

**Minutes of the Meeting of the Council of Governors held on  
Tuesday 19<sup>th</sup> January 2021, Via MS Teams**

<b>Present</b>	<b>Appointing Organisation / Constituency</b>	
Sian Bates	Chairman	SB
Councillor Piers Allen	Appointed Governor, London Borough of Richmond	PA
Richard Allen	Elected Governor, Kingston	RA
Councillor Rowena Bass	Appointed Governor, Royal Borough of Kingston upon Thames	RB
Anne Blanche	Elected Governor, Kingston	AB
Jennifer Bunn	Staff Governor, Management and Administrative Staff	JB
Councillor George Crivelli	Appointed Governor, Wandsworth Borough Council	GC
Michelle Deans	Elected Governor, Kingston	MD
Alison Dicks	Staff Governor, AHP & Clinical Support	AD
Isabelle Donnelly	Elected governor, Richmond	ID
Bonnie Green	Elected Governor, Richmond	BG
Dr Naz Jivani	Appointed Governor, SW London CCG	NJ
CJ Kim	Elected Governor, Elmbridge	CJK
Frances Kitson	Elected Governor, Kingston	FK
Cathy Maker	Elected Governor, Richmond	CM
Felicity Merz	Elected governor, Wandsworth	FM
Ash Neil-Gallacher	Elected Governor, Kingston	ANG
Catherine Okonkwo	Elected Governor, Rest of Surrey and Greater London	CO
Jack Saltman	Elected Governor, Elmbridge	JS
Geoffrey Shorter	Elected Governor, Merton	GS
Susan Smith	Elected Governor, Richmond	SS
Councillor Margaret Thompson	Appointed Governor, Royal Borough of Kingston upon Thames	MT
<b>In Attendance</b>		
Dr Nav Chana	Non-Executive Director	NC
Jo Farrar	Chief Executive	JF
Jonathan Guppy	Non-Executive Director	JGu
Dr Rita Harris	Non-Executive Director/Senior Independent Director	RH
Damien Régent	Non-Executive Director	DR
Susan Simpson	Director of Corporate Governance (Minutes)	SSi
Dame Cathy Warwick	Non-Executive Director	CW
<b>Apologies</b>		
Councillor Christine Elmer	Appointed Governor, Elmbridge Borough Council	CE
Dr Julia Gale	Appointed Governor, Kingston University	JG
James Giles	Elected Governor, Kingston	JGi
Councillor Drew Heffernan	Appointed Governor, Sutton and Merton Borough Councils	DH
Pravin Menezes	Staff Governor, Medical & Dental Practitioners	PM
Raju Pandya	Elected Governor, Kingston	RP
Diane Taboada	Staff Governor, Nursing and Midwifery	DT
Sylvia Hamilton	Non-Executive Director	SH
<b>Staff, Stakeholders or Public in Attendance</b>		
Tara Ferguson-Jones	Head of Communications	

<b>1.</b>	<b>Apologies and Welcome</b>	<b>Action</b>
1.1.	Apologies were noted as above.	
<b>2.</b>	<b>Declarations of Interest in Matters on the Agenda</b>	
2.1.	None to declare.	

