

## **Council of Governors**

### **Report from the Chief Executive, Jo Farrar**

#### **COVID pandemic update**

##### **Position in the hospital**

At the time of writing, we are caring for nine patients who have tested positive for COVID-19, including one patient in our intensive care unit. Despite the welcome decrease in the numbers of COVID cases that we are seeing, we remain mindful of the possibility of a further surge in COVID cases and are working closely with our staff to ensure we are prepared for this possibility, and continuing to prioritise the recovery of services and the health and wellbeing of our staff.

##### **Infection prevention and control measures**

We continue to update staff and patients on the infection prevention and control measures that remain in place at this time and any changes that they can expect to see over the coming weeks, in line with the government's roadmap out of lockdown.

Currently, there are no changes to the requirement for members of the public to wear a mask at all times when inside the hospital. Only if a member of the public is visiting a ward with COVID positive patients do they need to wear enhanced PPE which includes a mask, gloves, apron and eye protection.

The rule of six currently applies across the hospital and no more than six people are able to meet outside or inside at any time. We are reminding all staff to maintain social distancing, to wear a mask when indoors and to regularly wash or sanitise their hands.

From 17 May, groups of up to 30 people are expected to be allowed to meet outdoors, whilst the rule of 6 will apply indoors. From 17 May, face-to-face meetings of 6 people or less will no longer need approval to take place on site, but staff must continue to ensure that social distancing is maintained, masks are worn, hands are washed or sanitised, and ventilation is considered. If a meeting of more than 6 people is required, a completed risk assessment form must be submitted and approved in advance.

From 21 June, according to the government's roadmap out of lockdown, all legal limits on social contact are expected to be removed. Ahead of that time, we will conduct a trust-wide risk assessment which will take into account government guidelines, relevant guidance for

acute hospital trusts and the prevalence of COVID within our hospital.

### **Visiting arrangements**

In line with guidance from NHSE, patients on most adult inpatient wards can now receive one named family member, friend or carer for a daily visit (the same person each day). Visitors are asked to book by calling a dedicated visitor booking line and multiple visits can be booked at once.

Nominated visitors are asked to read and sign a visitor agreement before their visit. More information and the booking line number and opening hours can be found on our website:

<https://kingstonhospital.nhs.uk/patients-visitors/visitor-information/>

### **Recovery of services**

All of our outpatient services are now running, and we are seeing an increase in attendances either virtual or face-to-face. There remain in place restrictions around the numbers of people we can have within departments at any one time, so we are taking steps such as putting up additional screens so we can see as many patients as possible.

We have also been undertaking additional clinics at the weekends to help us catch up. Our day surgery unit is fully up and running. Our theatres are working at full capacity and we continue to have the use of the New Victoria Hospital which is helping us to recover our elective programme. We are also expecting to be able to benefit from the use of additional theatres being installed on the Queen Mary's Hospital site.

### **COVID-19 vaccinations**

I am pleased to report that at the time of writing, 81% of Kingston Hospital staff have now been vaccinated (85% of our substantive staff, 70% of our bank staff and 59% of our ISS staff). A buddy system has been set up to support staff that may have concerns about being vaccinated and following our own vaccination programme on site at Kingston Hospital, St George's Hospital and Croydon University Hospital have offered vaccination slots to our staff who continue to come forward for the vaccine.

Moving forward, we will continue to work with partner trusts to offer the vaccination to staff who have not yet been vaccinated, as well as sharing targeted communications with pregnant members of staff following the recent changes in government guidance. We are also engaging with bank staff via Bank Partners to communicate vaccination appointment

availability, as well as working with our ISS colleagues to provide additional support where required, to encourage further uptake.

In the wider community, more than half the adult population of South West London has now received a first dose of a COVID-19 vaccine.

### **Lateral flow testing**

Our staff continue to carry out COVID-19 lateral flow tests and are regularly reminded to test themselves twice-weekly and to record their results via our online form, allowing us to monitor infection within the workforce and to fulfil the Trust's statutory reporting duty to Public Health England.

### **Post COVID support for patients**

Many patients recovering from COVID-19 are still coming to terms with the impact the virus has had on both their physical and mental health. Some patients may still have some physical symptoms, such as, breathlessness, a cough or a lack of energy. Others may have psychological symptoms, such as feeling anxious, depressed, having trouble sleeping and struggling to remember or concentrate.

Across South West London we're bringing together services that meet these needs for any patients four or more weeks after the onset of COVID who are still facing after effects of the illness.

The aim is to take the positive learning the NHS has gained from dealing with the pandemic and provide patients and GPs with a complete range of recovery services based on patient need. This ranges from online resources that patients can access, voluntary sector services, community services, a hospital based multi-disciplinary team that can refer patients with the most complex needs to a specialist unit at St George's Hospital, to offering social prescribing and public health services for those patients with milder needs.

