NHS
Kingston Hospital
NHS Foundation Trust

Minutes of the Meeting of the Council of Governors held on Thursday 2 July 2020, Virtual MS Teams Meeting

Present	**Appointing Organisation / Constituency**	
Sian Bates	Chairman	SB
Michelle Deans	Elected Governor - Kingston	MD
Marilyn Frampton	Elected Governor - Merton	MF
Bonnie Green	Elected Governor – Richmond	BG
Terry Silverstone	Elected governor- Richmond	TS
Paul Hide	Elected Governor – Sutton	PH
Frances Kitson	Elected Governor – Kingston	FK
CJ Kim	Elected Governor – Elmbridge	CJK
Prof Peter Tomkins	Elected Governor - Rest of Surrey and Greater London	PT
Felicity Merz	Elected governor - Wandsworth	FM
Cathy Maker	Elected Governor- Richmond	CM
Jack Saltman	Elected Governor – Elmbridge	JS
Robert Markless	Elected Governor - Kingston	RM
Dr Naz Jivani	Appointed Governor - Kingston CCG	NJ
Cllr Rowena Bass	Appointed Governor- Royal Borough of Kingston upon Thames	RB
Cllr Margaret Thompson	Appointed Governor – Royal Borough of Kingston upon Thames	MT
Dr Doug Hing	Appointed Governor - Wandsworth, Merton and Sutton CCGs	DH
Cllr Piers Allen	Appointed Governor - London Borough of Richmond	PA
Carlin Conradie	Staff Governor - Allied Health Professionals and Clinical Support	CC
Ursula Kingsley	Staff Governor – Management and Administrative	UK
Pravin Menezes	Staff Governor - Medical & Dental Practitioners	PM
In Attendance		
Mairead McCormick	Chief Operating Officer (for Chief Executive)	MM
Sally Brittain	Director of Nursing & Quality	SBr
Susan Simpson	Director of Corporate Governance	SS
Dame Cathy Warwick	Non-Executive Director	CW
Jonathan Guppy	Non-Executive Director	JG
Dr Rita Harris	Non-Executive Director/Senior Independent Director	RH
Damien Régent	Non-Executive Director	DR
Dr Nav Chana	Non-Executive Director	NC
Susan Wheeler	Assistant Company Secretary (minutes)	SW
Apologies		
Jo Farrar	Chief Executive	JF
Sylvia Hamilton	Non-Executive Director	SH
Sarah Connor	Staff Governor – Nursing and Midwifery	SC
Cllr Drew Heffernan	Appointed Governor- Sutton and Merton Borough Councils	DH
Cllr Christine Elmer	Appointed Governor - Elmbridge Borough Council	CE
Dr Julia Gale	Appointed Governor – Kingston University	JGa
James Giles	Elected Governor - Kingston	JG
Richard Allen	Elected Governor – Kingston	RA
Jane Keep	Elected Governor Richmond	JK
Raju Pandya	Elected Governor- Kingston	RP
Public in Attendance		
Tara Ferguson-Jones	Interim Head of Communications	TFJ

1.	Apologies and Welcome	Action
1.1	Apologies were noted as above. SB extended a warm welcome to FK as the new Lead Governor and to CM as the new Deputy Lead Governor.	
1.2	SB announced the new format for conducting an effective Council of Governors meeting which had been agreed at the CoG Working Group. Governors had been given an opportunity to submit questions in advance of the meeting and these would be incorporated into the relevant sections of the meeting or in the Q&A section. There was also an opportunity to use the online chat room during the call. Alternatively, attendees could visually indicate that they would like to raise a question during the meeting.	
2.	**Declarations of Interest in Matters on the Agenda**	
2.1	None to declare.	
	STRATEGY	
3.	**Minutes of the Last Meeting**	
3.1	The minutes of the meeting held in public on 17 March 2020 were agreed as an accurate record. All actions on the Action Log were closed.	