	<b>STRATEGY</b>	
<b>3.</b>	<b>Chief Executive's Report</b>	
3.1.	JF gave a verbal report focusing on the Covid pandemic response, the current position in the Hospital and the immediate future,	
3.2.	Numbers of Covid positive inpatients appeared to be stabilising from a peak in the Hospital on 9 <sup>th</sup> January 2021. JF noted that this surge had been greater and more challenging than the first wave. Critical care capacity within the Hospital had been increased and a high dependency unit had been created on Hamble ward. The pandemic response continued to follow a planned approach working with partners across SW London and JF expressed thanks to SW London colleagues for the necessary and effective partnership working being carried out.	
3.3.	Cancer services and emergency procedures had continued as normal through the recent peak in activity, with much of this work being carried out in the independent sector at the New Victoria Hospital and at Parkside. Along with other SWL partners and to assist in decompressing the Hospital, the Trust was utilising some beds, staffed by a small cohort of Kingston Hospital staff, at the NHS Seacole Centre, a facility run by Epsom and St Helier.	
3.4.	Health and wellbeing of staff continued to be a top priority. JF expressed admiration for the way in which staff continued to work hard to deliver outstanding care and were generally in good spirits. He would be emphasising with SW London Integrated Care System (ICS) partners the need to do more to help staff through the current situation and, beyond that, into recovery. The fatigue staff were experiencing had built up over many months and could take as long as that to recover. He acknowledged the help that SH and JG were putting into a fundraising campaign to support what would be a long term plan to help staff recover.	
3.5.	The vaccination programme for staff had been very successful, achieving a 92% vaccination rate thus far. JF thanked the team, led by Kelvin Cheatle, for an outstanding achievement. The programme also included 1400 other health and care staff, including staff working for ISS and the London Ambulance Service, together with 520 vulnerable patients aged 80+. The Trust would now be working with local partners to complete vaccination of those staff who wished to have the vaccine and had been unable to do so to date. The programme would restart in March for the second dose.	
3.6.	It was noted that Long Covid clinics were paused at present, due to the surge in critical care need. However, patients still had access to resources to support their recuperation through primary care.	
3.7.	JF was proud to note that KHFT had been one of the top performing hospitals in the national hip and fracture database; one of only nine consistently achieving the KPIs and only one in London. Achievement of this performance relied on colleagues across the Hospital working together so it was a real team effort.	
3.8.	The Trust continued to share information on EU Exit with all staff, as well as providing guidance regarding the EU settlement scheme. The opportunity had been taken to remind staff of the support that is available through the EU support group, for any Kingston Hospital staff from an EU background, or those that have a family member from an EU background and who may be affected by Brexit.	
3.9.	JF notified governors that Sam Armstrong will be joining Kingston Hospital as Director of Corporate Affairs and Trust Secretary from 18 <sup>th</sup> of March 2021 when SSi leaves.	
3.10.	In response to NHSE/1's consultation on 'Integrating Care – The next steps to building strong and effective integrated care systems across England' there had been broad support for the ICS development outlined in the document and a strong feeling that SW London has achieved a strong collaborative model supported by a culture of partnership working. It was felt that progress in achieving the agreed ambitions of the partnership to enable our residents to start well, live well and age well, would be better supported if the ICS has a clearly defined statutory position.	

3.11.	JF was pleased to announce that funding had been approved for an ophthalmology specific Electronic Patient Record system, to address the current reliance on paper medical notes and to help enhance efficiency in clinical decision making. The new system will enable collection of ophthalmology specific clinical information and images via one portal and will also help to address growing demand for planned and emergency care in the Royal Eye Unit.	
3.12.	The Chairman invited questions from governors on the Chief Executive's report.	
3.13.	FK asked about the long term impact on mental health and well-being of staff, in that they are keeping going in extraordinary circumstances, but when the pressure finally begins to ease perhaps there may be higher than normal sickness rates as the impact is finally felt. RH agreed, and said that there is a lot of thinking going on internally about building team and individual resilience at all levels (non-clinical as well as clinical). There is a recognition that the consequences will take a long time to emerge and even longer to resolve, and that any pressure to go back to BAU prematurely will be resisted.	
3.14.	BG understood the pause in outpatients and planned care but asked what oversight there was to ensure these patients were not deteriorating whilst they waited. JF responded that there was already discussion on standing up services again as soon as pressure on critical care began to lift. In the meantime, care was being prioritised across the system so that Priority 1 / Priority 2 patients were being dealt with first.	
3.15.	SS asked how the restart would be balanced against the need to support fatigued staff. JF reiterated that there was national recognition that staff across the NHS are very tired and he had been assured that the question of their health and wellbeing was at the top of the NHS agenda. As an example of local response, JF explained that he was currently working with CEO colleagues in SW London on a proposal to allow staff to carry over annual leave.	
3.16.	RB thanked JF and his staff for their response to the pandemic. She asked whether it would help to put pressure on within SW London to have the second Covid vaccine dose sooner than 12 weeks after the first. JF noted that this had been discussed on a London call earlier in the day, with a suggestion that it may boost morale to do this; however, there appeared to be no appetite to change the advice. NJ noted that this would be a national decision based on standards set by an independent body.	
3.17.	ANG had experience of senior clinicians and was concerned that there was a tendency not to admit when they were not coping. She asked whether this had been taken into account in the support being provided. SB confirmed that this had been part of the discussion.	
<b>4.</b>	<b>Chairman's Report</b>	
4.1.	SB gave a verbal report on current strategic highlights from her perspective. She was immensely proud of the Hospital and all of the achievements JF had described.	
4.2.	SB encouraged governors to direct people who wished to donate food or other items to the Hospital at this time to donate money through the Charity as this supported best use of resources.	
4.3.	The Council was asked to note that the governance framework had been slimmed down as far as possible in order to release capacity to support the pandemic response. SB acknowledged that this presented challenges for governors in feeling connected to the Hospital and she hoped that the communication mechanisms put in place would help. Governor induction had continued virtually and that had worked very well.	
4.4.	SB welcomed JF's earlier comments on integration and the discussion that had taken place on the NHSE/I consultation. She continued to work on integration in her Chair in Common role with HRCH and with Your Healthcare. The pandemic response had helped to support change in that respect.	
4.5.	SB acknowledged the very valuable contribution that Dr Doug Hing had made to the Council of Governors and to its Strategy Committee. His talents were now required elsewhere and she had wished him well for the future on behalf of the Council.	

