Minutes of the meeting of the Board of Directors held on 28th July 2020 at 10.00 am via MS Teams

PRESENT VOTING		
Sian Bates	Chairman	SB
Jo Farrar	Chief Executive	JF
Sally Brittain	Director of Nursing & Quality	SBr
Kelvin Cheatle	Director of Workforce & OD	KC
Tracey Moore	Director of Operations and Deputy COO	TM
Mairead McCormick	Chief Operating Officer	MM
Amira Girgis	Acting Medical Director	AG
Yarlini Roberts	Interim Director of Finance	YR
Sylvia Hamilton	Non-Executive Director	SH
Dr Rita Harris	Non-Executive Director	RH
Dr Nav Chana MBE	Non-Executive Director	NC
Jonathan Guppy	Non-Executive Director	JG
Dame Cathy Warwick	Non-Executive Director	CW
Damien Régent	Non-Executive Director	DR
PRESENT NON-VOTING		
Alex Berry	Director of Strategy & Transformation	AB
Susan Simpson	Director of Corporate Governance & Company Secretary	SS
IN ATTENDANCE		
Anna Jebb	Associate Director (Observer)	AJ
Susan Wheeler	Assistant Company Secretary (Minutes)	SW
APOLOGIES		
No apologies.		

1.	**Welcome**	**Action**
1.1	SB welcomed Board members to the virtual meeting which was being recorded and would be available on the Trust website after the meeting.	
2.	**Staff Story**	
2.1	SBr introduced the staff story, explaining that the purpose of hearing the story is to connect with front line staff on an emotional level, understand the impact of that experience and to identity if there are issues that are on today's Trust Board agenda to which the issues raised may be pertinent or supportive of discussions.	
2.2	Kyle Tovey introduced himself as the new dementia and delirium Therapeutic Activity Assistant across the Elderly Care wards and gave a brief history of his background in musical theatre and working with people with learning difficulties.	
2.3	He emphasised that the Trust had maintained its Dementia Strategy throughout the Covid-19 pandemic. He found it heartening to see how engagement with patients was having a positive effect on their wellbeing during their stay in hospital, particularly through the use of the Day Rooms on Blythe, Kennet and Derwent Wards, which included high-energy activities as well as wind-down activities later in the day.	
2.5	Kingston Hospital Charity had funded additional radios for patients, which had been particularly important for those patients in isolation with Covid-19.	
2.6	Patients had benefited from some of the new equipment, such as the interactive media facility that allowed TV and films to be projected onto the wall. As patients with dementia were often not forthcoming in asking for things, information on personal preferences was obtained from families/relatives/carers and this information used to ensure that the patient was given, for example, the right TV or radio station they liked. Activities were tailored to the individual patient to stimulate them as much as possible,	

	gauging their likes and dislikes from the outset.	
2.9	A number of environmental changes had also taken place, funded by Kingston Hospital Charity. These improvements allowed patients to feel more relaxed in a non-clinical setting and enjoy some home comforts which improved their wellbeing and helped reduced anxiety.	
2.11	SBr invited the Committee to comment and/or ask questions. SBr commented that although the Executive Team and Non-Executive Directors (NEDs) were not currently doing physical walkabouts throughout the hospital, thought was being given as to how these could take place virtually, and how the Trust could continue to engage with patients.	
2.13	CW was reassured that the Trust was maintaining the wonderful engagement work with dementia patients that had been taking place prior to the pandemic, and which was now enhanced by the recruitment of a dedicated Activity Therapeutic Assistant.	
2.14	JG remarked on the notable contrast between the Trust's activities for elderly patients and those experienced by an elderly relative elsewhere in the NHS. Despite all of the difficulties the Trust had been through during the pandemic, JG was impressed that a focus was being maintained on patients as individuals with a variety of interests and a need for stimulation and engagement, as opposed to having a set of conditions that needed to be treated. JG passed on this thanks to all concerned.	
2.15	SH applauded the provision of additional radios on the wards and noted that it was often the case that Kingston Hospital Charity tended to focus on larger necessities and the impact of the smaller donations was not always evident. SH found this heartening and felt that it was a demonstration of how some of the work the Charity did was brought to life.	
2.16	RH was assured that Care of the Elderly work was continuing in the right direction. She was particularly impressed with the adaptation of creative skills by staff and that the activities were clearly being tailored to the individual, which had a profound effect. She noted that when patients experienced a fulfilled day, this benefited everyone; from the patient's quality of life to those caring for the patient ,and for families who were not able to visit during the pandemic.	
2.17	DR echoed RH's comments on the positive use of creative skills throughout the Trust, and noted that, during the pandemic, a number of employees had engaged in different activities from their usual role. He received assurance that such skills were being used across different disciplines effectively.	
2.18	SB noted that during the Covid period there had been restrictions on the number of people in the Activity Rooms and so it was encouraging to see so many activities being brought to the bedside. The Trust was extending the reach of the dementia activities due to the increase in staffing, which was a great achievement and a very positive development.	
2.19	NC commented that, having visited many care homes with dementia residents, he noticed that the activities profile for patients with dementia at the Trust were not too dissimilar to what was being used in effective care homes. It was encouraging to see that KHFT was replicating the model of holistic care.	
3.	**Declaration of Interests**	
3.1	None to declare.	
4.	**Minutes of the Last Meeting**	
4.1	The minutes of the meeting held on 3rd June 2020 were confirmed as a correct subject to minor corrections in paragraphs 2.4 and 6.1.	

