

**DRAFT Minutes of the Meeting of the Board of Directors
held on 30 March 2022 at 09.30am via MS Teams**

PRESENT VOTING		
Sian Bates	Chairman	SB
Jo Farrar	Chief Executive	JF
Kelvin Cheatle	Director of Workforce	KC
Mairead McCormick	Chief Operating Officer	MM
Dr William Oldfield	Medical Director	WO
Yarlina Roberts	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		
Samuel Armstrong	Director of Corporate Affairs & Company Secretary	SA
Alex Berry	Director of Strategy & Transformation	AB
IN ATTENDANCE		
Marion Louki	Director of Midwifery	ML
Tracey Moore	Director of Operations	TM
Tara Ferguson-Jones	Director of Communications	TFJ
Laura Shalev Greene	Head of Volunteering	LSG
Berenice Constable	Deputy Chief Nurse	BC
Bina Saini	Head of Equality, Diversity & Inclusion	BS
MEMBERS of the PUBLIC		
Sukhvinder Kaur-Stubbs	Incoming Chair in Common	SKS
Jack Saltman	Elected Governor	JS
Ash Neil-Gallacher	Elected Governor	AN
Isabelly Donnelly	Elected Governor	ID
Olivia Arney	Associate Member for Young People, Council of Governors	OA
Alison Dicks	Staff Governor	AD
Jennifer Bunn	Staff Governor	JB
APOLOGIES		
Nichola Kane	Chief Nurse	NK

1.	Welcome	Action
1.1	SB welcomed all present and in attendance to the Board meeting.	
1.2	Staff / Patient Story	
1.3	BC introduced the item, and a Patient Story video was shown.	
1.4	Orthopaedic patient, Kevin, gave a moving account of his patient journey before and after his knee surgery. He described how good it felt, not just to be part of the system, but to be treated with kindness and humanity by the surgeon and supporting staff. From beginning to end, his experience had been extraordinary and world-class. He praised the surgeon in particular, referring to him as an exceptional person. The outstanding care and support he received at Kingston Hospital enabled him to return to work quickly and resume an active life.	
1.5	DR found Kevin's story very uplifting and felt proud of the Trust. The expression that resonated with him was "not being part of the system"; it was all about the personalised experience and human touch.	
1.6	SB noted that, given recent pressures across the whole hospital, this was an extraordinary example of making a patient feel human, valued and important. This was a huge testament to the Trust's workforce.	

	She emphasised that it could not be underestimated how receiving compassionate staff care could help a patient's confidence in enabling them to continue with their lives. This was a wonderful example of 'Patient First' in action.	
1.7	JF pointed out that behind everyone on a hospital waiting list was someone who's life was being changed. Along with the outstanding treatment he'd received, Kevin recalled the humanity, understanding and kindness that he'd experienced from the surgeon and the wider team. Kevin's story emphasised the importance of ensuring that the Trust continued to give priority and focus to its elective recovery.	
1.8	JF reflected on the current culture of measuring healthcare performance through reports and statistics, and felt that the Trust should hold on to the 'why' and 'how' it operated. This was a strong example of staff reflecting the Trust's values.	
1.9	RH was moved by the fact that, not only did the whole team work together to give Kevin considerable confidence, he recognised and appreciated the pressures that staff were under.	
2.	Apologies for Absence	
2.1	An apology was received from Nichola Kane, Chief Nurse.	
3.	Declaration of Interests in Matters on the Agenda	
3.1	There were no declarations of interest.	
4.	Minutes of the Previous Meeting	
4.1	The minutes of the previous meeting held on 26 January 2022 were approved as a correct record.	
5.	Matters Arising	
5.1	The Board approved the Action Log.	
6.	Chairman's Report	
	SB noted that this was her final Board meeting as Chairman of the Trust. She reflected that it had been a wonderful eight-and-a-half years. She expressed her thanks to the Board and Executive colleagues for their incredible commitment and dedication, and for their tireless leadership, particularly during the pandemic. She also thanked the Council of Governors for sharing the Trust's passion for excellent patient care, and for working together with the Board. SB concluded by extending her gratitude to the staff at Kingston Hospital.	
7.	Chief Executive's Report	
7.1	JF presented highlights from his report.	
7.2	CW commented that, following the success of the CQC Maternity Services Survey, this could result in a possible increase in maternity patient numbers, and that staff would need to respond to this demand. JF assured CW that the new Directory of Midwifery, ML, was mindful of a possible increase in demand for maternity services and would monitor the position closely. The Board noted the report.	
8.	Integrated Quality and Operational Compliance Report (by exception)	
	Safe	
8.1	<ul style="list-style-type: none"> BC reported that the Trust had had an improved position on its hospital-acquired pressure ulcers from January 2022. This represented a significant achievement, particularly in light of hospital pressures and the acuity of patients. Staff levels had been maintained, despite the challenging position over recent months. A potential Never Event was declared in Surgery; however, this was expected to be de-escalated, following completion of the investigation. 	
8.2	SB noted that medication incidents had been relatively high in February 2022 and asked BC for clarification on the reason for this. BC advised that Pharmacy staff managed the medications safety processes, and these incidents were being reviewed. They would also be monitored through the Medicines Safety Group. She emphasised that this was not a trend and that there were no specific findings of concern in the initial review. A report would be presented to the Quality Assurance Committee in due course. BC assured the Board that no harm had been caused to patients in the incidents reported.	