4.	**Lead Governor's Report**	
4.1	SB joined FK in extending enormous thanks to RA and JS for all their hard work and dedication during their tenures as Lead Governor and Deputy Lead Governor respectively.	
4.2	FK confirmed that a virtual pre-meet to the Council of Governors meeting had taken place on 30 June 2020, attended by 9 Governors.	
4.3	FK's aim as Lead Governor of CoG was to encourage every Governor to participate as fully as possible. In light of the Covid-19 pandemic, how Governors would carry out their duties in the future would need to be explored. FK was confident that, with the help of developing technology, Governors would find creative and innovative ways to fulfil their roles and obligations.	
4.4	FK encouraged all Governors to let her know if there was anything in particular that they would like to be involved in, and to consider their individual skills which could be utilised.	
4.5	FK was particularly keen to strengthen the relationship between the CoG and the Volunteering Department. FK had spoken with the Head of Volunteering, Laura Shalev Greene, who was developing a new volunteering strategy following the Covid-19 pandemic, as volunteers would be much less able to be on site. Online opportunities were being explored.	
4.6	FK and the Head of Volunteering would be meeting in August 2020 to discuss ideas on how Governors and volunteers could work together and FK invited members of CoG to forward any thoughts/ideas on this to FK. **ACTION** CoG members to forward any thoughts/ideas to FK on how Governors and volunteers could work together in the future.	All/FK
5.	**Chairman's Report**	
5.1	SB gave a verbal report on activities since the last CoG meeting. The Trust would be restarting the governance for Governors and plans were underway for committees and groups to restart. The majority of meetings would be virtual and/or conducted via MS Teams. Meetings already scheduled to take place included the Nominations & Remunerations Committee on 29th July 2020 and the Governors Quality Scrutiny Committee on 7th October 2020. The Membership Recruitment & Engagement Committee scheduled for 7th July had been cancelled and would be rescheduled at a date to be confirmed.	
5.2	SB conveyed her thanks to Governors Dr Kate Moore and Jane Keep who had left the CoG, and to RM, for whom this was likely to be his final CoG meeting.	
5.3	The Trust Board Development Day had taken place on 1st July 2020. The Board had reviewed its priorities and breakthrough objectives and these would be brought back to the Board on 28th July 2020 and shared with the CoG thereafter.	

5.4	The delivery of high quality patient care remained the Trust's top priority. The Covid-19 pandemic had highlighted very significant health inequalities in the BAME community and the Trust was tackling this issue to ensure that every member of its community and staff had equal access to healthcare.	
5.5	The Trust was planning for a potential second wave of Covid-19 infections and would continue to deliver very safe and high quality services.	
6.	**Covid-19 Response and Recovery**	
6.1	MM and SBr delivered a presentation on the Trust's response to and recovery from the pandemic. Due to the very fluid environment, the Trust was finding itself having to rebalance and reanalyse processes.	
6.2	When SBr addressed the CoG in March 2020 the Trust was in Phase 1 - the response period. The Trust was currently in Phase 2 - developing its response to recovery, restarting its services safely and testing the changes that had been made.	
6.3	SBr drew attention to the fact that KHFT was still operating at a Level 4 National Incident under a command and control system, and was maintaining its Gold and Silver Command arrangements so that there was a clear communication strategy within the organisation. The coordinated work with the Trust's social care and health partners across the whole of SW London had been a huge success. The Trust had endeavoured to keep the CoG updated as much as possible via weekly updates.	
6.4	A graph showing the number of Covid-19 inpatients revealed that there had been a steady decline in cases since the peak on 8th April 2020. The Trust currently had 4 Covid-positive inpatients.	
6.5	SBr gave assurance that the Trust permitted relatives to visit patients at the end of life.	
6.6	A number of initiatives had been introduced to ensure that patients could continue to keep in touch with families, friends and carers. These included pre-arranged video calling, printed email messages and sharing cards/letters. A booking system for safe visiting had been implemented and was working well. These initiatives would continue when normal visiting resumed.	
