

**Draft Minutes of the Meeting of the Trust Board  
held on 28<sup>th</sup> September 2022 at 09.30am  
in Lecture Theatre 1, Kingston Hospital Surgical Centre and via MS Teams**

<b>PRESENT VOTING</b>		
Sukhvinder Kaur-Stubbs	Chair	SKS
Jo Farrar	Chief Executive Officer	JF
Kelvin Cheatle	Chief People Officer	KC
Yarlini Roberts	Chief Finance Officer	YR
Dr William Oldfield	Chief Medical Officer	WO
Nichola Kane	Chief Nurse	NK
Sylvia Hamilton	Non-Executive Director (via Teams)	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>		
Tracey Moore	Director of Operations	TM
Samuel Armstrong	Director of Corporate Affairs & Company Secretary	SA
Denise Madden	Director of Strategy & Transformation	DM
Stephen Hall	Director of Performance & Planning	SHa
David Hawkins	Director of Corporate Infrastructure & Integration	DH
Tara Ferguson-Jones	Director of Communications	TFJ
<b>IN ATTENDANCE</b>		
Berenice Constable	Deputy Chief Nurse (Item 8)	BC
Marion Louki	Director of Midwifery (Item 9)	ML
Susan Wheeler	Corporate Governance Manager (minutes)	SW
<b>MEMBERS OF THE PUBLIC</b>		
<b>Via MS Teams</b>		
Ashling Neil-Gallacher	Elected Governor	ANG
Cathy Maker	Elected Governor	CM
Jennifer Bunn	Staff Governor	JB
Bonnie Green	Elected Governor	BG
<b>APOLOGIES</b>		
Nil		

<b>1.</b>	<b>Welcome and Apologies for Absence</b>	<b>Action</b>
1.1	SKS welcomed all present and in attendance.	
1.2	There were no apologies for absence.	
<b>2.</b>	<b>Patient Story</b>	
2.1	<p>NK introduced the staff story video. Alberto Barea, Nurse Consultant in Dermatology, gave an outline of his role in the Dermatology and Plastic Surgery Department at Kingston Hospital.</p> <p>There were currently few Nurse Consultants in the country, particularly in dermatology, and this example of competency epitomised the apex of advanced nursing practice, encompassing leadership, research and education. He found the management and culture at Kingston Hospital very pro-nursing and supportive in encouraging nursing innovation to develop advanced nursing practice.</p> <p>Alberto was instrumental in establishing the country's first independent nurse-led clinic for patients with chronic skin conditions, where patients were offered a holistic and comprehensive package of care.</p>	

	<p>The clinic became the first of its kind in supporting nurses to become the principal investigators in dermatology research; this had enabled Alberto's research articles to be published. This had attracted not only many new patients, but also interest from external companies engaged in commercial research.</p> <p>In 2016, Kingston Hospital received an award for the Best Newcomer Centre in the National Registry for Patients with Psoriasis.</p> <p>Alberto was appointed Clinical Lead for the South West London Dermatology Network in 2021. This was the first time a non-medical professional had been appointed to the role.</p> <p>At the recent British Dermatological Nursing Group Conference, Alberto and his team were awarded 'Team of the Year' for 2022.</p> <p>As a result of such positive publicity, other national healthcare providers had asked for training on the processes and approach at Kingston Hospital.</p> <p>Patient experience and feedback had been overwhelmingly positive, with continuity of care, staff approachability and a holistic approach being some of the most common comments.</p>	
2.2	CW felt that the integration of Nurse Consultants into the wider workforce and medical rotas could possibly help fill some of the gaps in services.	
2.3	NC commented that all the evidence around how to improve the experiences of those providing care suggested staff needed to be empowered to do what they were trained to do, to be supervised and to work within a supported team with a team-based culture. He wondered how the Trust could develop and foster this team-based approach across particular specialties and teams where there was room for improvement.	
2.4	NK confirmed that work to develop a similar team-based approach across some specialties was being undertaken between herself, WO and TM. Developing the Nurse Consultant roles would help make Kingston Hospital a more attractive place to work.	
2.5	WO emphasised the beneficial impact, both locally and nationally, of conducting new independent research at the Trust, and having articles published, as this elevated the profile of the organisation.	
2.6	JG reflected that the NHS was a highly regulated industry, and this was a great example of where the hospital had liberated an employee to perform at their highest personal level, which was inspirational for colleagues. He encouraged the hospital to continue being creative in liberating such passion for excellence.	
2.7	JF felt that the work of Alberto's team also fed into the Trust's longer term Sustainability Plan in creating new roles and developing skills within the multi-disciplinary teams. It was important to think about how the Trust enhanced its research offering, which would also bring other sources of revenue. The story illustrated a quality improvement opportunity, with the patient at the heart of everything that was being done.	
2.8	The discussion concluded with SKS extending her thanks to Alberto, acknowledging that he was a great role model in setting high expectations in a very positive way.	
<b>3.</b>	<b>Declaration of Interests in Matters on the Agenda</b>	
3.1	SKS declared her role as Chair in Common for Kingston Hospital and HRCH. There were no other declarations of interest.	
<b>4.</b>	<b>Minutes of the Previous Meeting</b>	
4.1	The minutes of the previous meeting held on 28 July 2022 were approved as a correct record.	
<b>5.</b>	<b>Action Log / Matters Arising</b>	
5.1	There were no matters arising.	
<b>6.</b>	<b>Chair's Report</b>	
6.1	<p>The Chair gave a verbal update on her activities since the last meeting:</p> <ul style="list-style-type: none"> <li>• She had spent a morning with TM in ED and Pharmacy, and was particularly impressed with the quality of triage in ED. She was struck by how focussed the Pharmacy team were on ensuring that patients received the right level of support to be able to be discharged in a safe and timely way.</li> <li>• Staff Nursery visit - SKS commented that the resource provided a high standard of provision not routinely available in other trusts.</li> </ul>	

