

**Minutes of the meeting of the Board of Directors
held on 27th January 2021 at 10.00 am via MS Teams**

PRESENT VOTING		
Sian Bates	Chairman	SB
Sally Brittain	Director of Nursing & Quality	SBr
Kelvin Cheatle	Director of Workforce & OD	KC
Jo Farrar	Chief Executive	JF
Amira Girgis	Acting Medical Director	AG
Mairead McCormick	Chief Operating Officer	MM
Yarlina Roberts	Chief Finance Officer	YR
Dr Nav Chana MBE	Non-Executive Director	NC
Jonathan Guppy	Non-Executive Director	JG
Sylvia Hamilton	Non-Executive Director	SH
Dr Rita Harris	Non-Executive Director	RH
Damien Régent	Non-Executive Director	DR
Dame Cathy Warwick	Non-Executive Director	CW
PRESENT NON-VOTING		
Alex Berry	Director of Strategy & Transformation	AB
Susan Simpson	Director of Corporate Governance & Company Secretary (minutes)	SS
IN ATTENDANCE		
Nichola Kane	Deputy Director of Nursing	NK
Gina Brockwell	Director of Midwifery	GB
Louise Hogh	Chief of Medicine	
Sarb Sandhu	Chief of Surgery	
PUBLIC ATTENDANCE		
Richard Allen	Public Governor - Kingston	
Aisling Neil-Gallacher	Public Governor - Kingston	
Cllr Rowena Bass	Appointed Governor - Kingston	
Bonnie Green	Public Governor - Richmond	BG
Isabella Donnelly	Public Governor - Richmond	
Cathy Maker	Public Governor - Richmond	
CJ Kim	Public Governor - Elmbridge	
Jack Saltman	Public Governor - Elmbridge	
Felicity Merz	Public Governor - Wandsworth	
Logie Lohendran		

1.	Welcome	Action
1.1.	SB welcomed Board members to the virtual meeting. Governors and members of the public had been invited to observe the meeting, which was also being recorded for publication on the Trust website after the meeting. She was particularly pleased to see so many of the newly elected members of the Council of Governors present.	
2.	Staff Story	
2.1.	Technical difficulties meant that the video could not be shown as planned.	
3.	Declaration of Interests in Matters on the Agenda	
3.1.	None to declare.	
4.	Minutes of the Last Meeting	
4.1.	The minutes of the meeting held on 1 st December 2020 were confirmed as a correct record, subject to correction of the first sentence of 8.2 to read: 'There had been some concern in Maternity regarding obstetric haemorrhages as there had been a return to a pre-Covid level of primary postpartum haemorrhage rate of 1500ml or more.'	

5.	Matters Arising	
5.1.	Two actions were awaiting confirmation of a completion date after current pressures on the hospital had abated.	
6.	Chairman's Report	
6.1.	SB began by saying she had never before, as Chairman, experienced anything like the level of pressure she had seen at the Hospital through December and January. SB paid tribute to staff, patients, and the families of those who had lost loved ones in the Hospital's care, saying how immensely proud she was of the effort made by every single person in the organisation. She had witnessed extraordinary flexibility, commitment, and human endeavour during this second wave and recognised how emotionally draining and physically exhausting this will have been.	
6.2.	SB also acknowledged that system working across the local Place and SW London Integrated Care System (ICS) had been vitally important across every element of the pandemic response. System working had been well co-ordinated and integrated, with positive relationships built and reputations sealed. She believed this would be one of the lasting benefits of the pandemic.	
6.3.	Finally, SB reminded the Board that KHFT is a very high achieving hospital and, as such, the Board is used to seeing high levels of performance. She cautioned against pushing too fast towards returning to that position after the second wave as staff needed time to recover, whereas resilience was needed to support the long term health of our population.	
7.	Chief Executive's Report	
7.1.	The Board had received the report of the Chief Executive providing the Board with information on strategic and operational matters not covered elsewhere in the agenda.	
7.2.	JF noted that the number of Covid positive inpatients had been 50% higher at the peak of the second wave than it had been in the first. He noted that this increase had felt tangible and the level of anxiety had been noticeably greater. JF acknowledged how hard staff had been working to deliver outstanding care and how it had reached a point on 8-9 th January 2021 when any further surge had felt untenable. He was pleased to report a slow reduction in the number of Covid positive inpatients since then, however the numbers in critical care remained consistent since the second peak and he thought it would be some time before there would be any alleviation in pressure on critical care capacity. The position across SW London was similar, exacerbated by levels of staff sickness.	
7.3.	JF expressed gratitude to all staff across the Hospital; it had been a real team effort to maintain high standards of delivery throughout and to have maintained cancer services through into late December 2020. He was also grateful to system partners for joint working to support the health of the local population and to Kingston Hospital Charity for providing support to the health and wellbeing of the staff.	
7.4.	JF echoed the Chairman's comments on planning for a period of regrouping and the need for a balanced recovery plan to support both the return of planned care and the health and wellbeing of staff. He was working with colleagues across SW London on developing a reasonable and deliverable plan for future resilience. The NHSE/I consultation document on planning for 2021-22 onwards was helpful in this regard. He believed integrated care played to the Trust's strengths and looked forward to the team playing leadership roles across the local system and Place, as well as the ICS more broadly.	
7.5.	Special thanks were extended to KC and the team who had delivered the vaccination programme at KHFT. The extent of coverage achieved was remarkable in the timescale. The 12 week gap to second dose was being observed.	
7.6.	Amongst the positive news to report was the approval of a new Electronic Patient Record system for Ophthalmology, national recognition for excellence in hip fracture care and recent television coverage showcasing the work of the Trust during the pandemic.	
7.7.	JF noted that this was the last Board meeting for SS prior to her departure in March. They	

