices. The aim is to develop sustainability in healthcare delivery in London. They are trying to link this with King's sustainability work and attendees would be invited to engage with the KCH Sustainability Committee.</li> <li>• Working with ICS partners to develop local wellbeing hubs across Lambeth and Southwark. The KCH Research team are taking students with health inequalities interests to develop a model for research.</li> <li>• They were also partnering with a local youth centre to help develop the skills of youth in the community</li> <li>• To increase accessibility and to support the outstanding care workstream and diversity and inclusion structure, the EDI team has worked with the patient experience team on a new wheelchair project to improve access at DH initially and then more widely. Hearing loop systems are also being installed in all outpatient spaces.</li> </ul>	<b>EDI</b>
	<p><b>Action: The EDI team would bring back fuller progress update on the discussed projects and initiatives to a future Committee.</b></p> <p>Staff networks remain ongoing and the Committee received updates on the activities of the BAME and LGBTQ+ networks. A Trans policy was being developed which should be finalised at the end of this month. A Trans awareness training would take place on 25 February. The EDI team was also working with Kings Able and looking at the option of using clear/transparent</p>	

Item	Subject	Action
	<p>masks. A women's network was recently launched and an Interfaith network had also started.</p>	
22/06	<p><b>NED COMMITTEE UPDATES</b>            The Committee received a summary of the recent Audit and Strategy, Research and Partnership Board sub-Committees from Akhter Mateen, Non-Executive Director.  <b>Strategy, Research and Partnership</b> – This was held on 3rd February, as a full board meeting:</p> <ul style="list-style-type: none"> <li>• The meeting discussed the delivery of the Trust strategy. A well-defined delivery plan and the proposed format for highlight reports and governance were discussed.</li> <li>• People and culture strategy – The committee sought assurance that there was alignment between the Trust strategy.</li> <li>• Board Assurance Framework – This was starting to take shape and was evolving as a living document. Ten strategic risks had been identified which would have regular Board and sub-committee reviews.</li> </ul> <p><b>Audit Committee</b> – Held on 27 January and the following updates received:</p> <ul style="list-style-type: none"> <li>• Risk Management and implementation update - The Committee received a progress update on the embedding of the Good Governance Institute recommendations within the Trust; progress with the new Datix software and the status of the corporate and red risk reviews.</li> <li>• Emergency Preparedness and Resilience Report – The review was carried out by the regional team which found the Trust to be substantially compliant.</li> <li>• Accounting updates and requirements - Fair pay disclosure will be reflected in this year's reporting.</li> <li>• IFRS 16 accounting standard which had been deferred for a few years due to pandemic was now coming into effect. All leases are now to be classified as an asset which adds an accounting complexity to the Trust financial reporting.</li> <li>• The Internal Audit team updated on the status of improvement recommendations and presented two reviews to the Committee. These were the PALS and Pathology Contract Management which both received amber/green ratings.</li> <li>• The External Audit team presented their indicative audit plan to the Committee.</li> </ul>	
22/07	<p><b>COMMITTEE BUSINESS – WORK PLANNING</b>            Tony McPartlan proposed the Committee receives regular updates at each meeting on the structure and progress with the Integrated Care System and any potential impact on the Trust.</p>	
22/08	<p><b>ANY OTHER BUSINESS</b>  <b>NHSE Contract Priorities for 2022/2023</b> - The Associate Director of Corporate Governance updated that given time and the announcements this week around elective recovery and cancer targets, this update would be re-arranged and a date circulated once confirmed</p>	
22/09	<p><b>DATE OF NEXT MEETING</b>            The next meeting is scheduled for Thursday 19 May, 4-6pm</p>	