	<ul style="list-style-type: none"> <li>• She continued to liaise with KC and SH in the development of the Workforce in Common Committee, and RH in the EDI Committee in Common.</li> <li>• The South West London Acute Provider Collaborative chairs continued to meet, with added support and input from JG on sustainability across the system.</li> <li>• There was an onsite visit from Regional Director, Andrew Ridley, who was particularly impressed by the way in which the Trust and HRCH were connecting with their communities.</li> <li>• Together with TFJ, JF and RH (along with Bindesh Shah from HRCH), work continued to build compassion and kindness within the organisation. A workshop was scheduled to take place imminently on how to develop and reinforce some of the Trust's positive values and behaviours.</li> <li>• A special note of thanks was extended to CW for the support and expertise she was providing to the Maternity Unit.</li> </ul>	
<b>7.</b>	<b>Chief Executive's Report</b>	
7.1	JF presented highlights from his report, which was noted.	
7.2	He noted that, currently there were 27 Covid-19 positive inpatients at the hospital. The Trust was working to support staff in relation to the cost of living challenges.	
7.3	<p>NC referred to recent media reports regarding winter preparedness and the operational pressures that the NHS was preparing to face, and sought additional assurance around the Trust's contingencies in preparation for this.</p> <p>TM responded that the Trust had been working on its winter plans, in partnership with colleagues on the A&amp;E Delivery Board and primary care community authorities, since July. Funds had been secured to help with the winter period demands. The Trust's focus was on ensuring the safety of its non-elective pathways, whilst keeping as much of the elective pathways running as possible, and how it could further expedite patient discharges.</p> <p>The Trust was also focusing on resources. It was hoped that the escalation ward would not need to open as this added to staff pressure; however, she could not guarantee this. There was a focus on supporting the Frailty team and the Same Day Emergency Care team. The Trust was also in the process of recruiting non-clinical support on the wards to free up admin tasks from the clinical teams. Regarding specialty in-reach, the aim was to get Cardiology, Gastroenterology and Respiratory to provide guidance and instruction on treatment plans earlier on in the pathway in order to get the patient to the right place and, hopefully, reduce length of stay.</p>	
7.4	<p>Regarding the Trust's Sustainability Plan, JG sought assurance on the steps and key milestones needed to maintain the pace and focus, given the pressures that the system would be experiencing.</p> <p>JF responded that this had been discussed at Place level where it had been agreed that, whenever the organisations came together, they needed to ensure that each was spending an equal amount of time addressing immediate needs, as well as progressing the priorities agreed on for the next 5-10 years. An additional workshop with the Trust's Place partners was scheduled for 29 September 2022 in order to map out what that looked like. The Trust's system partners also needed to ensure that dedicated resources were ringfenced for the upcoming operational pressures in order to support the programme of work. An additional piece of work would be undertaken with the Acute Provider Collaborative to further explore collaboration on sustainability.</p>	
7.5	CW asked if there was an urgency around the roll-out of the flu vaccine, as in previous years, to hit the target vaccination rate. KC confirmed that the Trust was running a Flu Campaign concurrently with the Covid-19 booster, and staff would be offered the choice of either or both vaccines. The Trust had a 70% target rate for flu vaccination, and there was an action plan to deliver this.	
7.6	CW referred to staff Away Days and their importance in helping to develop teams, and wondered whether all staff were coming together. KC reported that he and the Deputy Director of Workforce had spent a lot of time planning Away Days, and staff teams were offered a suite of choices to facilitate and attend in a way that fitted their operational circumstances. Discussions between the team leader and staff took place to see how they would want the Away Day to look like. It was completely inclusive and done in a democratic way to ensure the maximum number of staff were able to attend.	

