

## AGENDA

<b>Meeting</b>		<b>Council of Governors</b>			
<b>Time</b>		<b>16:30 – 18:30hrs</b>			
<b>Date</b>		<b>Tuesday 18 October 2022</b>			
<b>Venue</b>		<b>Boardroom, Hambleton Wing, Denmark Hill</b>			
			<b>Encl.</b>	<b>Lead</b>	<b>Time</b>
<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 – 16.06.2022 1.5. Matters Arising / Action Tracker	<b>FA</b> <b>FR</b>	Enc. Enc.	Chair	<b>16:30</b>
<b>2.</b>	<b>Report from the External Auditor</b>	<b>FA</b>	Enc	Paul Dossett, Partner, Grant Thornton	<b>16:35</b>
<b>3.</b>	<b>Reflection of the Board of Directors meeting and papers</b>	<b>FD</b>	Board Papers	Chair Chief Executive	<b>17:05</b>
<b>4.</b>	<b>Trust updates – Governor focus areas</b>	<b>FR</b> <b>FR</b>	Enc/Verbal	Various	<b>17:35</b>
<b>5.</b>	<b>Nominations Committee – Update</b>	<b>FD</b>	Enc	Chair & Lead Governor	<b>18:00</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>18:05</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>18:10:</b>
<b>8.</b>	<b>Any other business</b>		Verbal	Chair	<b>18:15</b>
<b>9.</b>	<b>Date of next meeting</b> Thursday 8 December 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 16 June 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
David Jefferys	Bromley
Rashmi Agrawal	Lambeth
Emily George	Lambeth
Professor Daniel Kelly	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
Jane Clark	Southwark
Tunde Jokosenumi	Staff – Admin and Clerical
Aisling Considine	Staff – Allied Health Professionals, Scientific and Technical
Mick Dowling	Staff – Nursing & Midwifery
Erika Grobler	Staff – Nursing & Midwifery

**Nominated/Partnership Organisations:**

Cllr Robert Evans	Bromley Council
Cllr Jim Dickson	Lambeth Council
Ian Rothwell	South London & Maudsley NHS Foundation Trust

**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 Jon Cohen	Non-Executive Director
Akhter Mateen	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
Sophie Whelan	Director of Corporate Affairs and Trust Secretary
Sultana Akther	Corporate Governance Officer
Gay Lee	Member of Public

**Apologies:**

David Morris	Staff - Joint Staff Side Committee
Adrian Winbow	Patient Governor
Cllr Robert Evans	Nominated Governor, Bromley Council
Siobhan Coldwell	Association Director of Corporate Governance

Item	Subject	Action
22/13	<b>Welcome and Apologies</b>	
	<p>The Chair welcomed Governors/attendees and apologies for absence were noted for:</p> <ul style="list-style-type: none"> <li>- David Morris, Staff - Joint Staff Side Committee</li> <li>- Adrian Winbow, Patient Governor</li> <li>- Cllr Robert Evans, Nominated Governor, Bromley Council</li> <li>- Siobhan Coldwell, Associate Director of Corporate Governance</li> </ul> <p>The Council noted that David Morris has stepped down as the Joint Staff Side Governor. Phidelma Lisowska has agreed to stand in temporarily.</p>	
22/14	<b>Declarations of Interest</b>	
	<p>There were no declarations of interests.</p>	
22/15	<b>Chair's Action</b>	
	<p>There were no actions for the Chair.</p>	
22/16	<b>Minutes of the Previous Meeting</b>	
	<p>The minutes of the meeting held on 10 March 2022 were agreed as an accurate record of the meeting.</p>	
22/17	<b>Matters Arising/Action Tracker</b>	
	<p>The Council noted the action tracker and the following updates were provided:</p> <ul style="list-style-type: none"> <li>• <b>Action 21/42: Matters Arising</b> The Chairman held a meeting with the Lead Governor to discuss the overlapping public and patient constituencies. A proposition to make an amendment to the constituency will be submitted to the Governors to clarify the position to ensure that patients seeking to be members of the patient constituency and stand for election as Governors are not inhibited if they also have the eligibility to be a public member. The change would be made before the next Governor elections.</li> <li>• <b>Action 22/07-9: Car Parking – reflections on the new arrangements.</b> The Chairman held a meeting with governors Angela Buckingham and Hilary Entwistle to discuss the drop off car parking spaces at DH. A number of measures have been implemented to support access to the Trust for people who are dropping off, in addition to increasing the number of car parking spaces, expansion of blue badge parking spaces and a wheelchair hire scheme. The Chairman has taken a firm commitment to take action to prevent non-patient vehicles using the space.</li> <li>• <b>Action 22/07-6: The Board and NED role in championing disability</b> The Chair will take this forward and will discuss with the Nominations Committee in the context of a potential NED for the role.</li> <li>• <b>Action 19/31: OHSEL STP response to the NHS Long Term Plan</b></li> </ul>	

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

The proposal is for colleagues at the ICS to arrange an annual joint Governors meeting across all SEL Trusts to update on the emerging developments in the ISC and the implications for Trust Governance of the new ICS arrangements.

## 22/18 Reflections of the Board Meeting and Papers

A number of issues arising from the Board meeting and papers were discussed:

- Processes in place for staff discounts which M&S currently offers and Costa is very expensive for staff. The Executive team has discussed this with third party suppliers. There has been progress at the PRUH where the team has considered making the meal deals affordable to staff. Facilities for staff are very limited at DH, further work was being undertaken with other contractors. Availability of reasonable choice of good food to staff and patient needs to be looked at across the board for the health of patients and staff. The Steamplivity food offering on inpatient wards receives very strong feedback on a comparable basis versus other NHS trusts. The range is very wide and includes a range of plant based alternatives.
- Complaints was an ongoing concern with the number complaints increasing and a lack of progress to reduce the backlog. Governors felt the feedback provided was not specific enough in terms of the details of the problems in order to improve the quality of care. It was however recognised that the teams had to focus on other areas that required improvements as well as complaints such as clinical governance and infection control. The Chief Nurse and the Chief Medical Officer work very closely with families. The complaints team has been divided, with one team working to resolve complaints that have been ongoing for a long period of time. A daily triage is undertaken to ensure the complaints receive senior overview. There are processes that are hindering the Trust's swift response to complaints and these need to be addressed. Governors were welcome to meet the teams and look at a sample of the complaints as a resource to help reduce the backlog.
- The Governors discussed the need to look at ways to provide assurance that the numbers in the complaints systems are not harming patients. Information on the rising trend on complaints and the analytical tools being used to collate and analyse data would be useful.

**Action: The Chief Nurse and Executive Director of Midwifery would convene a small sub-group with governors and interested parties to delve into the some of the complaints issues.**

**N Ranger**

- The recent guidance on mask wearing was published on a risk assessed basis leaving it to individual organisations to implement mask wearing. The recommendation is that Trusts can return to pre-COVID-19 arrangements however in areas where patients are at high risk, there is a clear expectation that staff continue to wear masks. There will be Trust messaging that mask wearing is welcome and there will be clear signage in areas where mask wearing is enforced, e.g. ED and Haematology.
- King's is in a position to acquire the London Living Wage accreditation and all contracts will now be procured on this basis. Only two suppliers are not compliant and they will need to be compliant at contract renewal point by year end.

