

**Minutes of the meeting of the Board of Directors  
held on 30<sup>th</sup> September 2020 at 10.00 am via MS Teams**

<b>PRESENT VOTING</b>		
Sian Bates	Chairman	SB
Jo Farrar	Chief Executive	JF
Sally Brittain	Director of Nursing & Quality	SBr
Kelvin Cheatele	Director of Workforce & OD	KC
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
<b>PRESENT NON-VOTING</b>		
Alex Berry	Director of Strategy & Transformation	AB
Susan Simpson	Director of Corporate Governance & Company Secretary	SS
<b>IN ATTENDANCE</b>		
Louise Hogh	Chief of Medicine	LH
Laura Shalev-Greene	Head of Volunteering (part)	LSG
Olivia Frimpong	Dementia and Delirium Service Improvement Lead (part)	OF
Susan Wheeler	Assistant Company Secretary (Minutes)	SW
<b>APOLOGIES</b>		
No apologies.		

<b>1.</b>	<b>Welcome</b>	<b>Action</b>
1.1	SB welcomed Board members to the virtual meeting. In line with Covid-19 guidance, members of the public were unable to attend the meeting and this was therefore being recorded to be made available on the Trust website after the meeting.	
<b>2.</b>	<b>Staff Story</b>	
2.1	SBr began by explaining why the Board starts with a patient or staff story.	
2.2	A video was shown regarding the work of the hospital's volunteering team, particularly through the period of the Covid-19 pandemic and the challenges they faced.	
2.3	SBr thanked the Volunteering Team for putting together such a moving and inspiring video, and commented on the absolute value they brought to patients and staff. She asked the Board to consider three questions: how the story had made them feel; how the Board might use the story to reflect on the agenda ahead; and whether there were any aspects Directors might want to focus on during Trust Walkabouts.	
2.4	CW said the video made her feel very proud and she had been reminded why Kingston Hospital was a leader in this field. She also commented that volunteering was a strong part of the Trust being an anchor organisation in the community and provided beneficial collaborative working across the community. She was also impressed by the range of volunteers in terms of age and diversity, which fed into the Trust's Equality, Diversity & Inclusion Strategy.	
2.5	SH commented that, apart from the emotional side of the video, she felt that learning could be obtained from the Volunteering Department's ability to deal with a difficult situation and transform a service so quickly.	

2.6	RH agreed that, following the suspension of volunteering in March 2020, a challenging situation had been transformed into something amazing. She felt so proud of the Volunteering Department. What had impressed her most were the flexibility and the capacity to think differently and how LSV, as a leader, had managed to keep the volunteers, new and existing, engaged.	
2.7	The video had caused KC to reflect on the Equality, Diversity & Inclusion Strategy and the People Plan, as the volunteers were an integral part of both of those strategies in terms of their value and ancillary role.	
2.8	DR loved the enthusiasm of the volunteers demonstrated in the video. He was keen that the Trust paid special attention to the needs of the volunteers.	
2.9	JF commented on the vital role that volunteers have played, both pre-Covid pandemic and during recent months. In planning for winter, the Trust would be thinking about how to support the volunteers so that they could continue to fulfil their important role.	
2.10	JF had recently had a conversation with the Chief Executive of Kingston Council, which also has a vibrant volunteering community who they were using as 'communication champions'. JF felt that there was much that both organisations could do together to ensure that best use was made of this resource, not just in the hospital but across Kingston more broadly.	
2.11	NC highlighted that there was a whole raft of volunteering roles that were now becoming mainstream across the provider network. NC asked how the Trust could ensure that it was connecting those opportunities so that the most vulnerable people in society were getting the benefit, not just when in hospital. This followed through when considering social environmental factors that cause behaviour issues and was particularly pertinent to health inequalities and improving population outcomes.	
2.12	The volunteering stories reminded AG how far the Trust had come in the last few months and how the hospital had changed. The fact that the Volunteering Team had had to innovate and change was a good example of how the Trust responded to change. AG also wanted to highlight that the contribution of the Volunteers, no matter how small, had been very important and valuable to the clinicians and had been very much appreciated.	
2.13	JG commented that the selflessness, positivity and enthusiasm were an inspiration. He felt that at this time, where there may be a fallout in the jobs market due to the impact of the pandemic, the Trust might increase its publicity for volunteers to create a sense of purpose and activity for some. In response to this, SB commented that a good cohort of people had attended the three engagement events for the Governor Elections taking place in November 2020, and that some of these were from the Trust's volunteering workforce.	
<b>3.</b>	<b>Declaration of Interests in Matters on the Agenda</b>	
3.1	None to declare.	
<b>4.</b>	<b>Minutes of the Last Meeting</b>	
4.1	The minutes of the meeting held on 28 <sup>th</sup> July 2020 were confirmed as a correct record.	
<b>5.</b>	<b>Matters Arising</b>	
5.1	There were no actions to carry forward from the last meeting.	
<b>6.</b>	<b>Chairman's Report</b>	
6.1	SB commented that whilst the Trust always prepared for winter, the overlay of Covid-19 required an increased level of flexibility and dedication.	