8.	<b>Integrated Quality and Operational Compliance Report</b>	
8.1	The Integrated Quality and Operational Compliance Report was taken as read and noted.	
8.2	<b>Safe</b> NK provided highlights from the Safe section of the report. She noted that there had been a rise in the number of pressure ulcers, driven by delays in ED. There had been staffing challenges in Maternity over summer, however there were recruitment plans and staff in the pipeline. There had been one never event, however there had not been any patient harm or delayed procedure as a result.	
8.3	It was noted that there had been an SI related to discharge summaries not being sent to GPs. Having identified specific issues, JG asked what steps the Trust had taken to ensure that there were no other similar breakdowns in the transmission of information, and that this was not indicative of a wider system issue. In order to give a good level of assurance, DH confirmed that consultants would be reviewing all records that flowed through the system.	
8.4	WO highlighted that, in his experience, the Place-based collaborative workshops had been remarkable. He had never seen this degree of no-blame collaborative working, and he felt that there had been a culture change between primary and secondary care to work better together to solve challenges in healthcare. This was a very positive outcome of the case, and it was a good example of transparency and collaboration in achieving such a good level of trust, and sharing the issues in such a positive and constructive way.	
8.5	<b>Effective</b> WO provided highlights from the Effective section of the report. He noted the audits on breast reconstructions.	
8.6	<b>Caring</b> NK provided a summary of the Patient Experience section of the report. She noted that the number of complaints had decreased.	
8.7	In response to CW's query on the standard response time for complaints, she confirmed that it was 25 days. However, for complaints of moderate harm and serious incidents, the response time was extended to 45 days due to the complexities involved.	
8.8	In response to CW's comment on the increase in poor Friends & Family Test feedback in Maternity, NK confirmed that the Trust moved to a new FFT system in June 2022, resulting in a change in how the information was presented, and this had affected some of the results.	
8.9	DR asked if the Trust could benchmark the very good ED feedback against its peers in London. NK reported that data had been obtained from other South West London providers to a benchmark; however, there were many variables, and more work was required before the data could be reliably compared.  DM reported that KHFT did not currently compare too favourably with its peers in South West London in relation to patient experience in ED, and it was unpicking some of the measures that had been used to compare the data to understand what was driving that.  WO noted that response rates were quite low at around 20%, and that most feedback tended to reflect a poor experience rather than a positive one. The FFT was a useful comparator with other organisations, as long as they all used the same markers.	
8.10	<b>Responsive</b> TM provided highlights of the Responsive section of the report. She noted that ECIS was coming to visit the Trust to assist with improvements in ED, related to flow. The Trust had failed the 62-day wait target in July, however it appeared this had been improved in August.	
8.11	SKS reminded the Board that the quality of patient discharge processes had been discussed at the AGM on 22 September 2022.	
8.12	NC asked how confident was the Trust that it would be able to meet the capacity required for discharging patients to nursing home beds. TM responded that the Trust was aware of the number of void nursing home beds in the community. The challenge was to discern why this was the case and how they could be filled, and the Trust was looking into the different pathways in order to address this issue. The Trust continued to work with agencies that were able to offer more home support, so that patients could get back home more quickly.	
8.13	<b>Well-Led</b> KC provided a summary of the Well-Led section of the report.	

