

**DRAFT Minutes of the meeting of the Board of Directors
held on 3rd June 2020 at 10.00 am via MS Teams**

PRESENT VOTING		
Sian Bates	Chairman	SB
Jo Farrar	Chief Executive	JF
Sally Brittain	Director of Nursing & Quality	SBr
Kelvin Cheatele	Director of Workforce & OD	KC
Tracey Moore	Director of Operations and Deputy COO	TM
Amira Girgis	Acting Medical Director	AG
Yarlini Roberts	Interim Director of Finance	YR
Sylvia Hamilton	Non-Executive Director	SH
Dr Rita Harris	Non-Executive Director	RH
Dr Nav Chana MBE	Non-Executive Director	NC
Jonathan Guppy	Non-Executive Director	JG
Dame Cathy Warwick	Non-Executive Director	CW
Damien Régent	Non-Executive Director	DR
PRESENT NON-VOTING		
Alex Berry	Director of Integration	AB
Susan Simpson	Director of Corporate Governance & Trust Secretary	SS
IN ATTENDANCE		
Susan Wheeler	Assistant Company Secretary	SW
APOLOGIES		
Mairead McCormick	Chief Operating Officer	MM

1.	Welcome	Action
1.1	SB welcomed all Board members to the virtual meeting which was being recorded and would be available on the Trust website shortly after the meeting.	
2.	Staff Story	
2.1	A short film was shown which presented reflections and experiences from the multi-disciplinary ICU team working through the Covid-19 pandemic over the past 12 weeks. It illustrated how people had worked flexibly to meet the needs of Kingston Hospital patients.	
2.2	The aim of the video was to help Board members connect with staff on an emotional level and to understand the impact that the pandemic was having on staff. It also served as a platform for staff to acknowledge the enormous support that they have received from the Trust leadership team, patients and the community.	
2.3	Board members found the film moving, emotional and insightful. RH referred to the innovation, flexibility and learning that was demonstrated by a range of staff, revealing a 'whole team' approach. RH felt that the uncertainty and unknown elements of the circumstances were anxiety-provoking and that the Hospital management team and the external community had responded quickly and appropriately. RH suggested that future Executive Walkabouts could provide an opportunity to express their thanks to all involved.	
2.4	CW noted a particular area of interest was how staff had coped with the patient/family interaction and the learning that could be taken from how the patient/relative interface was managed in a way not previously experienced. In response.	

2.5	NC commented that one of the reasons the Trust had witnessed such a good team response was the real commitment to a 'common purpose' demonstrated across all sectors.	
	NC asked if the Trust had identified any unnecessary bureaucracy over the past two months and whether there had been any learning taken from this. SBr responded that this question was being factored into all recovery work. JF added that the Trust was going through a very stringent process in terms of bringing some of the elective work back on stream. He noted there was an assumption that the NHS would not revert back to some ways of working pre-Covid-19. The Trust would also be reviewing the governance framework to streamline that which is reinstated once the Level 4 National Incident framework is withdrawn.	
3.	Declaration of Interests	
3.1	None to declare.	
4.	Minutes of the Last Meeting	
4.1	The minutes of the meeting held on 2 nd April 2020 were confirmed as a correct record subject to corrections for items 7.3 and 7.4 - RH highlighted that the Equality & Diversity Committee is a sub-committee of the Board.	
5.	Matters Arising	
5.1	There was one matter arising in relation to CNST and it was confirmed that CNST requirements had been paused until September 2020.	
5.2	SB confirmed that the Governor elections for the Lead Governor and Deputy Lead Governor had concluded. Frances Kitson had been elected Lead Governor, and Cathy Maker as Deputy Lead Governor. Both Governors would take up their posts on 21 st June 2020. SB took the opportunity to thank all candidates who had stood for election and expressed her thanks to Richard Allen and Jack Saltman for their time as Lead Governor and Deputy Lead Governor respectively.	
ITEMS FOR DISCUSSION		
6.	Chief Executive's Report	
6.1	JF provided an update on the Trust's current position regarding the Covid-19 pandemic. Since March 2020 the Trust had been under a Level 4 National Incident and this was ongoing. The Trust had been in close contact with system partners as part of the emergency planning arrangement. From a governance perspective, there had been weekly reports to Non-Executive Directors. Gold and Silver Command continued to be in place to ensure a continued appropriate response to the pandemic.	
6.2	As at 3 rd June 2020, the Trust had 8 Covid-19 positive patients. At the peak of the crisis, there were c. 110 Covid-19 patients.	
6.3	The Trust had stood down the majority of elective work at the beginning of March 2020 and was currently planning how to bring this work back on stream, ensuring that it was adhering to national guidelines and could be approached in a safe and managed way.	
6.4	TM informed the meeting that she had been involved in a programme of work to bring back elective outpatients, elective day cases and inpatients. The Trust had been undertaking the more urgent cases, both face to face and virtual. The Trust had also opened its virtual outpatient consultations to all patients, both routine and urgent, and was going through a rigorous process of compiling a checklist for all departments who wished to come online with their services. A Quality Impact Assessment was used to check that there were no implications for patients in making changes to how services were being delivered.	