6.7	SBr extended her thanks to the local community who had provided huge support to the Trust and acknowledged how much the acts of kindness had meant. Much of the donations had been used to create new rest areas for staff and additional shower facilities. Psychological staff support had been implemented for those dealing with the effects of Covid-19.	
6.8	MM confirmed that all urgent services had continued during the pandemic. It had been clear that, not only had significant support been received from other provider organisations, but that the Trust had received support from the local population in terms of how they behaved over the past 4 months, evidenced by A&E attendances which enabled the Trust to manage reasonable patient numbers. A&E attendances remained manageable. The restart of services was heavily caveated by infection control measures, resulting in less space to move through and operate in. This needed to be maintained going forward.	
6.9	From an urgent care perspective, the Trust's main focus was on maintaining a strong clinical triage system before patients accessed the hospital. This also helped to determine whether they needed to attend or not. There was recognition that many patients accessing care had been offered different care safely and it was important to note that there had been no repercussions from this. MM stressed that the Trust was treating the highest clinical priorities across both its Local Boroughs and SW London in relation to planned care.	
6.10	MM gave assurance that the Trust had rigorous procedures in place for the restart of planned care, with some procedures having already started. This would increase over time. The Trust was currently using the independent sector locally via the New Victoria Hospital and it was exploring other facilities across SW London to help reduce waiting lists. The Trust continued to look at the risk of those patients on waiting lists and address the most urgent first.	

6.11	MM confirmed that the Trust was planning to work on a 23-hour ward in the Day Surgery Unit with new standards and procedures in place and pathways being adapted. The Trust was planning to restart direct access.	
6.12	Lessons learnt from the pandemic would be embedded into the Trust's transformation programmes.	
6.13	The Trust was expecting formal communication regarding what the financial regime would look like post 2021.	
7.	**Chief Executive's Report**	
7.1	MM stated that the Covid-19 Response & Recovery presentation had covered all the main highlights from the Chief Executive's Report. Additional highlights from the Chief Executive's Report: • There was a major focus on updating the Trust's oxygen infrastructure. • Work had continued on the refurbishment of the endoscopy ward to include a new procedure room. • Work continued on the relocation of the hospital's charity office to an area at the front of the hospital.	
8.	**Governors' Q&A**	
8.1	Governors' questions were submitted in advance of the CoG meeting. **Q1 - JS**: *"Following the heroic work of everyone associated with the hospital, I would like to know if our cleaners and security people are getting a fair deal. If they are off sick because of testing positive for the virus, do they receive their full pay? Do they receive at least the equivalent pay of the lowest NHS pay band? Is there any chance for them to work their way up a learning ladder with a possible opportunity of advancement within the hospital?"* **Response by MM**: Cleaners and porters were employed by the Trust's contractor, ISS, and as such were on a different pay and conditions structure. At the outset of Covid-19, ISS had agreed to pay full sick pay to their staff with Covid-related conditions; their staff did not normally receive such pay in the first 5 days of absence. ISS paid just under minimum NHS staff levels. The Trust had appointed some ISS staff into roles within the organisation; however, there was not an automatic progression. The Trust would be reviewing its arrangements with contractors post Covid-19. ISS were acknowledged as a valuable part of the Trust's workforce.	
8.2	SB assured the CoG that any gifts received from the community were shared with ISS staff in the same way as Trust staff, and, similarly, that messages of thanks were passed on.	
8.3	**Q2 – RM**: *"In the weekly email from Jo Farrar dated 15 June he reported that of the 394 Covid inpatients cared for 169 had died - a mortality rate of just over 42% which seemed high. Whilst I appreciate that there a number of complicating factors, what are the comparative figures for other hospitals and has this mortality rate gone down over time indicating that a number of improvements have been put in place with experience?"* **Response by SBr**: The Trust did not currently have any detailed data across the sector regarding death rates. Across critical care units nationally, the death rate was approximately 41.6%. The Trust's rate was significantly lower at 31.1% and its Standard Hospital Mortality Index (SHMI) had remained lower than average during the pandemic.	