	had joined the Trust in the same week in 2015 and he expressed his personal thanks for her support for him and for the governance of the Trust since that time.	
QUALITY		
8.	Safe Staffing	
8.1.	The Board had received an update on compliance against the Developing Workforce Safeguards Framework and a high level summary of how safer staffing levels across multi-professional groups have been maintained during the Covid-19 pandemic.	
8.2.	NK presented the report, highlighting that the pandemic has required an immediate and flexible response to multi-professional staffing whilst maintaining safety. Increasing critical care capacity required moving through different stages of ITU staffing ratios which were aligned across SW London. She noted that the position on registered nursing, including midwifery and neonatal, was positive but that an increase in HCA turnover required a robust recruitment and retention strategy.	
8.3.	<p>CW added a summary of the assurance she had received through a helpful discussion with SBr and AG about the paper prior to this meeting. In her view:</p> <ul style="list-style-type: none"> a) staffing is being managed as safely as possible in a very difficult situation, requiring a flexible and responsive approach together with some changing of roles and redeployment; b) governance against the national safe staffing workforce standards is being managed extremely well, and could perhaps be more clearly highlighted if presented against the defined framework in future reports; c) after this intense period, the strategy for nurses, midwives and AHPs should be reviewed to take account of the changes that had taken place during the pandemic. <p>JG echoed point (b) saying that a clearer line of connection between requirement and actions would be helpful.</p>	
8.4.	SBr thanked CW for her continued support and challenge. She reminded the Board that the strategy had been launched shortly before the pandemic and now needed to be reviewed against that backdrop as requirements had shifted. SH supported a suggestion that the strategy be reviewed through the Workforce Committee, aligned with its work on staff retention.	
8.5.	SB thanked NK for her report and for highlighting the leadership and contribution of AHPs within it. The Board accepted the assurance contained within the report and endorsed the review of the strategy for nursing, midwifery and AHPs through the Workforce Committee.	
9.	Integrated Quality and Operational Compliance Report	
9.1.	The Board had received the report for December 2020. Executive directors highlighted exceptions with each domain of the report.	
	Safe	
9.2.	SBr highlighted the summary of quality performance in relation to the pandemic response. Current rates of Covid infection were 317 per 100k in Kingston and 258 per 100k in Richmond, indicating a reducing trend since publication of the report. SBr explained the position regarding nosocomial infections and the steps taken to regarding infection control, following national policy and guidance. Infection prevention and control remained a priority for all staff.	
9.3.	Three Trust-apportioned MSSA cases were reported and, whilst full post-infection reviews could not yet be carried out, an initial review had identified that these cases did not constitute an outbreak and sources were as yet unclear. More work would be done on these as soon as possible.	
9.4.	The increased Caesarean section rate had been investigated and one week in December had had a higher rate than the norm. However, in that week there had been no changes in staffing or practice that might explain the difference. The only notable difference was that fewer women had been booked into the birth centre during that period and this may	