6.5	The programme of work was also looking at how the Trust could utilise the independent sector which was still available to the Trust, and how it could create, as far as possible, separate sites so that the majority of its elective patients came to one building with a designated group of staff. The Trust was aligned with plans under South West London Integrated Care System and then London's direction on issues such as communication with patients and prioritisation. It was hoped to start extending the elective programme from 15 th June 2020.	
6.7	JF reported that the number of A&E attendances had recently begun to increase.	
6.8	Further to some issues reported nationally around PPE and oxygen supplies at the peak of the pandemic, JF was pleased to report that the Trust's PPE and oxygen supplies had been, and continued to be, well managed.	
6.9	The number of staff absent from work due to Covid-19 was decreasing.	
6.10	Risk assessments on staff working environments that had been undertaken across the Trust had concluded; the management were now working through any highlighted issues.	
6.11	CW enquired how the Trust was managing the emerging issues following risk assessments, and how much help was the Trust getting in terms of data from national teams. KC confirmed that there were two pieces of complementary work currently being undertaken, based on national guidance to mitigate risks i.e. individual risk assessments relating to 1,300 BAME hospital staff, and vulnerable staff with pre-existing health conditions. The work involved evaluating risk assessments already in place and what additional physical adaptations could reasonably be made to the environment to make it sustainable and safe for staff. The research would enable managers to examine how their staff were deployed, including those at home, and how to get them back to work safely.	
6.12	The Trust had completed an Infection Prevention and Control Board Assurance Framework and JF was pleased to report no significant concerns.	
6.13	JF reported that there had been an immense focus on staff health and wellbeing during the pandemic, and acknowledged the outstanding work and commitment of staff across the board; it had been a humbling experience to witness first hand. Some of the positives had been the evidence of staff and patient connectivity and the values of the workforce in how they had looked out for each other. JF was pleased to report that the Trust had put in place psychological support for staff. He noted that although the Trust was past the first peak, staff were still in need of support.	
6.14	JF paid tribute to the technical management of the internal staff communications video messages. This had helped support the management team in getting key messages out.	
6.15	JF reported that the Trust had been overwhelmed by the support received from individuals and organisations within the Kingston community and expressed thanks for the significant donations received via Kingston Charity. These had made a significant difference to how staff were being looked after.	
6.16	In terms of recovery, JF reported that the Trust was now examining how it would move into the next phase of the Covid-19 pandemic. It was worth noting that the Trust was still in a Level 4 Incident, despite a reduction in Covid-19 positive patient numbers. SW London ICS had established a Recovery Board in order to oversee this next phase of activity and was in its early stages of development. JF acknowledged the outstanding levels of collaboration that had been seen both locally and across South West London.	