	Effective	
8.3	<ul style="list-style-type: none"> • WO drew the Board's attention to the Trust's participation in a Benchmarking Audit that was conducted by the Society of Acute Medicine. In spite of the challenges, the Trust continued to perform very well compared to its peers. • The Trust had shown that it was successfully increasing the use of its Same Day Emergency Care Centre (SDEC). This helped alleviate pressure on ED so that a focus could be maintained on the higher acuity patients. This was a very important development that needed to grow in the future. 	
8.4	<p>NC asked if the volume of patients seen in SDEC gave an indication of how much tangible impact this was having on patient flow throughout the rest of the hospital.</p> <p>WO responded that that more data was needed as it was still in its infancy. Currently, it allowed patients to be diverted out of ED, or prevent them going there in the first place. This also made it easier for ambulances to offload patients into ED.</p>	
8.5	<p>CW asked what plans were in place to improve ambulance handover, and whether patients were safe whilst waiting to be offloaded. It was noted that this was currently an issue across SW London.</p> <p>WO stated that patients were not unsafe in a waiting ambulance, as they were still being cared for by paramedic crews who were co-located with ED. It did, however, have a negative impact on the patient experience, which was not acceptable. He added that the Trust was looking at a whole spectrum of interventions to improve patient flow.</p>	
	Caring	
8.6	<ul style="list-style-type: none"> • It was noted that the new Patient Property Policy was fully embedded and regular compliance audits were being undertaken in ward areas. It was anticipated that there would be an improvement in lost property complaints. • Nine formal complaints had been de-escalated. • Congratulations were extended to ED as they had recorded a 77.07% positivity rating in patient experience. 	
	Responsive	
8.7	<p>MM drew out the following highlights:</p> <ul style="list-style-type: none"> • The Trust achieved its cancer performance targets in January 2022; this was an exceptional achievement. • Breast Services were under pressure through unmet need, new demand and a backlog as a result of Covid-19. The Trust was currently recruiting additional breast radiology support. • Endoscopy achieved an incredible 100% of patients within 6 weeks for all examinations. 	
8.8	<p>JG asked what had driven the success in the Endoscopy Unit, so that lessons may be shared with other areas.</p> <p>MM responded that Endoscopy had a very innovative team that focused on training, and had been creative in how they delivered the service. There had been large investment in the environment and that had made a big difference. Nurses were being trained in procedures, there was excellent MDT work all round, and great support from the clinicians.</p>	
	Well Led	
8.9	<p>KC presented the well led section of the report, and the following was noted:</p> <ul style="list-style-type: none"> • There has been a slight increase in the vacancy rate to 8.77%, against a target rate of 6%. • The rate of staff turnover was decreasing. • Pay and cost of living were increasingly becoming an issue for NHS staff and the Trust was doing everything it could to help with non-pay benefits. • Staff sickness increased significantly at the beginning of 2022 but had improved considerably over the past two months. 	
8.10	<p>CW asked how the Trust would be responding to the cessation of free NHS staff parking, which had recently been announced in the media.</p> <p>YR advised that this was national guidance, which was meant to be implemented from 1 April 2022. The Executive was working collectively with staff and colleagues, and would continue discussions with staff to ensure a smooth transition.</p>	