	She had witnessed hospital staff tirelessly work to reinstate the elective work to ensure that the hospital was extremely safe for elective services. SB had been overwhelmed by the dedication and professionalism of the staff, and she extended her thanks to them.	
6.2	Many Executives were involved in leadership work across the sector with the Integrated Care System (ICS) and she felt that this sharing of expertise could only benefit South West London. The Trust's sector working was increasing, as the Trust perhaps faced a second wave of the pandemic. It was working collaboratively for the benefit of the patients.	
6.3	Equality, Diversity & Inclusion had been a theme throughout the whole of the last period in terms of the Trust's patients and population and its staff.	
6.4	Concerning governance, sub-committees of the Board and the Council of Governors had resumed virtually, including virtual Executive and Governor Walkabouts.	
6.5	CW commented that there had been a significant shift in almost every area of the Trust's work in terms of integration and collaboration and this had been a big step forward in its thinking.	
<b>ITEMS FOR DISCUSSION</b>		
<b>7.</b>	<b>Chief Executive's Report</b>	
7.1	JF presented highlights from his report. He emphasised particularly the time and attention that had been dedicated to planning the recovery of the hospital's elective services and encouraging patients to return for diagnostic and elective procedures. Many outpatient appointments were now virtual and this had been received well on the whole. Provision had also been made for appointments which could not be virtual and for those unable to attend in that way. Significant time was also being spent planning for winter, with the possibility of a potential surge in Covid activity.	
7.2	Flu vaccinations were under way in earnest, and the Trust was working closely with local boroughs to get the flu message out to the local population. The Trust's Flu Plan had been included as an appendix to the report.	
7.3	All Covid-symptomatic patients were being tested prior to admission and on discharge. All symptomatic staff were also being tested. JF was pleased to report that the Trust's preparations and planning showed that it had sufficient supplies of PPE, oxygen supplies and beds in the event of a Covid surge.	
7.4	A state-of-the-art Endoscopy Suite had recently opened, and was the first nurse-led transnasal endoscopy suite in London.	
7.5	Parking charges for patients and visitors to the site would be introduced from 1 <sup>st</sup> October 2020. This was in line with most other NHS hospitals.	
7.6	The new Recruitment Hub based in Epsom would be going live on 12 <sup>th</sup> October 2020, hosted by Kingston Hospital. JF expressed his thanks to KC and his team for all their hard work in making this happen during the pandemic. The Trust was launching a new consistent range of staff benefits across the four acute trusts in South West London.	
7.7	The Staff Survey was currently underway and had achieved the best start it had ever had – response rate currently stood at 36.5%.	
7.8	The Governor Elections results would be declared on 23 <sup>rd</sup> November 2020.	
<b>8.</b>	<b>Integrated Quality and Operational Compliance Report</b>	
	<b>Safe</b>	
8.1	SBr noted that the work on falls reduction had impacted greatly. She drew attention to that fact that Kingston Hospital had been mentioned in the national Getting it Right First time (GIRFT) report. The PJ Paralysis campaign had also had a positive impact	