8.14	CW asked if junior doctor staff vacancies were included in the medical staff report for recruitment, retention and vacancies. KC confirmed that as junior doctors were on rotation, the Trust did not count them in staff turnover figures. Healthcare Education England provided staffing figures for this staff group. Staff figures in the Well-Led report related to substantive KHFT staff only.	
8.15	<p>DR asked if there was data on why people chose to work at Kingston Hospital as opposed to another hospital, how they were recruited and what healthcare organisations they came from. KC reported that the September Exit Interviews Report contained a rich source of data, and included a compare and contrast section on reasons why people joined and left the Trust.</p> <p>WO commented that many substantive doctors often started at the Trust as junior doctors. There were currently a number of junior doctors on rotation who had expressed an interest in working at the Trust in the future.</p> <p><b>ACTION</b> Bring Exit Interview Report to a future Board meeting.</p>	KC
8.16	<p>SH referred to a recent press report that employees not only looked at pay rates, but also at flexibility. She asked KC to provide an update on agile working, particularly among the corporate, admin and clerical staff groups. She hoped that this would be advertised as a way of attracting staff to the organisation.</p> <p>KC confirmed that all corporate functions were on an integration journey. Work continued on exploring how staff could work across both KHFT and HRCH. A piece of work on re-educating managers around flexible working needed to be undertaken. He noted that putting together rotas and work schedules could be complex and challenging, and that the Trust had rostering technologies which were not being fully utilised. There was evidence that self-rostering pilots helped staff feel engaged and improved motivation. TM was currently working with colleagues in ED to explore this initiative.</p>	
<b>9.</b>	<b>Ockenden Assurance Report</b>	
9.1	ML provided a summary of the Ockenden Assurance Report, which was noted.	
9.2	CW commented that patient flow remained an issue, which linked to increasing evidence around which women should have inductions and which women shouldn't, and how this affected flow. ML planned to bring a report back to the Quality Assurance Committee for discussion in due course.	
9.3	CW congratulated ML on a very positive report, and for the work undertaken to develop the Maternity Strategy.	
9.4	<p>NC commented on the Cerner maternity information system, and questioned its functionality to support the Maternity workforce. He wondered if this technology issue could be addressed in an expedient way. DH confirmed that the patient record system was being addressed at a system level across South West London.</p> <p><b>ACTION</b> DH to provide an update to the Board on improvements required to the Cerner information system in Maternity.</p>	DH
9.5	The Board noted the assurances and actions undertaken to date, following the Ockenden Report recommendations.	
<b>10.</b>	<b>Safe Staffing Report</b>	
10.1	BC gave a summary of the Safe Staffing Report, which was noted.	
10.2	RH referred to the reduction in the bed base in Paediatrics, and sought assurance that this would be resolved. In response, BC explained that discussions on maintaining safe staff ratios and keeping the Paediatric Assessment Unit (PAU) functioning were ongoing between staff in ED and TM. Additional paediatric nurses would be starting at the Trust over the next three months.	
10.3	<p>CW felt that it would be helpful if a Nursing Strategy could be drawn up. NK agreed to take this forward, and it would be brought to the Board in due course. The Board recognised the efforts of BC and her colleagues in maintaining safe nurse staffing in such challenging times, and it was a credit to the team</p> <p><b>ACTION</b> NK to draw up a Nursing Strategy and present it to the Board in due course.</p>	NK
<b>11.</b>	<b>Finance Report</b>	
11.1	YR provided a summary of the Finance Report for month 5, which was noted. She highlighted the year-to-date position, year-end forecast and current capital spend. She added that pay awards had been fully funded. The Trust was working to mitigate risks related to the FIP position.	
<b>12.</b>	<b>Equality Reports: KHFT WRES and WDES Reports + Actions Plans</b>	
12.1	KC presented the WRES and WDES Reports and Action Plans, which were noted.	