8.11	<p>SH asked KC for assurance that opportunities for a better career structure would be put in place for HCAs.</p> <p>BC confirmed that, to date, the Trust had converted 35 of Band 2 posts to Band 3, and this had been very well received. The Healthcare Assistant Forums were gathering momentum and there had been buy-ins from 'champions' who were spreading the word across the healthcare assistant community within the hospital. The Trust was very much engaging with this staff group and encouraged them to participate in the forums to explore development opportunities. It was hoped that there would be increased interest following the introduction of the Healthcare Assistant category at the recent Staff Awards. The Practice Development Team had visited some local colleges recently to promote HCA opportunities.</p>	
8.12	<p>SB asked for an update on staff turnover in the AHP category. KC responded that a major piece of recruitment work was being undertaken in this area. Some of the therapist roles were being redesigned together with the Trust's community partners and local authorities, with the aim of tapping into new markets.</p>	
9.	Ockenden Maternity Services Review and Benchmarking	
9.1	<p>ML highlighted key points from the 2021 Ockenden Report. She had just received the final version of the 2022 report, which contained 15 further recommendations that the Trust would have to benchmark itself against. The report focused on safer staffing levels. The Trust was fully compliant with the first Ockenden review. ML would review the additional recommendations which would necessitate a further paper to the Board for consideration.</p>	
9.2	<p>JG asked if there was anything that needed to be done to reassure users of the Trust's Maternity services on the safety of its care.</p> <p>ML reminded the Board that the Picker Maternity Survey had emphasised that the Trust offered women an extremely safe service. ML would liaise with the Communications team regarding posting positive messaging on the Maternity services at Kingston Hospital.</p>	
9.3	<p>Taking into account the new monitoring processes that would need to be implemented as a result of the 15 additional recommendations, CW asked if the Maternity Unit would be getting the right digital support and tools to ensure that data was captured efficiently.</p> <p>ML advised that requirements for vigilant reporting were going to increase substantially. She anticipated that the service was going to need some data-skilled administration staff to carry out an audit of evidence in order to provide the reassurance that was required. ML would explore the resources needed.</p>	
9.4	<p>ACTION ML to provide update report on Trust compliance with the additional 15 Ockenden recommendations at the July 2022 Board meeting.</p>	ML
9.5	Maternity Continuity of Carers (CoC) Building Blocks Plan	
9.6	<p>ML summarised key points from the Plan, which was taken as read. The building blocks template was a default model for all women attending the Maternity Unit, and the starting point for mapping out what the Trust needed to put in place to meet the objectives by March 2023.</p>	
9.7	CQC Maternity Service National Survey	
9.8	<p>ML provided a summary of Picker's National Survey of Births in February 2021. It was noted that the survey took place in the middle of lockdown, which had an impact on the number of visitors and those present at births. The Trust had exceeded the national score in most of the parameters.</p>	
9.9	<p>SB commented that the culture and inclusivity of the Maternity Unit was outstanding. She asked that ML pass on to the Maternity Service the Board's congratulations on the outcome of CQC National Survey.</p>	
10.	RM Partners Strategy	
10.1	<p>MM provided an overview of the Royal Marsden Partners Cancer Strategy for NW and SW London 2021-25. This was a joint strategy developed with the Trust.</p>	
10.2	<p>SH enquired how stewardship of funding allocation was governed.</p> <p>MM responded that funding was very tightly managed, and the governance of cancer pathways was excellent. The Cancer Alliances were very long established, and outcome measures were reviewed regularly. There was a clear trend of where investment was being allocated and where it was making a difference.</p>	

	The Board noted the report.	
11.	Finance Report	
11.1	YR provided a summary of the Finance Report for Month 11, which was taken as read and noted. The Board noted the Trust's performance against its key objectives.	
12.	Staff Survey	
12.1	The results of the National Staff Survey 2021 were formally released on 30 March 2022, allowing for public discussion. KC provided a brief overview of the report, which he felt contained some disappointing results for the Trust. Reasons were largely down to the numerous and unprecedented challenges staff had faced working through the pandemic.	
12.2	MM provided an overview of the Trust's response to the survey. It was important to acknowledge the results and demonstrate that the Trust was responding in a meaningful way. There were a number of areas that would require deep dives; these would be undertaken with staff in a wide and varied engagement exercise in order to gain a better understanding of what lay beneath the data. It was fundamental that the Trust's leadership helped staff to recover and stabilise, with programmes of work co-designed with Trust staff.	
12.3	SH believed that the results from the Staff Survey had had a deeply personal effect on all of the Executive team. Clinical leaders attended recent Workforce Committee meetings and some very honest discussions had ensued. As a result of the pandemic, a lack of staff engagement with their managers, including appraisals, had had a negative effect, in addition to a lack of training opportunities. SH was reassured that regular Pulse Surveys were issued in those Clusters that were identified as needing support.	
12.4	JF underlined that addressing the issues in the Staff Survey was an utmost priority. The Board noted the report.	
13.	System and Place Update	
13.1	JF provided a brief update on the development of the Integrated Care System, Place and provider collaboratives. The Board noted the progress in the system and Place. The Board noted the update.	
13.2	Trust Volunteering Annual Report	
13.3	LSG presented highlights from the Volunteering Annual Report. It was noted that the Trust could be very proud of what the volunteers had achieved in terms of their scale and impact during the pandemic. She highlighted the performance and impact of volunteer flagship services, including Discharge Support Service and Falls Prevention.	
13.4	RH asked LSH how the Trust could expand volunteering beyond the hospital into the community. In response the Board noted the following: <ul style="list-style-type: none"> • Support had already been provided to HRCH, under the Better Together programme, to help set up their Volunteering Service. This gave the Trust an unprecedented opportunity to integrate volunteering into services that were already happening in the community, closer to and within patients' homes. • HRCH and KHFT would be joining forces to back community health campaigns. This focused beyond the getting well moment, which was hospital-based volunteering, into helping people to live well. This was an exciting model to be developed. • Exploring new connections with pre-operative assessments which involved getting volunteers into patients' homes and helping them to, for example, lose weight, stop smoking, and to get mobile and strong before their surgery or treatment. 	
13.5	DR referred to the benefits for volunteers in terms of their own wellbeing, sense of belonging and connecting with people, and asked to what extent the pandemic had affected this. LSG advised that volunteers who had stopped their activities during the pandemic had been kept in contact with via welfare calls, newsletters and personal-touch birthday cards.	
13.6	SB commented that LSG had shown flexibility, attention to quality and had found ways of making volunteering work in a pandemic. LSG's leadership in this area, over many years, was outstanding.	
13.7	SB asked if LSG had given any thought to how volunteers could support clinical staff to help alleviate some of the hospital pressures they faced.	