Item	Subject	Action
	<p>The Council noted that London is doing well to recover in terms of elective activity and King's has improved its internal audit risk rating. It is important to recognise the immense pressure the organisation has been under. There needs to be a system where the very serious complaints can be triaged out to deal with the issues. The Executive Team acknowledge the need to make significant improvements to the overall response times to complaints.</p> <p>A concern was raised with regard to migrant charging at Kings and how the Trust is ensuring all patients have access to care without fear of being charged. The issues has been raised at GSTT Board and Lambeth Together Board. There is a need to treat all patients with compassion and be clear that emergency treatment is available and people should not be prevented from seeking advice and help for fear of inability to pay. King's is not in a position to stipulate that people should not experience charging, but needs to be more clear about the position and provide advice and reiterate that care is available to everyone. The draft policy and a recent internal counter fraud report on the subject has been shared and the actions will be followed through in terms of the awareness and training in this area. It is important to engage and recognise the two points of view on the topic and find a balance to implement the government policy. The Trust will undertake an equity impact assessment to look at the full view of the unintended consequences through the delivery of the message.</p>	
22/19	<p><b>Trust Updates – Governor Focus Areas</b></p> <p><b>Outpatient Elective Recovery</b></p> <p>The Site Chief Executive provided an update. The King's improvement programme will be merging across SEL and with GSTT as the move to the Epic Electronic Patient Record takes place. The following points were highlighted on outpatient recovery:</p> <ol style="list-style-type: none"> <li>1. The waiting lists has been fully validated across Kings and a rolling validation process around patient waiting lists continues to be used through the BIU and new patient portal. This allows patients to provide informal updates through the use of e-forms to update clinic positions.</li> <li>2. The difference between face to face and video/telephone consultations, the UK operational standard stipulates that 25% of total outpatients volume has to be migrated to non-face to face appointments. The current performance is at 23.6% of outpatients practice moved to non-face to face. This is predominantlyly telephone and video and patients can choose to overrule this and maintain a face to face appointment.</li> <li>3. The technology platform and text reminder service has been reinvigorated. Data from March indicates that King's has reduced the Did Not Attend (DNA) appointment ratio to a level of 8%. Learning is being shared with partners. Further technology that would enable patients to check in appointments on smart phones is being trialled.</li> <li>4. A range of patients on specific patient pathways will be moved to a patients initiated follow up where the clinician and patient agree parameters to manage the patient's clinical needs. The target this year is to move 5% of outpatients follow-up volume to the patient initiated follow-up, currently Kings is under 1% and there is immense clinician interest to progress this.</li> </ol>	
	<p><b>Action: The Site Executive (PRUH &amp; SS) would circulate the note on Outpatient Elective Recovery.</b></p>	<p><b>J Lofthouse</b></p>

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

The following issues were raised with regard to the building in which the Ophthalmology service is provided on the DH site:

- A full scoping of the needs of the Ophthalmology team, in line with the DH estates strategy, has been carried out for a need for re-provision. The building is too complex for modernisation and it would be financially inhibitive to modernise the building to a standard for the ophthalmology needs. A better service would be provided if an alternative and appropriate location can be found.
- Only diagnostic testing are being undertaken in the mobile ophthalmology units and not full clinical consultations. The temporary mobile units were built to address the backlog volume of ophthalmology patients. The technology allows for rapid sequence testing of the eyes and then ophthalmology clinicians can review multiple examinations. The model broadly reduces on average 2.5 hours of each patient consultation time. The Board invested £5m across the system in recurrent staffing expansion and the Team were recruiting to those additional posts therefore the overall experience for patients and clinicians was expected to improve.

In terms of plans for improvements to the Dental building, a proposal would be submitted at Investment Board to improve the power supply to the Dental building that will help mitigate some of the issues. This would take some months to implement. Long-term solutions involve options to replace the building and this is at early stage consultation.

**22/20 Nominations Committee - Terms of Reference**

The Nominations Committee discussed a number of proposed updates to the terms of reference in regard to the Committee's responsibilities and the membership arrangements including the appointment of new members.

The Council of Governors approved the revised terms of reference.

**22/21 Nominations Committee – Update on the appointment of the Trust Chair**

An update was provided on the appointment of a new Trust Chair. A Nomination Committee in Common was set up with GSTT. Following a competitive tender, Odgers Berndtson was appointed to undertake the search for candidates. The job description and person specification has been agreed and weekly meeting have been held to review progress and sign off documents. Currently the committee is preparing for the interviews, there will be internal and external stakeholder panels. The internal panel chaired by Christine Beasley, and the external panel will be chaired by Sally Morgan, NED at GSTT. A range of the nominations committee members will attend each of the panels in addition to significant stakeholders. The stakeholder panel chairs will feedback to the appointments panel prior to interviewing candidates for appointment.

In terms of the themes of the stakeholder panels, candidate will be interviewed against the criteria set out in the job description. Important issues will be raised at the stakeholder panels to foster discussion with candidates. On this basis, feedback will be provided on whether the candidate is good at engaging people, credibility in terms of key areas and their understanding of key London and Trust issues. Representatives of the ICS and Health Watch will raise issues and Governors will also need to feed in issues. An important skillset for the candidate is for them to be able to chair a meeting effectively.

Item	Subject	Action
	<p><b>Actions: The issues to be raised at the stakeholder panels suggested by the GSTT governors will be circulated and governors are welcome to add to this and/or amend the issues already put forward.</b></p>	
	<p>The Council noted that the market has been tested with the role advertised through NHS channels but had not been widely advertised in the public media as a targeted set of skills was being sought. A large field of candidates were sourced from which the committee were able to select those who best met the criteria in the job description. Governors were assured that the appointment process has been as open as it can be recognising it is a joint process between two different Trusts. The Nominations committee agreed to review all applications received.</p>	
	<p><b>Action: The Director of Corporate Affairs will clarify where the Chair post was advertised.</b></p>	S Whelan
22/22	<p><b>Governor involvement &amp; engagement</b></p>	
	<p><b>Governor Engagement and Involvement activities</b></p>	
	<p>Governors are keen to be engaged more generally. A list of patient groups where Governors can participate would be looked into to involve Governors with patient and staff in order to foster better engagement.</p>	
	<p><b>Observation of Board Committees</b></p>	
	<p>Quality, People &amp; Performance Committee (QPPC)</p>	
	<p>The Council received a summary of the Quality, People &amp; Performance Committee meeting, which took place on 26.05.2022.</p>	
	<p><b>FOR INFORMATION</b></p>	
22/23	<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 24.02.2022.</li> <li>- Strategy Committee meeting held on 10.02.2022.</li> </ul>	
22/24	<p><b>Any Other Business</b></p>	
	<p>The Annual Public Meetings will need to be discussed.</p>	
22/25	<p><b>Date of Next Meeting</b></p>	
	<p>Thursday 15<sup>th</sup> September 2022 6:00 – 7:30pm Venue TBC</p>	