5.	**Matters Arising**	
5.1	There were no actions to carry forward from the last meeting.	
	ITEMS FOR DISCUSSION	
6.	**Chief Executive's Report**	
6.1	JF presented his report and reminded the Board that the Trust was still in a Level 4 Incident in relation to the Covid-19 pandemic. The Trust currently had one Covid-positive patient and was continuing to see low levels of infection recently.	
6.2	The Trust had restarted its outpatient programme, with no more than 25% of appointments taking place face-to-face. From August 2020, elective surgical capacity would be fully back up and running with the ongoing support of an additional three theatres at the local New Victoria Hospital - it was likely that this would continue to be the case for the foreseeable future.	
6.3	The Day Surgery Unit had been converted into an overnight surgical unit in order to ensure that the Trust maintained a safe environment for its elective procedures. This was important in terms of how the Trust was recovering its elective programme in the context of a growing waiting list; KHFT was playing an active part in supporting the Integrated Care System (ICS) in that recovery. All of this was being done with a focus on infection prevention and control measures.	
6.4	JF noted that there was still a degree of anxiety amongst members of the public coming to the hospital for their elective procedures. The Trust would continue to focus, with input from the Communications Department, on reassuring patients that Kingston Hospital's environment was safe.	
6.5	The Private Patients Unit (PPU) was operational again but in a limited capacity.	
6.6	From a testing perspective, JF informed the Board that KHFT was taking part in a national pilot study / research programme into the Covid-19 pandemic. Approximately 10% of KHFT staff were taking part in this study which was a combination of antigen and antibody testing, repeated every two weeks, to help inform the Trust's understanding of Covid-19.	
6.7	The Trust had received advice from NHSE/I stating that meetings should only take place face-to-face where absolutely essential, with no more than 6 people. Virtual meetings, such as this one, would continue to be the norm for the time being.	
6.8	From a quality perspective, the Trust had had a Care Quality Commission (CQC) Infection Prevention and Control Assessment (not an 'inspection' as per the title of the Report) on 20th July 2020 and this had shown that there were no areas of concern. JF extended his thanks to SBr and the Infection Prevention & Control team for their hard work in achieving this result.	
6.9	The refurbishment of Vera Brown House was still ongoing and staff feedback was that they were happy with their new surroundings.	
6.10	The impact of the pandemic, and its influence on the Trust's ongoing delivery of services, had been discussed by the Board at the beginning of July 2020. Further discussion on this and plans for greater system working would be brought back to the Board in due course.	
6.11	The Trust continued to have access to Kingston Gate car park in Richmond Park for staff parking. A park-and-ride arrangement continued to be in place with Kingston University's Kingston Hill campus. Additional local staff car parking arrangements were currently being negotiated. It was important to ensure that appropriate parking capacity levels were in place before the autumn.	