6.17	NC enquired about the Government's 'Test, Track and Trace' programme and what impact it could have if it applied to Kingston Hospital staff. In response, SBr confirmed that the Trust had recently been in contact with Public Health England (PHE) on the matter and had had further discussions with the London Clinical Advisory Group (CAG). The Trust had subsequently put a robust process in place and SBr reported that the Trust was fully prepared in the event of a second wave of Covid-19 cases.	
6.18	AG confirmed that a cohort of junior doctors was expected to arrive at the Hospital in August 2020 and measures were being put in place to provide Covid-19 training. AG noted that many of the expected F1s had already started in the NHS. As they had all graduated early they would already have had 3 months' experience working in hospitals with Covid-19 patients before they joined Kingston Hospital in August.	
7.	Integrated Quality and Operational Compliance Report	
7.1	Safe SBr reported on the issue of pressure ulcer damage, to which she had alerted the Board previously of a potential increase. 90% of these related to Covid-19 positive patients; 62% of incidents related to above the neck, which was as a result of using hoods. On the balance of risk, it was much more important that the hood was kept on and that the pressure damage was treated. Assurance was given that all correct new guidance was being implemented and that the Tissue Viability Team had been working in situ. To provide reassurance, SBr noted that these figures were in line with the rest of London and the national picture. A more detailed report on pressure damage had been shared with CW who had received significant assurance that this was being well managed. CW confirmed that both she and SBr would be keeping a close eye on this indicator as things returned to normal.	
7.2	Effective AG reported that, as expected from the Covid-19 pandemic, the mortality rate had increased. However, the SHMI rate remained low and within the Trust's usual limits.	
7.3	Caring SBr confirmed that there was nothing exceptional to bring to the attention of the Board.	
7.4	Responsive TM reported that ED performance had improved largely due to the significantly lower number of patients attending. She alerted the Board to the fact the Trust was maintaining its cancer performance. However, the Trust was likely to see a reduction in performance, not because breaches were increasing but because the number of treatments being undertaken was below normal levels.	
7.5	Well Led KC reported that the vacancy position had deteriorated and that this was largely due to new posts that had been added at the beginning of the financial year. Before the Covid-19 pandemic, the Trust had a record low vacancy rate of 4.7%. KC was confident that the Trust would return to this percentage quickly.	
7.6	KC confirmed that there had been an improving sickness position in the Trust which was down to approximately 7.5%. The underlying absences were less than 3%. KC was hopeful that the decreases evident in recent weeks would continue.	

	DR asked if the Trust had been recruiting over recent weeks, and whether there had been any departures or resignations. KC responded that the stability rate had remained very strong during the pandemic. The Trust had continued to recruit at pace and the number of new recruits arriving during this period would be reflected in the June report. The Trust was progressing with the work to create a South West London Recruitment Hub, and continuing with the various retention initiatives that had been put in place before the Covid-19 pandemic.	
7.7	SH sought assurance regarding staff levels in mandatory training. KC responded that one of the learning outcomes from the Covid-19 pandemic was how the Trust would deliver some of the training in a more agile way. For example, fire training was now available online. The whole suite of mandatory training would be available on a digital platform.	
8.	Finance Report	
8.1	YR provided a summary of the Month 1 Report. There had been significant change to the funding regime this year due to the Covid-19 pandemic. At the beginning of March 2020, the Trust submitted its operating plan with an aligned budget. During this period the Trust was advised that an interim budget would be set for each organisation and a monthly block payment would be provided based on an average of 3 months' activity in 2019-20. An additional top-up payment would be provided to reflect the difference between actual cost and the guaranteed income. It was understood that this block arrangement would extend until at least the end of October 2020. However, there were ongoing discussions at a national level about whether these methodologies would continue for the whole of the financial year. If so, this would give the Trust some assurance moving forward.	
8.2	The expectation during this interim period was that all organisations should deliver a breakeven position and, if the block payment was not sufficient to cover costs, the Trust would need to seek an additional top-up payment to achieve this.	
8.3	JG sought assurance in terms of essential capital investment that the Trust had previously anticipated it would need, and how it was managing to juggle those priorities in the context of the current Covid-19 challenges. YR responded that the Trust had had a 5 year plan and had successfully prioritised internal schemes. In terms of Covid-19, the Finance team had been working with the Estates department to re-prioritise some of those plans.	
ITEMS FOR INFORMATION		
9.	Forward Plan / Log of Items Postponed	
9.1	SS confirmed that responses to questions submitted by the Governors prior to the meeting had all been covered in matters reported in the meeting, apart from whether there were any plans to use Headley Court for rehabilitation. TM responded that Headley Court was still available for use. The Trust's links with Elmbridge Borough Council had revealed that they were keen to use Molesey Hospital as their main rehabilitation unit and the Trust had worked with them on that basis. It was noted that the Trust had also used Teddington Memorial Hospital for rehabilitation.	
10.	ANY OTHER BUSINESS	
10.1	There was no other business.	
11.	RESOLUTION TO MOVE TO CLOSED SESSION	
11.1	In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, the Board approved the following resolution: "That representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest".	