**Council of Governors Meeting  
Action Tracker – 15 September 2022**

Date	Item No	Action	Lead	Action due	Action update
<b>ACTIONS 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.	AD, Corporate Governance	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.
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.	Chief Nurse	10.03.2022	Ongoing. The Patient Experience Strategy has not yet been approved.
10.03.2022	22/07-6	<b>Trust Updates – The Board and NED role in championing disability</b> The Chair would discuss the opportunities to act as champions and support disability and other protected characteristics, with the Executives and NEDs.	Chair	16.06.2022	The Nominations Committee discussed this at its meeting on 5 <sup>th</sup> Sept.
16.06.2022	22/18	<b>Reflections of the Board Meeting and Papers</b> The Chief Nurse and Executive Director of Midwifery would convene a small sub-group with governors and interested parties to delve into the some of the complaints issues.	Chief Nurse	TBC	The meeting took place on 7 <sup>th</sup> September 2022. Action can be closed.
16.06.2022	22/19	<b>Trust Updates – Governor Focus Areas Outpatient Elective Recovery</b> The Site Executive (PRUH & SS) would circulate the note on Outpatient Elective Recovery.	Site CEO, PRUH & South Sites	24.06.2022	
16.06.2022	22/21-1	<b>Nominations Committee – Update on the appointment of the Trust Chair</b> The issues to be raised at the stakeholder panels suggested by the GSTT governors will be circulated and governors are welcome to add to this and/or amend the issues already put forward.	S Whelan	24.06.2022	Action can be closed. Chair in Common appointment process has now completed.
16.06.2022	22/21-2	<b>Nominations Committee – Update on the appointment of the Trust Chair</b> The Director of Corporate Affairs will clarify where the Chair post was advertised.	S Whelan	24.06.2022	Email was circulated to governors after the meeting confirming that the role was properly advertised.



<b>Report to:</b>	<b>Council of Governors</b>
<b>Date of meeting:</b>	<b>18<sup>th</sup> October 2022</b>
<b>Subject:</b>	<b>Report from the External Auditor (see attached)</b>
<b>Author:</b>	<b>Paul Dossett, Grant Thornton</b>
<b>Presenting:</b>	<b>Paul Dossett, Grant Thornton</b>

**Summary**

The Trust's external auditors, Grant Thornton undertake an annual audit of the accounts and annual report. Paul Dossett, Partner at Grant Thornton will attend the meeting and provide Governors with an overview of their findings.

**Recommendation**

Governors are asked to note the findings of the 2021/22 External Audit.



# Auditor's Annual Report on King's College Hospital NHS Foundation Trust

2021/22

September 2022



# Opinion on the financial statements



## Audit opinion on the financial statements

We gave an unqualified or we qualified the financial statements on 22 June 2022 and certified the audit closed on the same day.

## Preparation of the accounts

The Trust provided draft accounts in line with the national deadline and provided a good set of working papers to support it.

Grant Thornton provides an independent opinion on whether the accounts are:

- True and fair
- Prepared in accordance with relevant accounting standards
- Prepared in accordance with relevant UK legislation

There were no material errors in the accounts and the adjustments made were limited in nature.



# Value for Money



## Value for money arrangements and key recommendation(s)

Under the National Audit Office (NAO) Code of Audit Practice ('the Code'), we are required to consider whether the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. The auditor is no longer required to give a binary qualified / unqualified VFM conclusion. Instead, auditors report in more detail on the Trust's overall arrangements, as well as key recommendations on any significant weaknesses in arrangements identified during the audit.

Criteria	Risk Assessment	Conclusion
Governance	No risks of significant weakness identified	No significant weaknesses in arrangement but improvement recommendations made.
Improving economy, effectiveness and efficiency	No risks of significant weakness identified	No significant weaknesses in arrangement but improvement recommendations made.
Financial sustainability	No risks of significant weakness identified	No significant weaknesses in arrangement but improvement recommendations made.



## Financial sustainability

We did not identify any risks of significant weakness in respect of the Trust's arrangements for financial sustainability in our initial risk assessment. Our further work confirmed this view, with no significant weaknesses identified. We have identified improvement recommendations including ensuring that the Trust models the financial implications/projections of new methods of working. This review will also need to incorporate any changes in key assumptions, such as updated actual activity levels, inflation and growth, to ensure forecasts remain accurate.



## Governance

We did not identify any risks of significant weaknesses in the Trust's governance arrangements in our initial risk assessment. Our further work confirmed this view, with no significant weaknesses in arrangements identified. We have identified improvement recommendations relating to the effective embedding of the Trust's revised risk management protocols.



## Improving economy, efficiency and effectiveness

We did not identify any risks of significant weaknesses in the Trust's arrangements for improving economy, efficiency and effectiveness in our initial risk assessment. Our further work confirmed this view, with no significant weaknesses in arrangements identified. We have identified an improvement recommendation to ensure that the Trust's long-term financial recovery plan, including CIPs, remains feasible in light of Covid and remains aligned to system priorities.



---

[grantthornton.co.uk](https://www.grantthornton.co.uk)

© 2021 Grant Thornton UK LLP.

'Grant Thornton' refers to the brand under which the Grant Thornton member firms provide assurance, tax and advisory services to their clients and/or refers to one or more member firms, as the context requires. Grant Thornton UK LLP is a member firm of Grant Thornton International Ltd (GTIL). GTIL and the member firms are not a worldwide partnership. GTIL and each member firm is a separate legal entity. Services are delivered by the member firms. GTIL does not provide services to clients. GTIL and its member firms are not agents of, and do not obligate, one another and are not liable for one another's acts or omissions.

<b>Report to:</b>	<b>Council of Governors</b>
<b>Date of meeting:</b>	<b>18<sup>th</sup> October 2022</b>
<b>Subject:</b>	<b>Issues raised by the Council of Governors</b>
<b>Author:</b>	<b>Siobhan Coldwell, Acting Director of Corporate Affairs</b>
<b>Presenting:</b>	<b>Various</b>

## Summary

The Council of Governors were invited to highlight issues of concern ahead of the Council of Governors (originally scheduled for 15/9/2022).

Below is a summary of the issues raised. Written updates are provided in two areas, and verbal updates will be provided at the meeting on the other issues raised.

Workforce (see response from Mark Preston attached):

- Vacancies, turnover, hotspots – what are we doing to address them, how does King's compare, what is our approach to international staffing etc.
- Cost of living – confirmation that we pay LLW, a summary of the support we have made available to support staff to navigate the cost of living crisis. They mentioned energy vouchers and whether they could support a foodbank.

Energy crisis (see response from Lorcan Woods attached)

- How exposed is the Trust generally to the energy crisis and inflation more generally.
- What support is available for patients that have treatment at home that requires electricity e.g. dialysis at home

Complaints and serious incidents

- An update on the success in tackling the backlog and/or actions in place to address any remaining backlog

Elective Recovery

- An update on waiting lists and specifically long waiters – it would be worth including some regional data that shows our comparative performance
- Cancellations – what is the level of cancellation and reasons for cancellation, what is being done to ensure levels are as low as possible

Emergency/urgent surgery

- Average waits for urgent/emergency surgery (the example given was orthopaedics – broken bone that required a surgical fix), reasons for delays

ICT Resilience

- Update on cyber security and IT resilience in light of GSTT IT failure and the mental health Trusts cyber attack
- Processes in place for ensuring prompt/safe data transfer between the Trust and other providers (acute and primary)

Patient Nutrition and Hydration

- Processes in place to ensure patients receive appropriate nutrition and hydration, particularly patients that may need help eating and drinking, and patients in side rooms/single rooms, whom are at risk of being forgotten