	In response it was noted that the Volunteering Service had received funding from NHS England in November 2021, and LSG advised that one of the projects to benefit was the Mindful Moment Scheme. The aim of the scheme was to provide clinical staff with a 5-minute break, with refreshments provided, and a mindful moment activity card. A longer term goal for alleviating staff pressures would be met via the new Response Volunteer Scheme: any clinical member of staff could put in a request to, for example, sit with a patient who needed additional attention, or to work on a reception desk. These available volunteers would plug those gaps to provide micro-breaks.	
14.	Health and Safety Annual Report	
14.1	YR apologised for the delay in presenting the H&S Annual Report 2021-22. She drew out key points for assurance. The Board noted the contents of the report and accepted the objectives for 2021-22, noting the achievements against those. The new objectives would be brought to the Board in due course.	
14.2	Equality, Diversity and Inclusion Annual Report	
14.3	KC presented highlights from the ED&I Annual Report 2021-22. He drew the Board's attention to some of the Trust's achievements listed on page 7. He extended his thanks to YR, who had taken a very strong lead in ED&I, and to JF who had led the ED&I Listening Events. He also thanked SB and RH for their support and guidance. The Board noted the report.	
15.	Gender Gap Analysis	
15.1	KC presented the Gender Gap Analysis Report. Investigations were ongoing to understand why the gender pay gap had widened during the pandemic. Mitigations were in place and KC was hopeful that when gender pay was reviewed in March 2023, the trend would be reversed. The Board noted the report.	
16.	Finance & Investment Committee Report	
16.1	The report was taken as read and noted.	
16.2	Quality Assurance Committee Report	
16.3	It was noted that the Trust Patient Safety Partners had been recruited and an induction day was planned for April 2022. These would be an excellent addition to help ensure that the patient's voice continued to inform the Trust's forward trajectory. The Board noted the report.	
16.4	Audit Committee Report	
16.5	DR provided a verbal summary of the Audit Committee Report. The Board noted the report.	
17.	Workforce Committee Report	
17.1	The report was taken as read and noted.	
18.	Equality, Diversity & Inclusion Committee Report	
18.1	The Board noted the content of the report and the main areas of discussion and assurance provided at the 9 th February 2022 and March 14 th 2022 ED&I Committee meetings. RH drew attention to the Staff Network Boards. It had been proposed that each staff network should be aligned with a Board sponsor. To date, two sponsors had been confirmed. Further expressions of interest were welcomed to support the MEGA and Pride staff networks within KHFT.	
GOVERNANCE		
19.	Items Discussed in Private	
19.1	The paper was taken as read and noted.	
20.	Forward Plan	
20.1	The Board noted the Forward Plan.	
21.	Any Other Business	
21.1	JF spoke on behalf of the Trust to congratulate SB on her Lifetime Achievement Award for outstanding service to Kingston Hospital. SB's chairmanship had been exceptional, and had changed how things were done at the organisation, and helped establish a caring and kind identity. Supporting the local community had resulted in a lasting cultural improvement with significant transformational change. SB had gone above and beyond her commitment to both staff and patients.	

	<p>SB's input to the Trust's CQC Outstanding rating, and championing those with the greatest vulnerabilities and inequalities, had contributed to the Trust becoming one of the most recognised trusts in the country for volunteering and dementia care. Her drive to re-launch fundraising had resulted in significant improvements in patient care and experience. The Trust had become a beacon of excellence under SB's leadership.</p> <p>JF thanked SB for all she had done over the years, for both staff and patients.</p>	
22.	Questions from the Public	
22.1	There were no questions from the public.	
	DATE OF NEXT MEETING	
	The next Board meeting will take place on Wednesday 25 May 2022.	
	RESOLUTION TO MOVE TO CLOSED SESSION	
	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".	