6.12	92% of BAME staff risk assessments had now been completed; this placed the Trust in third position in relation to other London trusts. JF extended his gratitude to KC and his team for achieving this result. A self-assessment was currently being rolled out to all other staff in line with NHS England guidance. RH observed that the completion of risk assessments had had a hugely positive impact on staff, particularly BAME staff who had felt listened to.	
6.13	Work which began earlier this year to bring the four recruitment teams in SW London's acute hospitals into one combined service had re-started, and a new joined-up service would be ready for launch in October 2020.	
6.14	JF extended his thanks to the local community, including partners and colleagues, for their ongoing support and generosity during the Covid-19 pandemic.	
6.15	JF invited MM to provide an update on the Recovery/Restart programme. MM confirmed that hospital services were resuming across the board, with adaptations made in accordance with infection prevention and control regulations. Risk stratification identified that the sickest patients were being be treated first.	
6.16	JF was very pleased with the efforts made in getting all services back up and running, noting that there had been an enormous amount of creativity and innovation. A booking system had been applied across the hospital so that waiting rooms would not become crowded. Virtual consultations were being conducted by default and only c.25% of outpatient appointments were currently conducted face-to-face. JF believed this must continue as it was working well and patient feedback was positive.	
6.18	The Trust had maintained a strong position in managing its waiting lists and it was likely that it would be asked to support the wider Integrated Care System (ICS) in recovering its position.	
6.19	SW London's ICS was putting together a video to promote why it was safe for the public to come in for treatment/surgery. This would be helpful in getting the right messages across to the Trust's local population. MM highlighted that staff had been ringing patients in advance of their procedure, using the personal touch to reassure them that the Trust had applied all the proper infection control regulations and that it was safe to have surgery.	
6.21	RH sought clarification on current visiting arrangements and asked what more could the Trust's Communications team and local partners do regarding reassuring patients on infection control measures. SBr confirmed that the Trust was adhering to national guidance on visiting arrangements: • The Trust was facilitating visits for patients at the end of life and those with dementia. This was being managed in a strict manner and there had been no issues. • One parent could stay with a child throughout their stay, but would not be permitted to come and go. • Similarly, the same rule applied to the Maternity Department where one partner could stay with the woman until she was discharged. This was working well. • The Trust had not yet fully extended visiting to the surgical wards. In terms of the medical wards, a pre-booked one hour slot system had been implemented. Upon arrival at Esher Wing visitors were met by staff who would take the visitor's temperature and provide the visitor with a wrist band and face mask. On leaving the ward, visitors were asked for feedback on their visit. This was working well and there were no plans to change the process. • For patients who had undergone major surgery and were very unwell, arrangements were in place to allow visiting in such cases.	

6.22	SBr was working on a publication/leaflet regarding patient and visitor safety when on site. This had been informed from feedback from approximately 150 patients who had had virtual appointments. Some of these appointments had led to having a procedure done or becoming an inpatient. Feedback from these patients would help develop a richer intelligence on how to improve future patient experience.	
6.23	JF informed the meeting that he had taken part in a London Chief Executive's phone call on 27th July 2020 regarding the restart of services. Participants on the call had asked for an overarching communications strategy to help reassure the public that attending hospital was safe and that it was very important if a condition needed attention. Given that infection prevention and control guidelines were being revised, there was a sense that this would be an opportunity to reassure the public.	
6.24	In response to a question from NC on whether direct access diagnostics in primary care had been reinstated, MM confirmed that this had been reinstated and was being managed through a controlled booking system.	
6.25	NC asked for clarification on the Trust's risk stratification approach. MM responded that all elective programme disciplines had an associated risk category ranging from Priority 1s to Priority 4s - these were standard classifications used across the NHS. Cases were prioritised on the state of their condition and sense of urgency for surgery. The Priority 1s and 2s were the main focus and the Trust had now moved to the Priority 3s and 4s.	
6.26	SH referred to the Royal Eye Unit (REU) where many of its patients had to attend for routine injections. Due to the limited space and narrow corridors within the Unit, SH enquired how attendances were being managed. SBr confirmed that the REU had implemented a segregated system so that patients were able to attend safely. She also confirmed that virtual appointments were in place as not all patients needed to be seen face-to-face. No concerns had been raised to date.	
6.27	MM confirmed that in order to manage emergency patients, the REU had implemented a system of booking slots to help to reduce the normal high volume of patients attending. SH was very reassured following confirmation of these processes.	
6.28	SB asked MM to clarify for the Board the status on the A&E 'Talk Before you Walk' initiative, alongside the Trust's waiting lists and the shared waiting lists with colleagues across SW London. MM responded the Trust had a very robust triage system in place. A digital trial looking at securing the long term future of access to A&E was to be trialled from September 2020. This would evaluate whether Trusts had the correct risk stratification in place to assess the impact on the wider system. Until this had been trialled, the Trust would continue to apply a clinical navigation of the A&E Department and use the 111 services to support appropriate appointments in the right place. Ultimately, the aim was reduce numbers forming in the A&E waiting area.	
6.29	Regarding waiting lists, MM felt that it was important to highlight that Priority 1s and 2s were the Trust's sickest cohort who needed urgent attention. It would not be appropriate to focus on Priority 4s at the current time when across SW London there were Priority 1 and 2 patients needing urgent intervention. The Trust believed that its role was to support the higher risk categories first and then move to the wider categories.	
6.30	CW sought clarification on how the priority management system was working for patients who fell into the mental health category and whether the Mental Health Assessment Unit (MHAU) was back in operation. MM confirmed that the MHAU was operational. Mental health patients were receiving the same treatment as every other patient in terms of getting the same help in line with infection prevention and control regulations. The original Phase 1 build of the Mental Health Unit was currently being used as a mental health assessment space; the Phase 2 build of the Unit was currently being used for urgent treatment in order to create a wider space and help to reduce	