Maternity – update on issues raised at the last meeting





# Trust Vacancies

## Overview:

- Vacancy rate for the Trust was 15.42% at end of July 2022
- 3111 starters joined King's between August 2021 and July 2022
- The Trust headcount has increased by 532 FTE over the same period
- The on-going increase in our establishment has led to a higher vacancy rate
- King's recruit from a wide local, national and international recruitment pool
- For 2022/23, our target is to recruit 400 Internationally Educated Nurses
- Voluntary turnover rate is 15.27% at end of July 2022
- Recruitment challenges are in specific professions and specialities:
  - Nursing & Midwifery, Medical & Dental and Allied Health Professionals
  - Liver, Gastroenterology, Upper GI, Endoscopy, Childrens, Emergency Care
- The King's Resourcing Strategy has been developed and is to be launched
- An inclusivity audit on recruitment to support Equality, Diversity and Inclusion has been undertaken
- Our 'Thank You' style recruitment campaign has helped increase the number of candidates to King's
- This is an award winning campaign and has also recently been shortlisted for an HPMA Award

Trust	Vacancy Rate (June 2022)
St George's University Hospitals	9.20%
Barts Health NHS Trust	9.70%
Guy's & St. Thomas' NHSFT	12.93%
Imperial College Healthcare NHSFT	13.80%
<b>King's College Hospital NHSFT</b>	<b>15.32%</b>
Barking, Havering and Redbridge	15.87%

# Financial Support on Offer

## Internal

- Salary Sacrifice Schemes
  - Increased the repayment period to 24 month
  - Increased cycle to work cap
- Interest free season ticket loans
- Financial Education
  - Pensions education sessions
  - Cost of living webinars
  - Advice and support via Well-being Hubs
- Installing Smart Fridges from Meals for the NHS
  - Provides healthy meals 24 hours per day
  - Year 1 funded by the King's Charity
- Increasing Trust mileage allowance
- Same day payments for Bank shifts
  - Via Patchwork app
  - Doctors only at present
- Union support - [kch-tr.staffsidecommittee@nhs.net](mailto:kch-tr.staffsidecommittee@nhs.net)
- Emergency hardship loans
- Selling of annual leave
- Employee Assistance Programme

## Future Plans

- Blue light cards / Wagestream

## External

- Keeping Well in SEL portal:
- [Home :: Keeping Well South East London \(keepingwell.sel.nhs.uk\)](https://keepingwell.sel.nhs.uk)
- Mayor of London Cost of Living Support
- [Help with the cost of living | London City Hall](#)
- Accredited London Living Wage Employer
- 'Tickets for Good' portal
- Gym membership discounts
- Top Cash Back - cashback on online purchases
- Health Service Discounts site
- The Work Perks
- Food apps:
  - Olio / Too Good to Go / Karma
- Benefits Calculator (Turn2Us)
- Free Finance training
  - Budgeting
  - Financial health check
- Tax rebates:
  - Registration fees / Shoes / Laundry

## KCH Exposure to energy crisis and inflation more generally

### Energy prices

- Energy costs have been rising primarily in response to the Ukraine war with wholesale gas prices particularly impacted in the last few months. The consumer price cap will triple in the Autumn.
- KCH buys all gas and most electricity through the Crown Commercial Services V30 framework which essentially seeks to purchase energy on a rolling 30 month basis.
- This is a sensible trading strategy in uncertain times and is appropriate for a volatile market. It can protect the Trust against short term exposure to escalating energy prices but clearly if these prices persist for a significant period of time then the full impact is realised
- A short summary of the current position for 22/23 and 23/24 is shown below. 90% of energy requirements for this year have been locked in with just over 72% locked in for 23/24 and 36% for 24/25.
- Given that we have locked in 90% of our requirements the KCH energy bill is highly certain to double this year from £5.3m to £10.6m
- The picture for next year is more difficult to predict with current forward prices indicating a bill of £17m but you will see in the chart that this forward view was £13m as recently as July. In the last 48 hours there has been some falling back of wholesale gas prices as European countries have successfully started to increase storage stocks ahead of Winter but Russia may act to further restrict supply.

	21/22	22/23	22/23	23/24	23/24	24/25
	Act	F'cst	F'cst	F'cst	F'cst	F'cst
		July	Aug	July	Aug	Aug
	£m	£m	£m	£m	£m	£m

Electricity	2.2	3.5	3.5	4.3	5.3	
% yoy		62%	62%	22%	49%	
% locked			99%		75%	33%

Gas	3.2	6.7	7.1	8.7	11.7	
% yoy		111%	124%	30%	65%	
% locked			86%		71%	37%

Total	5.3	10.2	10.6	13.0	17.0	
% yoy		91%	99%	27%	59%	
% locked			90%		72%	36%

- In recent past the use of energy has been relatively constant as conservation efforts were offset by higher requirements in terms of both heating and cooling. The current view is that households are going to significantly change

their purchasing patterns in response to higher energy prices. We may wish to remind employees that the Trust is impacted by higher energy costs and that we should all seek to mitigate this through good practice & behaviour at work.

- Not all Trusts have the same purchasing arrangements in place and are being impacted much more severely by exposure to wholesale markets.

### **Energy supply**

- There has started to be some mention of energy rationing or periodic blackouts in the UK if the worst scenarios play out in terms of supply restrictions and cold weather over the winter.
- At this stage we view it as a remote possibility that KCH would be affected as the NHS is likely to be prioritised.

### **Inflation more generally**

- The key impact of inflation is on our staff and patients in terms of the cost of living crisis. This will be covered elsewhere.
- Overall KCH is largely resisting inflationary increases apart from where there is an agreed contractual index (mainly major PFI, Soft FM and Pathology contracts).
- These contractual increases have been covered by some additional funding agreed with government in May of £xm.
- To date the Trust has been able to resist inflation on clinical supplies through significant focus from the KFM procurement team. This has involved delisting certain products where suppliers have unilaterally increased prices. We typically use about 25,000 different products and are often rotating 250 products a day to manage inflationary pressures.
- This effort requires a significant amount of clinical and procurement resource.
- Construction inflation is running at about 10% yoy but most of our current projects are contractually protected against inflation increases. Our capital programme in later years will be impacted.
- Overall, we expect inflation to worsen our financial position in the year by c£10m versus plan and contribute to our financial deficit which is likely to be around £50m.

<b>Report to:</b>	<b>Council of Governors</b>
<b>Date of meeting:</b>	<b>18<sup>th</sup> October 2022</b>
<b>Subject:</b>	<b>Update from the Nominations Committee</b>
<b>Author:</b>	<b>Siobhan Coldwell, Acting Director of Corporate Affairs</b>
<b>Presenting:</b>	<b>Chair of the Council of Governors</b>

## Summary

The Nominations Committee meet on 5<sup>th</sup> September 2022. The Committee discussed two key items:

- NED appraisals
- Appointment of a new NED to replace Sue Slipman.

## NED Appraisals

The Chair confirmed that all NEDs had received an appraisal during 2021/22 and provided an overview of each discussion. The Committee were assured there were no concerns of note.

## Appointment of a new NED

There is a vacancy on the Board created by the retirement of Sue Slipman earlier in the summer. The Committee discussed the skills gap this created and the skills and experience that would be of value to the Board. The Committee noted that Charles Alexander will be joining the Board as Chair on 1<sup>st</sup> December and will need to be engaged in the process.

## Recommendation

The Committee is asked to note the report.