12.2	RH emphasised that compassionate leadership was key in developing the workforce. One of the findings from a Listening Event on staff with disabilities was that some staff felt unable to approach their manager or team leader. It was important that staff felt confident to speak out, and managers should encourage this.	
12.3	RH was eager to see the development of internal training for BAME leaders.	
12.4	<p>JG remarked on the percentage of BAME and disabled staff who had experienced bullying and harassment from patients, relatives and the public. He wondered how this compared to other similar organisations.</p> <p>KC reported that the Trust was yet to receive the comparative scores, and that these would be available for the next Board meeting. He commented that in previous years, the scores were on a par with KHFT's peers, indicating that this was not a local issue. The Trust had undertaken a lot of work to ensure that there was a zero-tolerance approach to bullying and harassment towards these staff groups, but unfortunately there were still some service users who very prejudicial in their actions.</p> <p>NK highlighted that there were some patients and relatives with health conditions that unfortunately meant that their behaviour was difficult, such as autism, dementia and delirium. A wider piece of work continued to be developed around staff resilience and communication skills in learning to manage patients and visitors with complex needs.</p>	
12.5	SKS asked how staff awareness of invisible disabilities was noted in the data. Following the summer campaign to raise awareness of invisible disabilities, KC reported that there had been a large increase in staff wanting to discuss this. Promoting awareness needed to continue through the Communications team to address a genuine lack of understanding. Awareness training for managers had been built into the compassionate leadership programme.	
12.6	SKS referred to the WDES Report. She commented that, in the past, reports had shown that adaptation was a challenge and she asked KC how confident he was that the Trust's recruitment process was as open, accessible and as inclusive as it could be. KC reported that a debiasing programme was being embedded within the Recruitment Hub. A specific piece of work around the recruitment of consultants was currently being developed with WO. This focused on where the Trust advertised, what the job looked like and the narrative on KHFT.	
12.7	NC commented that applicants where English was not their first language could find it difficult to perform well in stylised interviews with conceptual questions. He felt that this should also be incorporated into the debias training.	
12.8	JF reported that work was underway in schools and with those unemployed to creatively explore how to get jobs in healthcare. The Trust was awaiting the results of a research project on how the NHS attracted, particularly local people, into hospitals.	
12.9	RH highlighted the importance of the chair of the interviewing panel reminding the panel to maintain a non-biased approach, which can be difficult to incorporate into the allocated time.	
12.10	KC signposted the Board to the Debiasing Recruitment Toolkit, which addressed many of the points raised during the discussion.	
12.11	The Board approved the outcomes of the Workforce Race and Disability Equality Standards and Public Sector Equalities for 2022 Report, and approved the WRES/WDES action plans to address any concerns.	
<b>13.</b>	<b>Finance &amp; Investment Committee Report</b>	
13.1	<p>JG provided a verbal update from the last FIC meeting:</p> <ul style="list-style-type: none"> <li>• A discussion took place regarding the Finance Report for month 5 to understand the balance between mitigations of the Trust achieving its year-end target versus efforts to change the underlying run rate of costs.</li> <li>• The Committee acknowledged the excellent ongoing work around elective recovery, and recognised the value that this brought to patients. It was further seeking a clearer understanding of how this could be best supported from a financial perspective.</li> <li>• The Committee noted the tremendous progress made in the Trust's collaboration with system partners, and the range of transformation opportunities that were being identified. It requested more information on targets and the potential benefits associated with the different elements of the transformation programme in order to gain a better understanding of the prioritisation of what seemed to be a target-rich environment.</li> </ul>	

	<ul style="list-style-type: none"> <li>The Committee undertook an annual effectiveness review. The Committee took assurance that it had met its objectives. The Committee discussed extending the Terms of Reference due to ongoing discussions on the Committee's role in the context of the Committee in Common.</li> </ul> <p>The Board agreed to the extension of the Terms of Reference for the Finance &amp; Investment Committee.</p>	
<b>14.</b>	<b>Quality Assurance Committee Report</b>	
14.1	CW presented the QAC report, which was noted. She provided an update to the thematic review of Radiology services; WO had confirmed that the division was reviewing the issues raised and an action plan had been developed.	
<b>15.</b>	<b>Workforce &amp; Education Committee</b>	
15.1	SH provided a verbal update on the Workforce & Education Committee: <ul style="list-style-type: none"> <li>There had not been a Workforce Committee in Common since the last Board meeting in July 2022.</li> <li>Work had commenced on the Workforce Committee in Common Terms of Reference, with a greater emphasis on education development across the two organisations and a greater focus on innovation and strategic matters.</li> <li>The next meeting of the WEC was scheduled to take place on 20 October 2022.</li> </ul>	
<b>16.</b>	<b>Equality, Diversity &amp; Inclusion Committee</b>	
16.1	The ED&I Report was taken as read and noted.	
<b>17.</b>	<b>Items Discussed in Private</b>	
17.1	The paper was taken as read and noted.	
<b>18.</b>	<b>Forward Plan</b>	
18.1	The Forward Plan was taken as read and noted.	
<b>19.</b>	<b>Any Other Business</b>	
19.1	There was no other business.	
<b>20.</b>	<b>Questions from the Public</b>	
20.1	There were no questions from the public.	
	<b>DATE OF NEXT MEETING</b>	
	The next Board meeting will take place on Wednesday 30 November 2022.	
	<b>RESOLUTION TO MOVE TO CLOSED SESSION</b>	
	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".	

Part 1 of the Trust Board meeting closed at 12.15pm