	any potential crowding in the waiting area.	
7.	**Integrated Quality and Operational Compliance Report**	
7.1	SB informed the meeting that this was a partial report and it was anticipated that a new, more linear report would come to the next Board meeting. Verbal updates were provided by exception.	
	Safe	
7.2	SBr highlighted that Alexandra Ward was showing as having 75.7 hours of care per patient day which was higher than ITU. This was due to the two designated ITU beds and a bay of Level 2 patients which all required a higher level of staffing.	
7.3	AG highlighted that data for the adult inpatient NEWS scores had been reviewed on 27th July 2020 and would be recorded in next month's report. The Trust achieved 98% across all inpatient areas in Quarter 1, which was very reassuring.	
7.4	AG also called out that there had been no Serious Incidents for deteriorating patients in the previous year. This was also very reassuring following work that had been done to ensure that NEWS scores were completed correctly and escalated appropriately.	
7.5	CW asked for clarification on pressure ulcer data. SBr confirmed that the Trust had returned to a more normal state concerning pressure ulcer numbers and the reassuring element of the data for May and June was that there had been no high level Grade 3 and 4 pressure damage. Any remaining Grade 2 pressure ulcers had all had the normal scrutiny. Some of these had been attributed to long-term Covid-19 inpatients. SBr was satisfied with the position shown in the data.	
	Effective	
7.6	AG summarised the narrative to reiterate the outstanding performance of the Intensive Care Unit throughout the pandemic, with thanks to all its supporting teams. RH remarked that the report on critical care was extraordinary. She felt that she spoke on behalf the Board when she affirmed that the achievement was something of which to be very proud. JG also extended his congratulations and commented that important learning could be derived from the experience on a national level.	
7.10	JG asked if the Trust had any headlines on how its collective learning could be shared more widely across the local and national system so that everyone could benefit from the remarkable insight and successes that had occurred at KHFT. AG responded by confirming that the Trust was connected to the critical care network, both for the local region and nationally. All learning was shared via a monthly South London Operations Delivery Network. This in turn would be shared throughout London and the national arena.	
7.12	JF added that, on behalf of SW London, he was collating lessons learnt around how hospitals had dealt with the first stage of the Covid-19 pandemic. If there was a subsequent peak, the Trust would be as well placed as it could be and the learning would be integrated into future planning across SW London.	
7.7	The Sepsis paper had been reviewed at the Deteriorating Patient Group on 27th July 2020. Quarter 1 saw 91% of eligible patients screened for sepsis. 93% of patients screened were given antibiotics on time, exceeding the target of 90%. It was noted that the Trust had achieved this consistently for the last three quarter periods, which was an immense accomplishment.	
7.11	RH commented that the Standardised Healthcare Mortality Index (SHMI) appeared low. As the Trust was going to be asked to collect data on the backgrounds of Covid-19 patients who had died in the hospital during the pandemic, RH enquired if data on these demographics was currently available. AG confirmed that a meeting had been set up with the Trust's Mortality Lead and demographics of Covid-19 patients who had died in the hospital would be discussed.	