Strategy	
Link to the Trust's BOLD strategy (Tick as appropriate)	Link to Well-Led criteria (Tick as appropriate)
✓ <b>Brilliant People:</b> <i>We attract, retain and develop passionate and talented people, creating an environment where they can thrive</i>	✓ <b>Leadership, capacity and capability</b>
✓ <b>Outstanding Care:</b> <i>We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to</i>	<b>Vision and strategy</b>
<b>Leaders in Research, Innovation and Education:</b> <i>We continue to develop and deliver world-class research, innovation and education</i>	<b>Culture of high quality, sustainable care</b>
✓ <b>Diversity, Equality and Inclusion at the heart of everything we do:</b> <i>We proudly champion diversity and inclusion, and act decisively to deliver more equitable experience and outcomes for patients and our people</i>	<b>Clear responsibilities, roles and accountability</b>
✓ <b>Person-centred</b>	<b>Effective processes, managing risk and performance</b>
<b>Sustainability</b>	<b>Accurate data/ information</b>
	<b>Engagement of public, staff, external partners</b>
	<b>Robust systems for learning, continuous improvement and innovation</b>

	<b>Digitally-enabled</b>	<b>Team King's</b>		
--	--------------------------	--------------------	--	--

<b>Key implications</b>	
<b>Strategic risk - Link to Board Assurance Framework</b>	Recruitment and Retention Leadership and Culture
<b>Legal/ regulatory compliance</b>	
<b>Quality impact</b>	
<b>Equality impact</b>	
<b>Financial</b>	
<b>Comms &amp; Engagement</b>	
<b>Committee that will provide relevant oversight</b>	
n/a	

## Patient Experience & Safety Governor Committee

Minutes of the **Patient Experience & Safety Committee (PESC) meeting**  
**Thursday 09 June at 14:00 – 16:00**  
 MS Teams – Video Conference

### Present:

Billie McPartlan	Patient Governor (Chair)
Deborah Johnston	Patient Governor
Devon Masarati	Patient Governor
David Tyler	Patient Governor (part meeting)
Tony McPartlan	Public Bromley Governor
Jane Clark	Public Bromley Governor
Jane Allberry	Public Southwark Governor
Angela Buckingham	Public Southwark Governor
Tunde Jokosenumi	Staff Governor, Admin, Clerical & Management
Phidelma Lisowska	On behalf of Staff Side Governor
Nicholas Campbell-Watts	Non-Executive Director
Professor Jon Cohen	Non-Executive Director

### In attendance:

Patricia Mecinska	Assistant Director of Patient Experience
Diane-Kareen Charles	Assistant Director of Patient Safety
Roisin Mulvaney	Director of Corporate Governance
Funmi Onamusi	Director of Equality, Diversity and Inclusion
Steffan Gough	Equality, Diversity and Inclusion Facilitator
Siobhan Coldwell	Associate Director of Corporate Affairs
Sultana Akther	Corporate Governance Officer (Minutes)

### Apologies:

Hilary Entwistle	Public Southwark Governor
Lindsay Batty-Smith	Public Southwark Governor

Item	Subject	Action
<b>21/56</b>	<b>Welcome, Introductions and Apologies</b>	
	The Chair welcomed all in attendance and introductions were made. 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 – 24.02.2022</b>	
	The minutes of the previous meeting were accepted as an accurate record of the meeting.	
<b>21/59</b>	<b>Matters Arising/Action Tracker</b>	
	The Committee reviewed the action tracker and received a number of updates, which have been reflected on the tracker.	
	<ul style="list-style-type: none"> <li> <b>Action 20/10: CQC Mock Inspections</b>            The inspections take place every month on a Friday and include briefing sessions with the Chief Nurse and a debrief to share key issues. The         </li> </ul>	



Item	Subject	Action
	schedule will be shared with Governors to source Governor participation in the process.	R Mulvaney
	<ul style="list-style-type: none"> <li>• <b>Action 21/21: Nutrition and Hydration Delivery Group Update</b> An update would be circulated to the Governors.</li> </ul>	S Coldwell
	<ul style="list-style-type: none"> <li>• <b>Action 21/35: Patient Experience Report – PLACE Visit</b> The PLACE visits programme was yet to commence and was delayed due to resourcing of the Patient Experience function.</li> </ul>	P Mecinska
	<ul style="list-style-type: none"> <li>• <b>Action 21/62: Joint Programme for Patient, Carer and Public Involvement in COVID-19 Recovery</b> The Southbank University desktop exercise is still ongoing, the results would be shared with the Committee following completion of the exercise.</li> </ul>	P Mecinska
	<ul style="list-style-type: none"> <li>• <b>Action 21/63: Outpatient Pharmacy</b> An update would be circulated separately to the Committee.</li> </ul>	S Coldwell

## PATIENT SAFETY & RISK MANAGEMENT

### 21/60 Patient Safety Report

The Committee received the Patient Safety Report for Q4 which outlines incident activity between 1 January and 31 March 2022:

- The Trust declared 41 serious incidents (SIs), the key themes related to Assessments, Diagnosis and Monitoring and Review, Treatments and Procedures and Falls.
- The Trust currently has 225 open Serious Incidents. Since October 2021, there have been a number of investigations underway which include SIs from Q3 and those being closed within Q3 and being declared.
- Under the current framework, oversight of serious incidents include weekly incident reviews with the Chief Nurse and Chief Medical Director. The format will be revised to take into account requirements to determine the Trust's incident response outlined in the developed Patient Safety Incident Response Plan (PSIRP).
- A thematic review associated with SIs around pressure ulcers and falls were undertaken and 37 SIs have been closed.
- There are a significant number of incidents which are taking longer than 50 working days, including General Medicine and Adult Medicine at the PRUH. These are significant areas for investigations and the largest care group in terms of activity and incident management.
- The Trust currently has 942 open amber incidents. 327 of these cases are recorded as resulting in moderate harm in which the statutory Duty of Candour applies and there is an expectation that they will be investigated.
- There are a number of interventions to assist the Women's Health quality and safety team and General Medicine and Adult Medicine to manage amber incidents and identify safety concerns. As well as linking the management of the number of cases to the 22 themes in the thematic reviews.
- In terms of medicine at the PRUH, work was ongoing with clinical teams to help manage and identify areas requiring more resource and focusing on incident management.

Item	Subject	Action
	<p>The new incident response framework is on track for publication nationally in June 2022 with an anticipated implementation period of 5-12 months. The Patient Safety Strategy seeks to improve how Patient Safety information and data is managed and the involvement of staff in making continuous quality improvements and patients in the delivery of care. Sufficient oversight and scrutiny during the transition to the new Patient Safety Incident Response Framework (PSIRF) is required.</p> <p>Investigations have continued for a number of years as Covid-19 impacted on the ability of the care groups to investigate and close incidents during that period. The PSIRF will look at a range of incident responses other than utilising root cause analysis investigations.</p> <p>The Committee noted that the new concept of patient safety involves looking at continuous quality improvement. PSIRF has been tested with 18 doctors who have tweaked the Patient Safety Incident Response Plan aspect of the policy. These plans require approval from the emerging ICSs to ensure system wide oversight of priorities that individual Trusts will set around areas of improvement. There is an expectation that KCH will work with ISC partners and be supported by the patient safety collaborative for the quality improvement workplan in London and nationally.</p>	

#### **21/61 Delivering Outstanding Care**

A full presentation on Delivering Outstanding Care would be provided at the next meeting. On an initial assessment, the programme is progressing well. Safe staffing is a significant challenge, teams work hard to identify gaps in rota ahead of time and use bank and agency to manage this effectively. Site teams move staff between wards to areas of greatest needs and cohort patient to provide the safest care. The metrics and the thematic work in relation to pressure ulcers and falls are also looked at to understand how staffing challenges have impacted these.