	on the number of falls.	
8.2	Pressure ulcer damage had remained below what was expected. However, in September the Trust had witnessed a rise in pressure ulcer damage coming into the hospital. The hospital had a very robust process in place to address this. CW enquired how collaborative work was progressing with community carers to try and reduce pressure ulcers in the community. SBr responded that during the pandemic, it has been difficult to do this. However, SBr and AB had a meeting scheduled with local nursing homes.	
	<b>Effective</b>	
8.3	AG reported that the Trust was having ongoing success in achieving its Sepsis screening and treatment targets. During July and August 2020, 100% of patients had received their antibiotics within an hour of being diagnosed. Special thanks was given to Amy Heptonstall, the Trust's Deteriorating Patient and Sepsis Nurse, for her outstanding work in this area.	
8.4	RH observed that Learning from Deaths and Summary Hospital-level Mortality Indicator (SHIMI) continued to be low, demonstrating the measure of the Trust's success. In comparison to the number of deaths and given the population, this translated into exceptional practice. RH also referred to the positive feedback received since the introduction of the Medical Examiner role, which had been rolled out earlier than other trusts.	
8.5	RH enquired if data was missing on the graph under K207 and K208 in the report regarding dementia screening. AG confirmed that the Trust had been instructed to pause dementia screening due to the pandemic.	
	<b>Caring</b>	
8.6	The Friends & Family Test would be restarting again on 1 <sup>st</sup> November 2020.	
8.7	SBr highlighted that the Trust was seeing an increased volume in lost patient property, resulting in an increase in complaints. She confirmed that a working party was looking into the reasons for this. The policy was being updated and would include improving measures to be taken on the wards. SBr would report to the Board in more detail in due course.	
	<b>Responsive</b>	
8.8	MM highlighted the outstanding cancer performance in achieving 93.5% against the national picture of 75.21%. A lot of work was being done around reassuring patients that it was safe to attend the hospital's diagnostic pathways and this would need to continue.	
8.9	A&E performance had improved significantly since the height of the pandemic.	
8.10	The urgent and emergency care programme was progressing with a focus on 111 first, which would be launched in November 2020. The Trust was also heavily involved in the community-led programme to implement updated discharge guidance	
	<b>Well Led</b>	
8.11	KC reported that the vacancy rate was higher than would normally be expected at this time. Reasons for this were highlighted in the report.  The vacancy rate would reduce due to the recent arrival of the first international cohort of nurses since the start of the pandemic. They had received accommodation and good orientation, induction and mentoring.	
8.12	Statutory and mandatory training rates had dropped as a result of the pandemic. KC was expecting to see an improvement in November 2020, aiming for a target of 90% compliance. KC confirmed that most training was accessible online. A section of the Library had been turned into a learning centre which would be an appropriate training	