4.6.	The KH Charity had funded a Christmas gift for all staff of an insulated water bottle carrying the KHC brand and personalised for each staff member. SB would be offering each of the governors the opportunity to have one of these bottles as a thank you for their time and commitment and to support the Trust's push towards environmental sustainability. An email would be sent to allow governors to order a bottle and she hoped they would feel a real sense of belonging to the Trust when the bottles arrive.	
<b>5.</b>	<b>Lead Governor's Report</b>	
5.1.	FK highlighted a number of matters to bring to the attention of governors, including a recent email from the Head of KH Charity which she hoped governors had found helpful.	
5.2.	Arrangements for buddying for the new governors was taking shape and FK welcomed any further expressions of interest. Groups had been formed for Kingston, which MD had come forward to lead, to supplement the one already in existence for Richmond governors, and FK hoped that a similar group may be formed for the remaining areas where there were fewer governors per borough. FK asked that governors contact her should they have any more ideas on how best to keep governors connected.	
<b>6.</b>	<b>Minutes of the Last Meeting</b>	
6.1.	The minutes of the meeting held on 13 <sup>th</sup> October 2020 were agreed as an accurate record, subject to the following corrections: <ul style="list-style-type: none"> <li>- Designations for NJ and DH to read Appointed Governor - SW London CCG</li> <li>- Initials for Rob Aldous to be changed to differentiate from Richard Allen.</li> </ul>	
6.2.	CJK thanked all of the staff of Kingston Hospital for their response to the pandemic. The Korean Community would be pleased to continue their support through the KH Charity. AB noted a number of connections which might be helpful for fundraising and would pass these on to the Charity.	
6.3.	SSi confirmed that the Council of Governors had on 11 <sup>th</sup> November 2020 supported the principles of continuing with a Chair in Common across both Kingston Hospital NHS Foundation Trust and Hounslow & Richmond Community Health NHS Trust and that the term of office of the current Chairman be extended to the end of March 2022.	
<b>GOVERNANCE</b>		
<b>7.</b>	<b>Committee Membership</b>	
7.1.	The Council had received a report on proposed membership of CoG committees with effect from this meeting. Since the report had been written a further request had been received and SSi asked that DT be added as a member of the Governors' Quality Scrutiny Committee and the Strategy Committee.	
7.2.	The Council of Governors approved membership of the committees with this addition as proposed.	
7.3.	A decision on the proposal to add a staff governor to the membership of the Nominations & Remuneration Committee was deferred to allow the Committee to discuss this in more detail and return to the Council with a recommendation.	
<b>8.</b>	<b>Associate Member for Young People</b>	
8.1.	The Council had received a report proposing the creation of an associate member post with the aim of strengthening the voice of young people in discussions of the Council of Governors and to support its work in membership recruitment and engagement.	
8.2.	There was support for the proposal and suggestions were made for future consideration that: <ul style="list-style-type: none"> <li>- the Youth Parliament be contacted regarding future appointments;</li> <li>- the age range for the role be extended to 25.</li> </ul> The rationale for appointing Olivia Arney as the first post holder was endorsed and it was confirmed that the post will be filled through competitive process subsequently.	

8.3.	The Council of Governors approved the creation of the role of Associate Member for Young People; and the appointment of Olivia Arney as the first holder of the post for an initial term of office of two years with effect from 20 <sup>th</sup> January 2021.	
<b>9.</b>	<b>Register of Interests</b>	
9.1.	The Constitution of Kingston Hospital NHS Foundation Trust requires Governors to declare any interests which are relevant and material to the Council. Declarations are made annually and at the start of each meeting. The Council noted the content of the report received and the declarations made as at 14 <sup>th</sup> January 2021 for publication on the website.	
<b>10.</b>	<b>Council of Governors Forward Plan</b>	
10.1.	Content was noted. There was no other business and no questions from the public.	