There is currently no similar programme for outpatient care and the Committee agreed it would be good to extend this to outpatient partners.

### **PATIENT EXPERIENCE**

#### **21/62 Patient Experience Report**

The Assistant Director of Patient Experience provided an update on the key developments of the patient experience function:

- The Patient entertainment portal was launched including the software and hardware with support offered by the volunteer service. Inpatient areas were visited to promote the service to patients and staff.
- The results of the latest maternity survey for women and birthing people was published. KCH was identified as performing 'worse than expected' with a deterioration of scores overall. The teams were actively working to address the issues identified. Covid-19 had an impact on the scores and the key areas of concern in relation to virtual appointments, support from birthing partners and visiting hours have been eliminated.
- Visits to maternity has commenced with a designated framework establishing closer links with the Maternity Voice Partnership to drive changes.
- There was a 1.6% increase in the number of Patient Advice and Liaison Service contacts reported with Ophthalmology receiving the highest number

Item	Subject	Action
	<p>of enquires. This is currently on a downhill trend. The number of compliments received was the highest reported throughout the current financial year.</p> <ul style="list-style-type: none"> <li>• KCH received 311 complaints (increase of 9.7% when compared with the previous quarter). March saw the highest number of complaints recorded by Kings with 148 received. This appears to mirror numbers at other Trusts. The Trust deteriorated in the overdue complaints performance in Q2 and a Head of Patient Feedback has been recruited to help address the challenges. The Parliamentary and Health Service Ombudsman's Complaints Standards puts an expectation on the complaints team to ensure patients are regularly updated on the state of the process. The new Datix system will be configured to enable auditing of how often patients are complaining and relatives are being kept abreast of the process. A satisfaction survey will also be introduced to measure whether patients are satisfied with the outcome of the complaint.</li> <li>• Friends and Family Test – Quality improvement initiative are being driven to address the challenges and poor performance.</li> <li>• Volunteer Service - Over the past 3 months 644 volunteers delivered 14,592 hours committed to support the quality of patient experience.</li> </ul>	
<b>21/63</b>	<b>New Qualities Priorities (2022/23) – Planning and Update</b>	
	<p>The Director of Quality provided an update on the Quality Priorities from last year, the following two quality priorities have been fully achieved:</p> <ol style="list-style-type: none"> <li>1. Reducing violence and aggression to staff and increasing patient safety. A matron was recruited for reducing violence. This priority has been developed this year to support patient behaviour and increase patient safety.</li> <li>2. Improving outcomes for people with long term effects of Covid-19.</li> </ol> <p>The following two priorities have been partially achieved:</p> <ol style="list-style-type: none"> <li>3. Reducing harm to deteriorating patients. This priority will also be carried over for 2022-2023 and will extend to deteriorating children and deterioration in woman and birthing people.</li> <li>4. Improving patients experience for inpatients.</li> </ol> <p>Two new Quality Account Priorities have been introduced:</p> <ol style="list-style-type: none"> <li>1. Improving outcomes for patients receiving rehabilitation following a severe head injury or major trauma. This is in relation to improving patient outcomes and clinical effectiveness.</li> <li>2. Patient experience focus in terms of effective communication with patients through a range of mediums.</li> </ol>	
	<p>A number of working groups are being established for each of the priorities with clear and consistent plans on how to achieve the priorities. Governors would be contacted for involvement in the working groups to shape patient experience. The NEDs have good input into the Quality Account Priorities and insights into Governor priorities to feed these through to Executive colleagues effectively to make progress would be a useful.</p>	
	<p><b>Action: The final draft of the Quality Account Priorities has been received ahead of Trust Board approval and will be circulated to the governors for feedback.</b></p>	<b>R Mulvaney</b>

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

<b>21/64</b>	<b>Disability and Accessibility Update</b>	
--------------	--	--

The Director of Equality Diversity and Inclusion provided an update on the work in regard to disability and reasonable adjustments around the Trust. The following activities have been taking place:

- Supporting the implementation of the new wheelchair hire scheme at DH. There has been positive feedback and data on usage, this will be monitored over the coming months.
- Supporting the procurement, upgrading and launch of new fixed hearing loops in more the 60 outpatient areas and portable loops at the main reception at the PRUH. The hearing loop was tested out by deaf members of the Disability Accessibility Advisory Group during the installation, engaging with receptionist and patients who would be using the equipment which proved successful.
- Deaf Awareness Week took place in May with collaboration with external partners and contractors in addition to the patient experience team and patient governors. Awareness stalls were held at DH and PRUH and engagement with 200 members of staff, patients and the public. Collaborated with the Language Life who provide on-call interpreting service and local charities such as Def Plus.
- The consultation survey around deaf awareness and disability guidance was launched.
- Developing the reasonable adjustments policy, a plan and a passport for staff.

An audit was carried out into the recruitment process which flagged eight key recommendation in the area of disability and how the Trust can be more inclusive in recruitment to attract more diverse people. Working together with staff so they feel confident to declare their disabilities and reviewing the reasonable adjustment process to embed more accountability and removing the onus from people with disability. In addition, equipping managers to hold conversations without the need to tackle barriers in relation to reasonable adjustment. Another key priority is in regard to training and education material, the disability guidance consultation will foster conversations with staff, patients and the public on what staff need to know to prepare them to deal with disability overall.

The Committee noted the challenges for patients who have difficulty decoding their disability. The aim is to have greater clarity and embed the process so that staff feel able to share their disability, as well hearing about the experiences of patients to create a process that will allow for investigation before first contact and have a suit of reasonable adjustments already in place which can be accessed. The Disability forum will support with specific scenarios and issues to make the necessary improvements. The Patient Experience Team created a King's adjustments plan which will be utilised to make progress.

The Committee suggested the need for a disability champion NED, this was a decision for the Trust Chair and an update would be provide at the Council of Governors meeting.

The Committee applauded the improvements made and thanked the Equality, Diversity and Inclusion team for their hard work.

Item	Subject	Action
	<b>GOVERNOR FEEDBACK</b>	
21/65	<b>Feedback from Governors on Patient Safety and Experience Activities, 02.12.2022 – 24.02.2022</b>	
	<b>Jane Allberry – Lead Governor, Southwark</b>	
	<ul style="list-style-type: none"> <li>• Meetings on the GSTT Cancer Strategy</li> <li>• <b>17/03/2022</b> – SELCA patient experience</li> <li>• <b>23/03/2022</b> – King's Patient Voice</li> <li>• Meetings on cancer support worker roll-out</li> <li>• <b>19/04/2022</b> – Neuroscience PPV group</li> </ul>	
	<b>Devon Masarati, Patient Governor</b>	
	<ul style="list-style-type: none"> <li>• King's Cancer Patient Voice</li> <li>• Outpatient Advisory Group</li> </ul>	
	<b>Angela Buckingham and Hilary Entwistle, Southwark Governors</b>	
	<ul style="list-style-type: none"> <li>• Meeting with Sir Hugh Taylor on parking at Hambleton Wing for relatives who bring families for appointments.</li> </ul>	
	<b>Jane Clark</b>	
	<ul style="list-style-type: none"> <li>• Disability Accessibility Advisory Group</li> </ul>	
21/66	<b>Quality, People &amp; Performance Committee (QPPC) meeting - Governor Observer Summary</b>	
	<p>The Committee received an update on the QPPC meeting held on 26 May 2022, no issues were raised.</p>	
21/67	<b>Feedback on Areas of Concern</b>	
	<p>Governors raised concern with regard to not getting responses from certain departments. The telephone lines are part of the Quality Account Priorities and there are clear KPIs in place for how responsive services are to be in answering phone calls. A telephone answering standards is planned to be introduced with the elimination of voicemails and clear expectation of how swiftly voicemails are responded to. All department and staff will be held to account.</p>	
	<p>In terms of patient waiting times, there are two work streams running concurrently:</p> <ol style="list-style-type: none"> <li>1. A designated process for patients wanting to complain about waiting times which includes a clinical assessment at the front door and appropriate escalation and safety netting in place.</li> <li>2. Actively communicating to patients on the waiting list. A series of information/communication materials will be developed to advise on what to do whilst waiting, how to stay healthy and support services available.</li> </ol>	
	<p>The Committee discussed the advance plans for the upcoming rail strike. The NHS has a plan which is focused on ensuring sufficient staffing at the hospital.</p>	