	space for clinical staff. SBr confirmed that staff were allocated time to complete their mandatory training.	
8.13	The Trust had been underperforming on appraisals for the majority of the financial year and KC would bring a longer report to the December 2020 Board meeting. This would include an update on implementation of new arrangements to link appraisals for staff on Agenda for Change pay scales to their pay progression.	
<b>9.</b>	<b>Finance Report</b>	
9.1	YR confirmed that the month 5 position showed the Trust at breakeven position, in line with the interim plan. To achieve this, the Trust needed a top-up of £2.993m which was £2m over the anticipated top-up. The year-to-date value of the top-up was £12.6m of which the Trust had received £10.4 in relation to month 1. The variances were due to the loss of income from the Private Patients Unit, overseas patients and the additional purchase of PPE. Month 6 would be the last month to receive the retrospective top-up.	
9.2	The Trust would be using the new financial framework from month 7 onwards. Each Integrated Care System had been allocated a fixed system envelope within which all were expected to operate. Financial teams were currently reviewing the allocations and the impact that this would have on Kingston Hospital and the wider system. This allocation also included an element of anticipated Covid funding.	
9.3	The Trust had been asked to submit a balanced plan in October 2020 for the next 6 months until 31 <sup>st</sup> March 2021. The Trust was working collectively to understand and agree the sector level principles of the decision-making process and these principles and framework would be reviewed and approved by the trusts' Chief Executives before agreement was reached.	
<b>10.</b>	<b>Covid Response, Restart and Recovery</b>	
10.1	MM acknowledged the huge effort that had gone into restarting the recovery of services. All services were up and running again, albeit in different and creative forms due to infection control requirements.	
10.2	From an elective perspective, the majority of outpatient appointments were now virtual. It was important to note that the pandemic had meant that services were not operating as efficiently as normal due to the space restrictions as a result of infection control.	
10.3	There was still a cohort of patients who remained anxious about coming in to the hospital. The Access Policy has been adapted to help address this.	
10.4	Surgical restart: the Day Surgery Unit had been transformed into a 7 day, overnight inpatient service, to ensure ongoing resilience in the event of a second surge. This added value to the elective programme.	
10.5	Non-elective care: there was a huge amount of work being done regarding planning and going through the assurance process to establish the Trust as a triage centre, and working in collaboration with 111 to ensure that patients with minor ailments get directed to the right services.	
10.5	DR enquired if the Trust was seeing more patients as a result of conducting virtual appointments. MM responded that the Trust still needed to provide the clinicians to give the advice but with all of the enablers in place they were able to do this in a much quicker timeframe. However, some patients still needed more time virtually to adapt to the new system.	
10.6	CW sought additional assurance around patients who had come off the waiting list, for example because they were anxious about coming in to the hospital, and the process for them getting back on the waiting list. MM responded that the Trust was working closely with its primary care colleagues to establish the change in the Access Policy. It was important to note that a patient could not 'come off' the waiting	

	list unless there was a clinical assessment and written authorisation. The clinician was also required to write to the GP with a comprehensive plan of alternative arrangements. Patients were given a letter with an access number to re-establish themselves where they left off on their pathway and not at the beginning of the process. They did not need to go to their GP for another referral. CW was assured by this process.	
10.7	JG referred to audio consultations and asked what measures were being taken to help patients who were less confident with this type of technology or who were less able to access it. MM responded that, currently, most patients were able to use it in some shape or form and there was the opportunity for face to face and telephone consultations if not. SBr reported that the Trust had not experienced many problems in this area and that vulnerable patients were generally accompanied by someone who could assist.	
10.8	AB confirmed that the Trust was carrying out an evaluation of all those attending, virtually or face to face. This included assessing the technical challenges for virtual consultations and understanding the reasons why face to face meetings had been chosen as an alternative.	
<b>11.</b>	<b>Equality, Diversity &amp; Inclusion Strategy</b>	
11.1	At the Equality & Diversity Committee meeting in July 2020, in the wake of the first Covid surge and the Black Lives Matter protest, the Committee had agreed to revise the ED&I Strategy. KC presented the first draft revision, describing it as a working document that would be updated continually to respond to the current climate. A final Strategy would be brought back to Board in December 2020.	
11.2	KC was keen that all the previous strong foundations put in place by staff groups such as MEGA (Minority Ethnic Group for All), the EU Staff Group, the Disability Network and the Reverse Mentoring Programme would be built upon in order to improve engagement.	
11.3	JF had pioneered the Listening Event which had taken place in July 2020 and which had had a powerful impact in the Trust.	
11.4	Leadership: the NHS still had a glass ceiling regarding BAME staff filling leadership positions, despite all efforts around unconscious bias training and promoting staff. There was therefore a focus on fast-tracking these groups into leadership positions.	
11.5	The Covid-19 pandemic highlighted health inequalities in the BAME population. The Trust had, therefore, invested in health and wellbeing interventions for staff, including BAME and risk assessments had now all been completed. KC highlighted the Trust's focus on Speak Up as a tool to tackle discrimination, bullying and harassment.	
11.6	KC drew attention to the WRES (Workforce Race Equality Standard), against which progress had been made but the results were disappointing in some areas. The Trust would be submitting an action plan to address these.	
11.7	KC thanked RH and the Equality Diversity & Inclusion Team for their contribution to the ED&I Strategy.	
11.8	SH asked if there was a link between the Speak Up initiative and the WRES data and how much effort the Trust needed to put into communication and awareness so that the Trust got hold of the problems staff were experiencing at the time of the occurrence rather than later in the survey. KC confirmed that there was still a group of staff who were reluctant to come forward and speak up. The Trust needed to reinforce the commitment to an environment where staff feel able to raise a concern and for it to be addressed swiftly.	
11.9	RH agreed that some aspects of the WRES data were disappointing and suggested that staff groups such as MEGA needed to pick up examples as they happened and	