A directory of services has been developed for primary care colleagues which sets out the range of options available so patients can get the most appropriate care.

A more detailed presentation about the offer for people in Kingston, Richmond and East Elmbridge will be shared at the Council of Governors meeting.



### **Innovation grant funding for IBD patient portal**

Rishi Goel, consultant gastroenterologist and lead for inflammatory bowel disease (IBD) services was recently awarded a Health Innovation Network grant, which will be used to trial a new digital portal that patients can use to self-manage their care – a first for IBD patients in South West London.

Dr Goel was one of five winners of the Health Innovation Network’s Innovation Grants awards. The five winners were chosen from 32 applications after a rigorous selection process by an expert panel and in partnership with Health Education England. All of the chosen innovations align to key NHS priorities by addressing major health challenges.

The teams will be funded and supported by the Health Innovation Network over a 12-month period to pilot their projects and generate evidence of impact before potential wider roll-out.

### **Joint Advisory Group endoscopy accreditation**

Our endoscopy service was recently awarded accreditation from the Joint Advisory Group (JAG) on GI Endoscopy, following an assessment that took place in December 2020. The endoscopy team met all accreditation standards and were congratulated by the JAG accreditation Chair on their high standards of achievement and their hard work during the accreditation process.

### **‘End PJ Paralysis’ campaign**

This May, our clinical teams are launching an ‘End PJ Paralysis’ campaign across all wards at the Trust. The ‘End PJ Paralysis’ campaign focuses on getting patients out of bed wherever possible, to reduce the risk of harm caused by bedrest. This started as a national campaign in 2018 and resulted in a reduction in hospital length of stay, pressure sores, falls and nursing home referrals.

The multi-disciplinary team on our care of the elderly wards has successfully implemented this campaign over the past two years resulting in a change in culture (with Getting It Right

First Time commendation as 'exemplary' practice) and an average of over 91% of patients sitting out, who are safe to do so.

The aim this year is to create a hospital-wide culture to end the harm caused by PJ paralysis and to get our patients up and moving. Working alongside the Quality Improvement team, our clinicians are providing bespoke training for End PJ Paralysis champions and for Band 7 therapists and ward managers, who will carry out a daily audits on all wards and help support the teams to drive improvement.

## Our People

### Staff survey

Following the 2020 annual staff survey, which received a 77% response rate (compared to 65.2% in 2019) I am pleased to report that Kingston Hospital is the best placed acute Trust in London, with ten scores in the upper quartile.

We are continuing to take action to address the areas of improvement that were identified through the survey, and these are summarised as:

- **Bullying and harassment/discrimination** – more focused work is required to identify causes and potential solutions, with a peer review of Kingston's practice recommended
- **Training for managers** – we are considering mandating training for all managers, particularly in compassionate leadership
- **Team working** – areas that are lower than Trust score to focus on away days, team communications and shared objectives
- **Musculoskeletal problems** – increasing the use of risk assessments and access to MSK physiotherapist through the Trust's Occupational Health service
- **Equality and diversity actions** – we are launching a comprehensive equality diversity and inclusion strategy which covers a range of interventions to improve the Trust's position in this area

### Diversity champions

In April we launched a campaign to recruit diversity champions, to work within their department or service area to support the delivery of our equality, diversity and inclusion strategy. Our campaign seeks to identify a range of people who are passionate about equality, diversity and inclusion and have a commitment to promoting it, who are approachable and have good communications skills.

Champions will act as a point of contact for colleagues and they will advise on equality, diversity and inclusion issues in their area. The campaign runs until 14 May, and we have already had interest from more than 20 staff members. Training and support will be provided for champions and we will run a launch event later in May.

### **Return of volunteers**

At a recent Executive Management Committee meeting we heard about plans for our volunteers to return to the Trust. The plans presented by Laura Shalev Greene, Head of Volunteering, reflected a controlled approach, re-introducing volunteering slowly and safely.

The plans have made it possible to re-open volunteering services to wards and departments by identifying eligible, low risk volunteers in some of our high impact roles. From June, we can expect to see roles such as ED volunteers, dining companions, dementia volunteers and discharge support volunteers back in action. Other roles, such as advance care planning volunteers, will also be possible, allowing the important progression of our end of life, quality priority.

The return of our volunteers also coincides with National Volunteering Week, which will take place 1 June - 7 June. During this week, the Trust will be hosting a series of webinars in coaching and mentorship skills for staff members who work alongside volunteers, to optimise the time and compassion that volunteers bring.

### **Medical director appointment**

Following a formal recruitment and selection process, Dr William Oldfield has been appointed as Kingston Hospital's medical director. Bill will join us later in the year (date to be confirmed) from University Hospitals Bristol and Weston NHS Foundation Trust where he has been medical director since 2018.