	indicate a difference in acuity during that week.	
	Effective	
9.5.	The only issue highlighted by AG was that the Sepsis data was incorrect and would be reissued after reaudit to correct the information. AG commended the multi-disciplinary team behind the national hip fracture excellence recognition.	AG
9.6.	RH had two observations to make on the data: <ul style="list-style-type: none"> a) the SHMI data provides assurance that the overall quality of care continues to be high. AG confirmed that Covid is not reflected in the SHMI. b) the dementia screening data provides assurance that the intense pressure is not impacting on maintaining this important safety activity. 	
	Caring	
9.7.	SBr highlighted that a note had been added to the commentary for visibility of complaints from NHS patients being treated in the independent sector during the pandemic. FFT reporting was still paused by NHSE and the ipads and manpower were being used to support patients and families with virtual visiting. This was not considered to present a risk at present but FFT reporting would be restarted as soon as it was feasible.	
	Responsive	
9.8.	MM was pleased to report that all services had been sustained into late December. There had been significant effort to reduce long waits by extending days and working weekends. Now critical care surge capacity was fully in use and the independent sector was supporting non-Covid pathways for urgent/emergency treatment. Despite the impact of the pandemic, the Trust had sustained cancer performance, improved RTT and achieved excellent ambulance turnarounds. It was a deliberate decision not to protect the A&E 4 hour standard for patient safety reasons; it was better to hold patients in the Emergency Department rather than cohort on wards with Covid patients. The Board was asked to note that this will impact on A&E performance and result in 12 hour breaches.	
9.9.	Attendances for minor illness and injuries remained low. The number of stranded patients had become problematic again and the Trust was working to increase capacity outside the Hospital at pace and scale. This would be vital for recovery planning.	
9.10.	NC commended the exceptional performance of the Hospital given the circumstances. He asked how long it would take to address some of the challenges that left patients in Hospital who could be discharged. MM explained that additional capacity for Covid positive patients had already been created and what was needed was more Temporary Allocated Discharge Destination (TADD) capacity and this would take 4-5 weeks to resolve.	
	Well Led	
9.11.	KC drew attention to the appraisal rate, noting that appraisals are now linked to pay but that there was to be a relaxation of the new rules due to current circumstances. A reset would provide an opportunity to relaunch the scheme later in the year.	
9.12.	The recruitment and stability indices had stood up well given the pressures. There had been a change in the Time to Hire denominator due to the implementation of the recruitment hub. DBS check returns were taking much longer due to Covid and this was having an impact. KC was confident Time to Hire rates will improve when the Covid pressure lifts. The team was working on reporting mechanisms for assurance on the performance of the recruitment hub to satisfy the needs of all partners.	
9.13.	KC confirmed that the sickness absence data was not a total absence indicator as it did not include self-isolating or shielding. However, he gave assurance that the Trust was not an outlier in comparison with others. The Board considered including a total absence figure in the report but agreed instead to have the data ready for the Friday Board calls when other Covid indicators were discussed.	

10.	Finance Report	
10.1.	The Board had received the M9 report and YR highlighted key points to note. She reminded the Board that the M9 Plan had required exclusion of the impact of a second surge, whereas in reality costs had increased in December to match the increase in patients, balanced with cost reduction on elective activity.	
10.2.	In M9 NHSE/I had advised of a reduction of £600k in expected top up income; this related to the CNST premium and discussions with NHSE/I on this reduction continued. Cash funding for a Critical Infrastructure Review bid c.£9.6m had been received in full and there was a plan to commit this spending by the year end.	
10.3.	NHSE/I guidance for next year was to plan for the current financial regime into Q1, with further guidance anticipated for Q2 onwards.	
10.4.	SB commented that continuation of meetings of the Finance & Investment Committee throughout this period in short form had been helpful and assuring. JG called out the extraordinary work taking place in the support areas under YR's leadership during the pandemic. A firm grip was being maintained and he expressed appreciation on behalf of the Board.	
11.	Ockenden Review of Maternity Services	
11.1.	The Board had received a report on the self-assessment and assurance process against the seven immediate and essential actions in the Ockenden Report. GB presented the agenda item, setting the context of the review that had taken place, highlighting the Trust's strengths and principal areas of development. An area of exceptional practice was in fetal heartrate monitoring.	
11.2.	GB sought the Board's support for the plan for midwifery staffing. The last review had taken place in 2016 and was due again this year. The recommended ratio was 1:26 and the Trust was working at 1:28 with a wider team to support safety of care. A gap analysis in response to the Ockenden Review had begun and the Trust would need to provide assurance regarding the plan.	
11.3.	CW thought the report received had been very helpful and she recognised that further detail was needed in the Workforce sections. She reminded the Board that since 2016 there had been regular discussions on Maternity staffing at both FIC and the Board, and it had been agreed to maintain staffing levels against a falling birthrate in order to ensure safety. Correlating the report with Safe Staffing earlier, she noted that Midwives' sickness was much higher than in Nursing and wondered whether tackling that issue might help. JF suggested that a consistent ICS approach to the issues would be helpful. It was agreed to conduct some internal analysis and to understand the picture across SW London, and to bring a workplan with timeline to the next Board meeting.	SBr
11.4.	CW noted that the Trust was fortunate to have GB as Chair of the London Maternity System to hear at first hand the latest thinking across the region. SB commended the Maternity service on its exceptional responsiveness to mothers and their partners during the pandemic.	
SUSTAINABILITY		
12.	Sustainability Annual Report	
12.1.	The Board had received the Sustainable Development Management Plan (SDMP) review for 2019-20 and plan for 2021-22, which was introduced by YR. The last report had been in 2018.	
12.2.	PG highlighted that the pandemic had had some negative impact on the Trust's plans but there had also been positive impacts, such as the acceleration of agile working. The 5 year SDMP approved in 2018 had focused on key topic areas: Energy; Waste; Water; Procurement; Building Design and Refurbishment; Travel and Transport; Workforce Development and Wellbeing; and Technology. A progress update was given against each	