8.4	RM enquired if Trust mortality rates had gone down because staff were now more experienced in dealing with Covid-19 patients, or because the Trust was receiving fewer Covid patients. SBr acknowledged that whilst the Trust had learned a lot about how to treat this patient group, the mortality rate had gone down because the Trust had fewer Covid patients and that they did not appear to be as sick as at the start of the pandemic. Of late, none of this patient group had been going straight to ITU or to Hamble Ward on admission, as had been the case at the beginning of the pandemic.	

	Q3 – PH: *"Recent press reports indicate that, due to social distancing and Covid prevention measures, patient flow could reduce by up to 40%.* *a. Is this true? What sort of capacity impact does KHFT envisage whilst restrictions remain?* *b. If capacity is reduced, what impact is this going to have on patient care, what are the contingencies to avoid patients having to go without the care they need, or wait much longer for it?* *c. If patient flow is reduced, I presume this has a direct impact on KHFT income, as you are paid for each patient treatment as a key part of your income. What financial impact may this have on the hospital in 2020-21?"* **Response by MM**: National hospital capacity had been significantly reduced due to the space required to treat patients safely. The Trust has had to procure additional space and was currently using the New Victoria Hospital. There was a phased return for some clinical areas and some of the procedures, particularly aerosol-generating procedures, warranted a very new way of working.	
8.5	In terms of the financial impact on the Trust, currently all Covid-related work was being captured under a new financial arrangement and was being picked up centrally, including procurement of the independent sector.	
8.6	**Q4 – RB: "***Was there an increase in planned care 'Do Not Attends' due to the public being anxious about coming in to the hospital?"* **Response by SBr**: The Trust had seen a number of patients progress through their pathway and not turn up at the last minute. These patients were being followed up with the aim of getting them in as soon as possible. Patients were now called beforehand to make sure they were comfortable coming in to the hospital and to help with any other questions they may have. This trend did not appear to be happening in the Main Outpatients Department where the Trust was operating virtual consultations. A survey of 150 patients had been carried out in order to get feedback on their virtual appointment experiences. Surveys would continue and the analysis would be brought back to CoG. It was noted that feedback to date had been positive.	
8.7	**Q5 - MD:** *"How have delayed transfers been decanted?"* **Response by MM**: Response from the Trust's partner organisations had been extremely positive in the early days of the pandemic. The Trust had secured an additional 20 beds in New Victoria Hospital for patient stepdown. Community partners had converted beds into more acute spaces, taking sicker patients than they would normally have done.	
8.8	**Q6 - MD:** "*How does suspending the Health & Care Act help discharge?"* **Response by MM**. The suspension of the Health & Care Act had removed substantial amounts of paperwork that flowed down through the discharge process, and had removed the enormity of the rigor required around the application to that process. The Trust was looking at how to embed these process changes going forward.	
8.9	**Q7 – PT**: *"Had the Trust decanted many patients into care homes?"* **Response by MM**: Many patients had been decanted back to their own care homes. However, in the case of some care homes who were anxious when receiving new residents, the Local Authority and community partners had been effective in offering support, with GPs getting on board to offer additional input through, for example, the Impact Team.	
8.10	SBr assured the CoG that the Trust carried out testing before transferring patients to care homes and had followed NHSE guidance that was issued in March 2020. Teddington Memorial Hospital was collaborating with the Trust in providing a designated ward for patients before going to their care home if required.	

8.11	**Q8 – NJ**: "*The way different parts of the system had come together and the ability for organisations to work across each other was unprecedented. A lot of learning could be taken from this as there were several new ways of working. Can I be ensured that the Trust did not disadvantage certain populations and ensure that the health inequality divide did not widen during the new changes?"* **Response by SB**: The Trust had discussed inequalities in healthcare at the recent Board meeting. The Trust was ensuring that inequality in healthcare did not widen but improved. The prevention agenda and health inequalities were central to the Trust's objectives.	