	have conversations with the individuals concerned to gain a comprehensive understanding, and for the case to be dealt with quickly.	
11.10	JF agreed that it would be better to address the matter at the time rather than retrospectively and to provide an opportunity at the time of completing the Staff Survey to go into more detail rather than only giving a low score. Some of the themes / questions / issues could then be compiled into a regular survey in order to obtain real-time feedback and to measure progress.	
11.11	YR commented that, following the Listening Event in July, a series of Listening Events had been undertaken by the Finance Team to encourage staff to speak up and share their stories. Staff feedback showed that global communication messages around being able to access the Speak Up Guardian had been a big encouragement for many.	
11.12	NC highlighted potential indirect institutional discrimination against BAME people during the recruitment selection process, particularly where English was not their first language. KC commented that the new Recruitment Hub would be tackling poor inclusion scores, addressing some of the issues in recruitment and closing the gap in BAME staff being appointed into senior positions. KC noted that there were BAME representatives on the recruitment panels and it was important they should also be trained in this field. There was an opportunity within the Recruitment Hub to make a collective difference across SW London.	
11.13	The Board approved the key principles of the ED&I Strategy.	
<b>12.</b>	<b>People Plan</b>	
12.1	KC presented the new People Plan for KHFT to help the organisation harness all of its workforce issues for the period 2020-2023, navigating the very complex plans and strategies around workforce locally and nationally. The pandemic had highlighted that the Trust needed a fresh approach in how it managed its people. There was huge potential for the Trust to work with its partners on this.	
12.2	The draft People Plan had been presented at the Workforce Committee and feedback had been that there needed to be a greater focus on the deliverables. As a result, the plan included national KPIs and realistic KPIs for KHFT.	
12.4	CW referred to the Trust's Equality Impact Assessments and how critical these might be in terms of trying to deal with some of the system problems, and how these may help in terms of the recruitment issue and the population health.	
12.5	SB commented that she would like to see 'value' listed under Care and Compassion to highlight valuing the difference in contribution. <b>ACTION</b> KC to add 'value' listed under Care & Compassion.	KC
12.6	The Board endorsed the key principles of the draft People Plan and noted that the final plan would be returned for approval in December.	
<b>13.</b>	<b>Dementia Strategy</b>	
13.1	OF presented Version 3 of the Dementia Strategy and highlighted key points. OF had been in discussion with the Dementia Action Alliance over the past few years and the charter recognised the example set by the Trust in effective use of its dementia volunteers.	
13.2	The National Audit for Dementia results in 2018 showed that screening for patients with delirium was at a low level. This was a national issue.	
13.3	The biggest achievement over the past 3 years was around the environment of care in the dementia wards and across the hospital. The PLACE score in 2015 was 48%; that figure was now 85%.	