	of these headings.	
12.3.	The report identified a number of areas of focus for the future, notably: redefining the Trust's energy strategy; plans for improving waste management training; reviewing the procurement supply chain and construction/refurbishment design to ensure they address the sustainability agenda. He was pleased to report that the Trust was in the process of installing electric charging points having replaced Trust vehicles with electric powered ones.	
12.4.	DR asked about the balance between the Trust's sustainability objectives and the more negative impact of the pandemic on waste due to use of disposable PPE. PG agreed that there was work be done to understand how to deal with increased disposables, both contaminated and non-contaminated.	
12.5.	RH was pleased to see that the Trust's self-assessed Sustainable Development Assessment Tool score had risen from 13% (April 2018) to 34% (May 2020) and asked about both the order of magnitude of that improvement and how the Trust compares with others. She was also unsure about what link there might be in gender equality. PG would provide an update to those questions in the action log for the next Board meeting. It was confirmed that the Trust was on track to meet the deadline of 31 st March 2021 for producing a detailed plan for contributing towards a 'Green NHS'.	PG
12.6.	The Board accepted the report and noted the assurance within.	
COMMITTEE REPORTS		
13.	Quality Assurance Committee	
13.1.	The Board had received a report on the Committee's meeting held on 23 rd December 2020. There was nothing further to add.	
14.	Audit Committee	
14.1.	Highlights of the meeting of the Audit Committee held on 17 th December 2020 were noted, particularly the report on the quality of the Trust's financial systems. The Board approved the Risk Management Strategy as recommended by the Audit Committee.	
15.	Finance & Investment Committee	
15.1.	The Board had received a report on the Committee's meeting held on 21 st December 2020, with thanks to CW for chairing in JG's absence. The revised terms of reference for the Committee were approved by the Board.	
CHARITABLE FUNDS		
16.	Kingston Hospital Charity Annual Report & Accounts 2019/20	
16.1.	The annual report and accounts for Kingston Hospital Charity for the year 2019/20 had been audited by Grant Thornton, agreed by the Charitable Funds Committee and reviewed by the Audit Committee before being approved by the Trust Board. SB noted that performance of the Charity had been good and funds were providing exceptional support for the Hospital.	
ITEMS FOR INFORMATION		
17.	Board Assurance Framework	
17.1.	SS presented the latest report. Information had been included to describe current governance arrangements which form part of the framework of assurance. The risk overview section highlighted the risk themes contained within the Covid-19 related risks. There were no further questions.	
18.	Items discussed in private	
18.1.	Content was noted.	
19.	Annual Register of Interests and FPPT Declaration	

19.1.	Content was noted.	
20.	Forward Plan	
20.1.	Content was noted.	
21.	Questions Posed in Advance of the Board Meeting	
21.1.	BG commented that she had found the Safe Staffing report very comprehensive and helpful as a governor. She was also pleased to have CW's assurance on the matter. She congratulated the Trust on having maintained cancer services despite the pressures and also thanked GB and the Maternity service for the support provided to families. BG had been moved to tears by the recent television footage, which had made her feel really proud of the Hospital.	
22.	ANY OTHER BUSINESS	
22.1.	SB ended the meeting paying tribute to SS, who she described as having been the most exceptional Director of Corporate Governance & Company Secretary. SB believed that SS had had a profound impact on the Hospital, not only for her extraordinary skills and expertise, but also for her encouragement, her calmness, and her exceptional support of both Non-Executive and Executive Directors, and of Governors. SS had given an enormous amount of her own time to the organisation and SB was sure that every member of the Board and the Council of Governors would join her in wishing SS the best time on her boat and with her world trip. SB could not be more sad or more pleased for her and wished SS the very best for the future.	
23.	DATE OF NEXT MEETING	
23.1.	24 th March 2021 at 10.00am	
24.	RESOLUTION TO MOVE TO CLOSED SESSION	
24.1.	In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, the Board approved the following resolution: "That representative 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".	