8.12	MT reiterated NJ's comments regarding health providers adapting to a new way of working and that there had been a renewed focus on priorities whilst ensuring that all safety requirements were met. MT hoped that the momentum of this collaborative system between social and health care would continue. SB confirmed that this had been discussed at the Board Development Day on 1st July, with an observation that staff had adapted to different ways of working, and were being skilled and reskilled.	
8.13	**Q9 – RM:** *"In the Chief Executive's report it was noted that risk assessments for BAME staff would not be completed until the end of July, whereas assessments for all other at-risk groups had been completed. Why was there a delay for BAME staff?"* **Response by MM**: The requirement for BAME assessments came later than the other vulnerable groups as in the early days the BAME risk was not yet evident. Completed risk assessments for BAME staff currently stood at 98%.	
8.14	**Q10 – CM**: *"How have wards that rely on volunteer help coped with having no volunteers in the hospital? What plans are in place to reintroduce volunteers into the hospital?"* **Response by SBr**: Many of the duties normally carried out by volunteers were being undertaken by redeployed staff from areas of the hospital that had been closed down through the crisis. Volunteer duties had also been provided by 21 new student nurses and 3 nurses returning to practice. For patients in high dependency units and ICU, staff training had been provided to feed the more complex patients.	
8.15	In terms of reintroducing volunteers to the Trust, the Head of Volunteering was working on implementing a new strategy for different ways of volunteering and this piece of work would be brought back to the CoG in due course.	
8.16	The discharge support volunteers had provided a key role in supporting the Trust and it was hoped that this virtual volunteer support would continue.	
8.17	SBr reported that administrative staff had been trained and deployed to phone patients and relatives during the crisis. It was recognised that this was a particular skill which should not be lost.	
8.18	**Q11 – CM**: "*What impact do you think the merger of the CCGs will have on the hospital?"* **Response by MM**: MM felt very positive about the CCG mergers as it was bringing together extensive expertise, and the shared learning would be a powerful tool in influencing how the Trust operated in the future.	
8.19	NJ reminded the CoG that there was a Borough Committee that was part of the SW London CCG, and it was working closely with the Trust's health and care colleagues in recovering from the pandemic. The SW London CCG and Integrated Care System (ICS) had brought systems together, enabling trusts to work together more closely and support each other in being able to deliver the best care for their populations. Local Borough committees had been able to develop ways of coordinating a local response and this was a way of sustaining the transformation processes.	

8.20	**Q12 – CM:** *"What effect had the block contracts had on the hospital e.g. has the hospital benefited as they are paid regardless of the number of patients?"* **Response by MM**: Regarding block contracts for 2019, the Trust had met its control total and was still on that contract. Commissioners had been supportive and had recognised the increased activity that had gone through the hospital. The Trust was waiting to hear about the change to the financial regime. Covid-related finances were being picked up separately.	
8.21	**Q13 – PT:** ***"****SBr referred to the 16-month pathway to 'normality'. How, as an outstanding Foundation Trust, would it be compared with its peer groups, and how was this being measured and monitored?" How could the Trust share as an exemplar to other parties?"* **Response by SB**: It was agreed at the Board Development Day on 1st July that being an 'outstanding' Trust meant that the Trust's very high standards for acute care would be upheld.	
8.22	SBr commented that, in terms of the Trust's CQC profile, it was keeping in close contact with the CQC and making sure that it continued to be innovative, putting the patient first and striving to provide the best high quality care despite the pandemic. Trust would be having an infection prevention and control assessment with the CQC within the next couple of weeks and this would provide an opportunity to demonstrate how the Trust was maintaining high standards of care.	