	Caring	
7.13	SBr reported that the Trust was beginning to receive complaints again, following increased patient activity. No themes or trends had been identified in July.	
7.14	The Friends & Family Test (FFT) had not yet restarted nationally. However, SBr had requested that staff start collecting patient feedback/data from 1st August 2020.	
7.15	SH observed that there had been 20 complaints received in June 2020 compared with a similar number for the same period last year, and sought some context on this. SH also enquired if departments had been able to give support to investigating complaints, given the current focus on restarting services within the Trust. SBr responded that the number of complaints included those received within the last 6 months. Some of the more recent complaints had come in following discharge, after patients had had time to reflect.	
7.16	Regarding departments assisting with the investigation of complaints, SBr confirmed that governance of complaints was now split so that each department/division had their own governance process, assisted by the Head of Litigation, Complaints & PALS.	
	Responsive	
7.17	MM remarked that recent A&E performance had been outstanding. It was important to note that that the biggest reduction in activity was in self-presentations and those who would normally attend the Urgent Treatment Centre. The A&E performance therefore represented response to the Trust's sickest cohort of patients who had been seen and treated within 4 hours, which was a tremendous achievement and was one of the reasons why the Trust needed to embed lessons learnt throughout the pandemic.	
7.18	The Trust's Referral to Treatment (RTT) performance was as expected, taking into account recently reduced elective activity.	
7.19	It was important to note that, pre-Covid 19, the Trust had experienced some challenges regarding diagnostics, particularly echocardiograms, and that this had been a national issue. KHFT was looking across London and SW London to explore solutions.	
7.20	Throughout the pandemic, the Trust had maintained treatment for the sicker cancer patient cohort, including urgent referrals, and was continuing to treat its Priority 3 patients.	
	Well Led	
7.21	KC commented that Workforce's key performance indicators (KPIs) had been maintained remarkably well throughout the pandemic.	
7.22	Concerning staff turnover, KC reminded the Board a deep dive had taken place at the Workforce Committee two years ago when, at that time, turnover stood at 19.4%. Whilst the Covid-19 pandemic had clearly supressed movement across the NHS, turnover at KHFT was now down to 12.93%. It was highlighted that this was the best result in 8 years. The current underlying turnover indicators were very strong, reflecting the work that had been done through recruitment and induction, as well as the broader work that had been done through engagement in health and wellbeing. This in turn had had an effect on the Trust's stability score. A more stable workforce was one of KHFT's breakthrough objectives.	
7.23	Due to the Covid-19 pandemic, staff appraisal rates had dropped. This had been reactivated over the past 6 weeks and rates were expected to improve significantly. KC confirmed that he would present a significant refresh of appraisals at the next Board meeting which would be linked to the Agenda for Change earning pay increments starting in April 2021.	
7.24	SH enquired if appraisals could be carried out remotely and if there were any priority areas to address. KC confirmed that appraisals could be conducted in an agile way	

	and Managers were being encouraged to do so. The priority for staff who were not at work was to (a) ensure that they were well enough to work (b) to establish whether they could work in an agile way and (c) whether they could have a phased return. Part of this process was to ensure that appraisal objectives were prioritised. SH thanked KC for his response, saying she had received significant assurance concerning the restart of the appraisal process.	
7.25	CW asked for clarification on the current position on the Estates and Ancillary staff group that had been focused on during the deep dive. KC confirmed that a refresh on this work was planned for the next Workforce Committee meeting on 19th August 2020. He noted that this category covered a large group of staff and there were a range of indicators between those different groups. KC confirmed that the overlying trend for core Bands 2 and 3 Admin & Clerical staff had significantly improved and vacancies were down. For Estates alone, the Trust had deliberately kept a significant number of posts vacant whilst the new interim Head of Estates & Facilities reviewed his establishment. He had been using more temporary staff to fill those gaps whilst they were converted to permanent positions.	
8.	**Finance Report**	
8.1	YR presented the Finance Report for May-June 2020. For 2021 the Trust had been given a breakeven target due to the Covid-19 pandemic – this was different to the control total that had been given in previous years. YR reminded the Board that the Trust had recently been given block payments each month, and an additional top-up payment of £1.0m which was broadly in line with the month 1 and 2 average.	
8.2	In month 3, the Trust required a top-up of £3.8 as a result of the pandemic, i.e. £2.8m above the anticipated top-up value. There had been additional costs of £2.1m and the Trust had also seen a reduction in income of £1.1m. The calculated top-up took account of the underlying reductions in the Trust's business as usual core expenditure at £0.4m. Core expenditure was now increasing, reflected in the restart of elective activity.	
8.3	The Capital Programme for 2020/21 had been agreed through the Trust Board and would be internally funded. The Trust was waiting to hear the results of a bid that had been submitted to cover both Covid costs and elective restart capital.	
	ITEMS FOR INFORMATION	
9.	**Forward Plan / Log of Items Postponed**	
9.1	Content was noted. SS would be working on returning to a more 'normal' Board agenda for the next meeting and catching up on items missed during the pandemic.	
10.	**ANY OTHER BUSINESS**	
10.1	No questions had been submitted by Governors or the public in advance of the meeting.	
	DATE OF NEXT MEETING	
	Wednesday 30th September 2020 at 10.00 am	
11.	**RESOLUTION TO MOVE TO CLOSED SESSION**	
11.1	In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, the Board approved the following resolution: "That representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest".	