Item	Subject	Action
	<b>Action: The NHS rail strike plans will be circulated to the Committee.</b>	S Coldwell
<b>21/68</b>	<b>ANY OTHER BUSINESS</b>	
	There were no other business discussed.	
	<b>DATE OF NEXT MEETING</b>	
	Thursday 13 <sup>th</sup> October 2022, 16:00 – 18:00hrs.	

## Governors' Strategy Committee Minutes

Minutes of the Meeting of the Governors' Strategy Committee held on Thursday 19<sup>th</sup> May 2022, 16.00-18.00 via MS Teams.

### Members Present:

Devendra Singh Banker	Bromley Public Governor (Chair)
Tony McPartlan	Bromley Public Governor
Jane Clark	Bromley Public Governor
Lindsay Batty-Smith	Southwark Public Governor
Angela Buckingham	Southwark Public Governor
Jane Allberry	Southwark Public Governor
Hilary Entwistle	Southwark Public Governor
Aisling Considine	Staff Governor - Allied Health Professionals/ Scientific & Technical
Tunde Jokosenumi	Staff Governor – Administration, Clerical and Management
Billie McPartlan	Patient Governor
Devon Masarati	Patient Governor
Rashmi Agrawal	Lambeth Public Governor
Akash Depp	Staff Governor - Medical and Dentistry

### In Attendance:

Akhter Mateen	Non-Executive Director
Beverley Bryant	Chief Digital Information Officer
Funmi Onamusi	Director of Equality, Diversity and Inclusion
Roxanne Smith	Deputy Director of Strategy
Paul Blakeley	Deputy Head of Strategy
Adam Creeggan	Director of Performance and Planning
Robyn Tolley	Apollo Team
Holly Salisbury	Apollo Team
Mike Cooshneea	Director of Operations for KCH
Will Olney	Apollo Team
Siobhan Coldwell	Associate Director of Corporate Governance
Sophie Whelan	Director of Corporate Affairs and Trust Secretary
Sultana Akther	Corporate Governance Officer

### Apologies:

Mick Dowling	Staff Governor – Nurses and Midwives
Deborah Johnston	Patient Governor
Mark Preston	Chief People Officer

Item	Subject	Action
<b>22/10</b>	<b>STANDING ITEMS</b>	
<b>22/11</b>	<b>Welcome and Apologies</b> Welcome and apologies were noted.	
	<b>Minutes of Previous Meeting on 10.02.2022</b> The minutes of the previous meeting were approved as an accurate record of the meeting.	
	<b>Matters Arising/Action Tracker</b> There were no matters arising.	
<b>22/12</b>	<b>TRUST STRATEGIC FOCUS</b>	

### **Strategy Delivery Update**

The Deputy Head of Strategy provided an update on the progress made on delivery of the Trust strategy and the work being undertaken to ensure a robust plan is in place for future strategy delivery. The Strategy Team will continue to raise awareness of the BOLD strategy and plan for action.

The Committee noted the progress made following the launch of the strategy:

- Well-being hub opened and an additional hub will be opened at the Orpington Site.
- A new staff psychology service has opened and the People and Culture plan is due to be launched.
- New therapies space has opened at Coldharbour Works, the Critical Care unit at DH and the new Frailty Unit at the PRUH.
- Funding is secured for the Apollo programme to deliver the new electronic healthcare record.
- The Trust was working closely with GSTT and regional partners to prepare to launch the new 'innovation district' (SC1) to support homegrown innovation.
- A new EDI team has been recruited and the EDI Roadmap is due to launch.
- New community partnership agreements have been signed with local community organisations, including Mosaic Clubhouse.
- The Anchors programme has been expanded to provide additional benefits to the local population.

The Strategy Team have been working with clinical care groups and corporate teams across King's and a transparent 'Plan for Action' has been published on showcasing the 20 concrete actions that King's will take in the current financial year mapped to the BOLD framework. It will be used as a tool to increase transparency and inform partners of the steps being taken to deliver on the strategic ambitions.

The Committee noted the key initiatives laid out in our 22-23 Plan for Action including the launch of the Kaleidoscope and creating more diverse routes into employment across Kings. Investing in the future of clinical care by continuing to deliver major capital estates projects. The launch of the King's Academy for Nursing, Midwifery and Allied Health Professionals with the first cohort of students recruited by March 2023. Development of the new Trust-wide health inequalities programme to improve population health and address major drivers of inequity across the patient population. Progress will be monitored against the 20 core actions which will be RAG rated. A new Performance Dashboard has been created to ensure that reporting tools and processes are in place to track delivery and monitor progress. An audit on the work being undertaken across the trust on health inequalities, reducing backlog in elective care and transforming outpatient services will be carried out and a robust delivery programme will be developed with NED/Executive sponsorship.

An initial deep dive on the anchors agenda has been carried out to identify opportunities for further work. This includes ongoing engagement with regional partners and wider networks, such as the Shelford Group. A planning toolkit for individual care groups and corporate teams has been developed to enable action plans to be aligned to support the BOLD vision and fully embed strategic delivery across Kings.

Plans are in place to bolster awareness, including through attendance at upcoming Trust-wide events, such as the EDI Roadmap launch. A robust comms plan will be developed which makes use of all available channels and utilises new routes to raise awareness.



As the year progresses, the Strategy team will develop plans for 2023/24 onwards and Governors will be engaged with on priorities and key initiatives to focus on. Staff survey data will continue to be monitored and a patient survey data to ensure statistics are improving.

The Committee discussed the impact of the BOLD strategy on the 4-hour A&E waiting times, the improvements made to the estates infrastructure will free up capacity across the Trust and will help with patient flow through, discharge and waiting times. Governors raised concern of the reduction of outpatient appointments times, however there were no change or elongation of outpatient clinic slots.

The diagnostic units are normal practice for patients to have a diagnostic procedure without having a consultation with the doctor. The Trust is working to increase the number of patients who have consultation without attending the hospital either by telephone/video. The Trust has a target to reduce outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023.