After reading pharmacology, and subsequently human and applied physiology, at King's College, Bill studied medicine at St. George's Hospital Medical School, before entering the North-West Thames training programme in general and respiratory medicine. During this time, he was awarded a PhD from the National Heart and Lung Institute, Imperial College London, and gained experience in both allergy and critical care medicine.

He was appointed as consultant in respiratory medicine to St. Mary's Hospital and the Royal Brompton Hospital in 2003, and subsequently developed clinical interests in high

dependency medicine and pulmonary embolic disease. At Imperial College Healthcare NHS Trust, he held a variety of clinical management positions including lead clinician, chief of service, deputy medical director and interim medical director before going to work in Bristol.

Bill is excited about joining Kingston Hospital at such a pivotal time in the NHS and working with us to continue to provide an outstanding experience for our patients, staff and the community. I am sure you will join with me in welcoming Bill when he joins us.

I would like also to acknowledge the outstanding clinical leadership Amira Girgis, our acting medical director, has and continues to provide to us during the most challenging period in the history of the NHS. I am delighted to confirm that Amira has agreed to continue as our acting medical director until Bill joins us at which point she will then revert to her substantive post of deputy medical director.

## Sustainability

### **Refurbishment of Kingston Hospital's eye emergency clinic**

Work will begin to refurbish the eye emergency clinic at Kingston Hospital's Royal Eye Unit, on 31 May, to create more space and to improve the experience for our patients. The clinic will be closed from 24 May for a period of 10 weeks and will reopen in August.

We will continue to have a telephone triage number for advice and will be offering a limited provision of service for patients who are already under the care of the Royal Eye Unit who have acute problems or those with chronic ophthalmic conditions who have been discharged recently (within 12 months).

All routine planned treatments, operations and outpatient eye services will continue to take place within the Royal Eye Unit during this time and there will be no change to the pathways for internal referrals from our emergency department.

We have engaged with external system partners in South West London, North West London and Surrey Heartlands, to request that GPs and ophthalmic providers temporarily modify their referral practices during the closure, to direct patient to alternative providers. We have also been in contact with the relevant NHS Trusts to advise them that they may expect additional referrals during this time, which would otherwise have been seen here at Kingston. Messaging has also been shared with patients and the public via the Trust website and further communications will be issued over the coming weeks to provide reassurance to service users.

### **Site development forums for staff**

We have been running a number of engagement events, led by our chief operating officer and our estates and capital development leads, to inform staff of our latest site development plans and priorities, and to enable them to share their feedback. Our virtual site development forums have been really well attended by staff and have raised lots of good discussion points and suggestions.

Staff were able to see the improvements made across the estate for patients and staff such as the fantastic new facilities for endoscopy and the priorities for the next 3-5 years including a new critical care unit. These forums enable staff to help shape the site development and get involved in designing the estate to meet the needs for both patients and staff.

### **Kingston Private Health**

As the pressure on the hospital continues to reduce we will be doing some further work to re-market our private patient unit. All profits from the unit will be reinvested back into the NHS.



### **Hounslow and Richmond Community Healthcare NHS Trust**

I joined Hounslow and Richmond Community Healthcare NHS Trust as their interim CEO just over a month ago, and have spent the past few weeks getting to know the staff, and developing an understanding of the services provided in Richmond and in Hounslow.

I have been very impressed by the excellent care delivered by the teams within HRCH and similar to Kingston Hospital, colleagues at HRCH are working hard to recover the backlog of services in some areas of the Trust. Many staff were redeployed and others shielding during the pandemic, and so we are supporting staff to return to their teams and we continue to support staff health and wellbeing as a priority.

There is much overlap between the two Trusts in terms of the patients we serve, so my hope is that looking beyond organisational boundaries, we can do more to provide care in partnership, to meet the physical, mental health and social care needs of local people in a more integrated way.

### **SWL integrated care system**

In November 2020, NHSE/I published a discussion document '[Integrating care Next steps to building strong and effective integrated care systems across England](#)' to open up

conversations with the NHS and its partners about how integrated care systems could be embedded in legislation or guidance.

Feedback on the discussion document was used to write a White Paper which was published in February 2021, with a suggested approach for integrated care systems.

Kingston Hospital is part of the SW London integrated care system and work is ongoing at borough level (linked into the ICS) to identify and develop a 6, 12 and 18 month programme to deliver borough-based requirements outlined in the White Paper.

This will involve joint working between NHS providers, the local authorities, voluntary sector, Healthwatch and our partners in East Elmbridge. I have been asked to take the transitional lead role for integrated working across Richmond borough, and Dr Naz Jivani will lead the integrated approach for Kingston borough. This will be discussed in more detail during the Council of Governors meeting.