13.4	<p>Looking forward to the next 3 years, key priorities included:</p> <ol style="list-style-type: none"> <li>1. Diagnosis, treatment and clinical care, with a focus on delirium screening.</li> <li>2. Care, relationships and staff skills with training delivered virtually.</li> <li>3. Carers. As ambassadors of John's Campaign, OF was focussing on patients with mental health conditions to maintain the right to have a loved one with them as much as possible outside visiting hours – subject to infection control guidance in place. Carers were encouraged to be involved as much as possible, either in person or virtually</li> <li>4. Active Days and Calm Nights Activities were in place again, with more in activities such as music and sensory activities, including virtual volunteers. These were in keeping with infection control guidance.</li> <li>5. A plan was in place to create a nice outdoor garden space.</li> <li>6. Improving links with community partners.</li> </ol>	
13.5	There was unanimous thanks and appreciation for the work that OF had put into the Strategy. The Dementia Strategy was approved.	
<b>14.</b>	<b>Volunteering Strategy</b>	
14.1	LSG presented the latest Volunteering Strategy. The Trust currently had 320 volunteers, with a further 158 in the pipeline and had received c. 250 enquires during the pandemic. She acknowledged that there was a huge outpouring of goodwill towards the NHS.	
14.2	The new Strategy followed a change in approach to the volunteering model following the pandemic. It revealed the very best of what volunteering could offer, including virtual volunteering. It was developed in consultation with many stakeholders, including patient representatives, HealthWatch, the local voluntary sector and volunteers.	
14.3	RH asked how LSG was keeping the volunteers in touch and connected with what was happening at the Trust. LSG responded that she was trying to be visible and participate in as many staff groups and platforms as possible, for example, the Nursing & Midwifery Board.	
14.4	DR noted that there may be more potential volunteers coming forward as a result of a drop in employment in the local workforce due to the effects of the pandemic. He enquired if there would be enough tasks to give them. LSG reported that this was one of the biggest challenges that the Volunteering Department faced. Currently, only 10% of the volunteers were able to be mobilised. Remote volunteering had to be tightly managed, particularly around information governance and GDPR. There were currently c. 600 volunteers who had stepped down as a result of the pandemic and the challenge was how to keep them engaged.	
14.5	The Volunteering Strategy was approved.	
<b>15.</b>	<b>Medical and Dental Appraisal and Revalidation Annual Report</b>	
15.1	AG presented the latest Annual Report. It was noted that, in line with national guidance, all appraisal activity was cancelled on 20 <sup>th</sup> March 2020. All appraisals due up to 30 <sup>th</sup> September 2020 were re-set for 2021. The GMC also automatically deferred all revalidation dates due until 30 <sup>th</sup> September 2020. The Trust was fully compliant with appraisals and 'approved missed' appraisals to date. The Medical & Dental Appraisal Policy had been revised to include more of a focus on pastoral care and mental health. The Board thanked AG for a comprehensive report.	

<b>COMMITTEE REPORTS FOR INFORMATION</b>	
<b>16.</b>	<b>Equality &amp; Diversity Committee</b>
16.1	There was nothing further to report following the discussion on the Equality, Diversity & Inclusion Strategy above.
<b>17.</b>	<b>Quality Assurance Committee</b>
17.1	CW had received assurance that all key priorities were being focused on.
<b>18.</b>	<b>Workforce Committee</b>
18.1	SH highlighted that the Retention Project was still ongoing and that a report would be brought to the next Workforce Committee meeting.
<b>19.</b>	<b>Finance &amp; Investment Committee</b>
19.1	JG expressed thanks to YR and the Finance Team for their continued agility and responsiveness throughout the pandemic and for keep hospital staff very well informed of developments.
<b>20.</b>	<b>Audit Committee</b>
20.1	DR confirmed that he had received good assurance on the quality of the counter fraud function. Assurance was also obtained from the internal audit report on Learning from Deaths.
<b>ITEMS FOR INFORMATION</b>	
<b>21.</b>	<b>Items Discussed in Private</b>
	The Board noted content of the report.
<b>22.</b>	<b>Forward Plan</b>
	The Board noted content of the forward plan.
<b>23.</b>	<b>Questions posed in advance of the Board Meeting</b>
23.1	<p><b>Q:</b> "Will the Board give recommendations to the review by the RCN's report on nurses' and midwives' health and wellbeing which was undertaken by the King's Fund? Would the Board give consideration to the 8 recommendations that came out of that report?"</p> <p><b>A:</b> KC responded that the Trust had only recently received the King's Fund report and a comprehensive answer would be given offline to the Chair of the Governors' Quality Scrutiny Committee. The principles of the Trust's Health &amp; Wellbeing Strategy applied to the nursing and midwives cohorts and would be reviewed by the Health &amp; Wellbeing Committee.</p>
<b>24.</b>	<b>ANY OTHER BUSINESS</b>
24.1	No other business.
<b>25.</b>	<b>DATE OF NEXT MEETING</b>
25.1	1 <sup>st</sup> December 2020 at 10.00am
<b>26.</b>	<b>RESOLUTION TO MOVE TO CLOSED SESSION</b>
26.1	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".