**22/13**

**OPERATIONAL PLANNING PROGRESS UPDATE**

The Director of Planning and Performance provided an update on the 2022/2023 operational planning cycle. The Committee noted the summary of changes in the national guidance for 2022-23 and the core commitments:

- Each system was required to increase delivery of elective activity by more than 10%.
- The Trust is required to deliver in excess of 104% of pre-pandemic value weighted elective activity and the Trust was above the threshold.
- Eliminate waits of over 104 weeks to be completed by June 2022 and develop plans that support an overall reduction in 52-week waits.
- The Trust is required to increase diagnostic activity to a minimum of 20% of pre-pandemic levels across 2022/23. The Trusts forecast growth is 19% compared to FY1920 activity.
- The requirement to reduce outpatient follow ups by a minimum of 25%, the Trusts forecast growth was 9%.
- The requirement for 5% of outpatient attendees to be moved to the patient initiated follow up pathway, the Trust was forecasting to reach the target by March 2023.
- The requirement to continue to offer both video and telephone consultations for outpatient services where clinically appropriate, with a minimum of 25% of consultations taking place via this route. The Trust is forecasting to deliver 24% of outpatient activity as non-face-to-face.

The service adjustments that are demonstrating material changes in the current financial year include the surgical ambulatory assessment unit, the Orpington 4<sup>th</sup> theatre, the Chartwell triage telephone clinic and additional radiology diagnostic capacity to support a 7-day working week.

The Elective Recovery Funds (ERF) have been provided to systems to support delivery of the 104% elective recovery target. SEL has been allocated:

- £60.5m for local services (£20.9m for KCH)
- £41.2m for specialised services (£12.7m for KCH)

The elective monies have been provided to systems up front and Trusts will be 'fined' 75% of tariff for activity below 104% and 'rewarded' 75% of tariff for activity above 104%. These adjustments are calculated based on the variance between actual activity value as a percentage of the 19/20 baseline and 104%.

The final calculation will be locally based on contract monitoring data set which is materially different to the secondary user service data uploads. The Trusts ERF calculation is likely to be in a range of 105.8 and 102.8%%.

The Committee discussed the need to engage and work with staff effectively to achieve the initiatives.

**22/14**

**APOLLO – MY CHART FUNCTIONALITY**

The Apollo team conducted a live demonstration of the My Chart functionality of the programme. My Chart is Epic’s fully integrated patient portal which will allow better communication with patients and improved access to information. Patients will be able to control their care and report medication information, report allergies, medical history, immunisations, schedule appointment, e-check in, upcoming visits and send messages to clinical teams. Patients will still be able to access services via letter and phone.

Other Trusts that also use the Epic system will be able to access a patient’s full health record. Patients can take initiative in their care and update their medical and demographic information and are able to send queries. The functionality will also support the recovery plans in terms of the backlogs. Two main benefits were noted:

1. Sharing cross systems and mutual aid – it will provide a single system across two major acute Trusts to communicate with each other and will support enhanced access. From a patient safety perspective, this will allow for varying systems to be streamlined and improve patient safety across different systems, utilising the information and communicating better with patient.
2. Future preparedness through digital adoption which allows care to be delivered through a virtual method and support reduction of 25% of face to face activity.

Great Ormond Street and UCLH use My Chart and there is engagement with these Providers on how best to manage the system and best practice learning. In terms of potential data overload to clinicians, there will be careful considering in relation which cohorts will have full interaction.

The Committee noted that My Chart is fully compatible with a number of accessibility applications and is designed to work well with those. Questionnaires can also be sent through My Chart, these can be sent manually and be delivered before a clinic with reminders to complete. The problem list is used by consultants to diagnose a patient’s condition and treat various conditions. Upon further investigation and once the clinician has determined the actual diagnosis, they will update the problem list which will be reflected on My Chart.

**Action: The Apollo team will come back with a full presentation at a future meeting.**

**22/15**

**EQUALITY, DIVERSITY AND INCLUSION PROGRESS UPDATE**

The Director of Equality, Diversity and Inclusion provided an update on the EDI Roadmap which is being used to show how the Trust’s ambition is being published to evidence meaningful improvements to staff and patients. The focus is on the practical steps that will be taken to achieve diversity, equity and improvement and resolve health inequities. There are two key parts of the launch:

1. Equality Risk Assessment Framework to drive adoption across the organisation to see tangible impact in terms of changes to policy, procedures and projects. There are national plans for southeast London as a region to tackle health inequalities.
2. The health inequalities program, which will identify some immediate interventions. The program involves four consultants who are working on

different health inequalities initiatives. Over the next three months information on all inequality initiatives that are currently ongoing at kings will be collated and standardised to offer a level of support.

**22/16**

**NED COMMITTEE UPDATES**

The Committee received a summary of the recent Major Projects, Audit and Strategy, Research and Partnership Board sub-Committees from Akhter Mateen, Non-Executive Director.

**Major Projects Committee Update – 10<sup>th</sup> February and 3<sup>rd</sup> May 2022**

There had been updates on capital spend and initiatives that are being undertaken at the Major Projects Committee meetings, the following were highlighted:

- Modernising Medicine at DH – redeveloping, improving ward flow and ED performance, decanting some teams, the coldharbor works offices and putting a new modular building to create better working environment. These projects should start helping with the 7-day working. Progress is being made but there has been some decant delays and issues due to the current environment in terms of steel costs. The project has been moved from a completion of winter 2022 to summer 2023 with some cost increases.
- The PRUH car park is due to be completed by October.
- Endoscopy – £15m project is due to be completed by August 2023. There were some design changes due to the requirement of keeping the building design in compliance with the Council’s expectation.
- The Orpington modular theatre has been operational since March 2022.
- Capitec conducted a review of the Trust’s facilities in terms of compliance, the estate fire issues and other risk electrical issues. All exceptions are expected to be completed this year. Compliance is at 84% at Denmark Hill and 94% at the PRUH, except fixed wire testing which will take time to complete. There is good progress being made in that area.

**Audit Committee Meeting Update – 25<sup>th</sup> March 2022**

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

- Out of 13 internal audit reports of reviews carried out this year, 10 have received significant reassurance for the overall internal control environment at Kings, with some improvements required.
- Significant assurance was give on five reports presented at the last Audit Committee by internal auditors in regard to adult safeguarding.
- The Cyber security report was very good with significant assurance. Work has been undertaken in terms of risk management development with a significant insurance rating and budget setting and budget responsibility.
- Patient discharge at the PRUH did not receive a significant assurance with minor improvement required rating. Some recommendations were made and these will be followed up in terms of recommendation implementation at future Audit Committee meetings.
- A review of the annual accounts indicated that King’s has delivered a break even control total.
- There has been good improvement in the balance sheet in terms of receivables being recovered and payables deceasing as part of the better payment procedure. The external auditors have to finalise the report, but no significant issues have been identified and the Trust is heading towards a second clean audit which is positive. The previous year’s recommendations have been implemented and there are no issues arising out of value for money.

**Strategy Research and Partnership Committee Update – 12<sup>th</sup> May 2022**

The following points from discussion at the Strategy Research and Partnership Committee meeting were highlighted:

- Focus was on how the governance and oversight of this strategy is monitored at different levels, (board level and the executive leadership team level) with different intensity or oversight.
- Alignment of operational plans with the strategy going forward becomes a challenge and this will remain within the scope of the review of the Audit Committee.
- The progress of the Implementation of the ISC, the Integrated Care Board and governance of the Acute Provider Collaborative.

The challenge for next year would be financial sustainability. The committee noted that for two years in a row for the Trust to get to this point where it has delivered from a position of special measures is a positive development.

**22/17 COMMITTEE BUSINESS**

**22/18 Work Planning**

This item was not discussed.

**22/19 ANY OTHER BUSINESS**

There was no other business discussed.

**22/20 DATE OF NEXT MEETING**

Thursday 1<sup>st</sup> September 09.30-11.30.