8.23	**Q14 – BG:** *"The Chief Executive's Report stated that because the CoG had been reinstated, the Trust would no longer issue targeted weekly update communications to the Governors. If not weekly updates, could there be a monthly update?"* **Response by SB**: The Trust would consider how to provide continued weekly updates to Governors. SB confirmed that the Chief Executive's weekly messages would continue to be sent to Governors. **ACTION** Consider the continuation of providing weekly / monthly updates to Governors.	SB
8.24	**Q15 – PT**: *"Where does Kingston Hospital sit regarding capital funding? How much did the Trust receive in relation to the other 250 trusts, and how had it handled that so that it seemed to be fair?"* **Response by MM**: The Trust had received a fair allocation of funds and had recently submitted a bid to the National Fund. **ACTION** MM to provide an update on the outcome of the Trust's bid to National Fund.	MM
MEMBER & PUBLIC ENGAGEMENT		
9.	SS presented the Member and Public Engagement Plan for the Governor Elections taking place in November 2020. She noted that some trusts who had scheduled their elections for June and July 2020 had put them on hold in line with NHSI guidance. KHFT elections were still scheduled to take place in November as it was hoped that by then the Trust would be operating under a 'new normal'. The election plan would be adapted accordingly. The External Communications Manager and the Assistant Company Secretary were currently working on a plan of how to make the most of the opportunity to grow the membership and the diversity of membership, and to encourage people to stand for election to the Council of Governors.	
9.1	BG felt that it was a comprehensive plan and offered to help publicise and promote the elections in Richmond. SB encouraged CoG members to ask people they know to put themselves forward for election, and encouraged those eligible for re-election to stand again.	All

GOVERNANCE		
10.	**Trust Constitution**	
10.1	**Part 1:** SS stated that a change in the Constitution was required due to the recent reduction in Governors appointed by the SW London CCG. Following the CCG mergers, the Trust had reduced the number of Appointed Governors by one. This change would need to be ratified in the Constitution through the AGM in September 2020.	
10.2	**Part 2**: Feedback had been received following a NHS Providers training session where some members felt that the CoG was too large in number. A survey was subsequently carried out and the results showed that the majority of members were not in favour of proceeding with a reduction. Any reduction in size of the Council of Governors would be reviewed again in July 2021.	
10.3	The Council of Governors approved the change to the Constitution to reduce the number of its members by one following the merger of the SW London CCGs.	
10.4	RM commented that when the Constitution was originally set up, there was a place on the CoG for a representative from the voluntary sector. However, due to the increase in the number of Local Authorities involved, that seat had been removed before the Foundation Trust was set up. Given that there was a reduction in seats from the merger of the CCGs, could the CoG consider reinstating a place for the for voluntary sector group. SB recommended that this item be discussed this in a year's time when all appointed members would be considered in light of the Trust's position in terms of working with partners on the new agenda. **ACTION** Governor representative of the CoG for the charity sector discussion – add to Work Plan for July 2021.	SS/SW
11.	**Quality Review of Grant Thornton's Audit of KHFT**	
11.1	SS reminded the CoG that this routine audit review was flagged in July 2019. KHFT was selected at random out of all of the Foundation Trust accounts for 2018-19 for a quality check of external audit work in the NHS.	
11.2	SS read the Governor questions on this agenda item submitted before the meeting.	
11.3	**Q16 – FK:** *"Could the Director of Finance / Chief Executive explain in lay terms: (a) What the error is (b) Whether it is significant in terms of the Trust's knowledge of its actual financial situation (c) Whether it is significant in accounting terms (d) How it occurred and who (if anyone) was at fault (e) Any remedial action already taken, or to be taken (f) Whether GT should be held accountable and, if so, how?"* **Response by SS:** This question related to a Disclosure Note for the Trust's 2018-19 accounts. The Trust had since had a thorough conversation with Grant Thornton regarding the presentation of the information. The presentational error had been corrected in the 2019-20 accounts which would be laid before Parliament in July 2020.	
11.4	SB believed that there were no reputational issues at stake and that it had not in any way altered the Auditor's Opinion.	
11.5	DR confirmed that other statements, including the Statement of the Financial Position and the Statement of Comprehensive Income, had not been affected by the discrepancy shown in the Financial Statements. DR received assurance from the fact that the cash position and receivables position shown on the balance sheet were correct.	
11.6	**Q17 – RM***: "In respect of the QAD letter please clarify how the sum of £5.7m relates to Disclosure Note 12 of the 2018/19 accounts".* **Response by SS**: RM's question referred to the sale of Regent Wing that was treated as revenue income by special agreement. The accounting error related to how the numbers had been presented. Total proceeds were referred to but were staggered over time so that the Trust received some of that income in 2021. This had been taken into account in the Disclosure Note.	

11.7	DR was invited by SB to comment on the accounting error as NED Chair of the Audit Committee.	
11.8	DR reiterated that the error was specifically in the Cash Flow Statement for the year ending March 2019. There were no other errors in the remaining financial statements or any part of that report. DR confirmed that the error had had no impact whatsoever on the financial strength of the Trust or the way that the Trust had met its financial target for that year. DR was assured following discussions with Grant Thornton and was satisfied that the correct Cash Flow Statement for 2019-20 had been re-stated in this year's Annual Report & Accounts.	
11.9	RM referred to the Quality Assurance Directorate (QAD) letter dated 24 April 2020 which stated that the receivables balance had been recorded as a contract receivable rather than as a capital receivable. RM asked if the income from the sale of Regent Wing had been treated as a revenue income rather than a capital income. SS referred to the Director of Finance's comment that the balance had been treated as a revenue receivable on the basis of the land sale proceeds had been treated as revenue, a treatment which had been agreed between the Trust and its auditors well in advance of the submission deadline for the 2018-19 Financial Statements. SB confirmed that this had been a special national arrangement for all Trusts for that year only. SB would seek clarification on this and share with the CoG. **ACTION** SB to provide clarification to the CoG concerning the treatment for the sale of Regent Wing.	SB
11.10	SS informed the CoG that the current external auditors' contract was due to end this year and that the Trust would soon be going out to tender for a new contract.	
11.11	SB assured the CoG that the tender process would be robust and involve governors as appropriate. DR confirmed that discussions regarding the presentational error had taken place between Grant Thornton and the Audit Committee as part of a quality review process. **ACTION** SB to request the Director of Finance to contact RM concerning the recording of the sale of Regent Wing as a revenue receivable instead of a capital receivable.	SB
12.	**Council of Governors Register of Interests**	
	Noted.	
13.	**Council of Governors Forward Plan**	
	Noted.	
14.	**ANY OTHER BUSINESS**	
14.1	BG reminded the CoG that it had been asked to provide a formal response to Trust's Quality Report for 2019-20 and that the responsibility for that had been given to the Governors Quality Scrutiny Committee. Following feedback from that Committee, BG had produced a formal response which had been approved by the GQSC. The Quality Report would be published as an appendix to the Annual Report. **ACTION** SW to inform CoG members when the Annual Report 2019-20 is published.	SW
14.2	As a member of the Outpatients Administration Steering Group, BG informed the CoG that this Steering Group had been put on hold due to Covid-19 and the many changes that had been made to this area as a result. BG had liaised with the Deputy Director of Nursing and Claire Byrne from the Quality Improvement Team to discuss obtaining patient experience feedback from the Main Outpatients Department. BG welcomed recommendations from CoG members on how this could be done. **ACTION** Governors to forward recommendations / ideas to BG on how to obtain patient experience feedback in the Main Outpatients Department.	All/BG
14.3	**ACTION** SS would be sending out an evaluation form to CoG members to gather their views on the new format for CoG meetings, noting what had worked well and what could be improved.	SS/SW
	Dates of future meetings (starting at 6.00 pm): 13th October 2020	