

**Minutes of the meeting of the Board of Directors  
held on 26<sup>th</sup> May 2021 at 10.00 am via MS Teams**

<b>PRESENT VOTING</b>		
Sian Bates	Chairman	SB
Sally Brittain	Director of Nursing & Quality	SBr
Kelvin Cheatle	Director of Workforce & OD	KC
Jo Farrar	Chief Executive	JF
Dr 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
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
<b>PRESENT NON-VOTING</b>		
Alex Berry	Director of Strategy & Transformation	AB
Samuel Armstrong	Director of Corporate Governance & Company Secretary	SA
<b>IN ATTENDANCE</b>		
Nichola Kane	Deputy Director of Nursing	NK
Susannah McMorro	Guardian of Safe Working (item 12)	SM
Helen Matthews	Trust Research Lead (item 13)	HM
Susan Van Beveren	Head of Chaplaincy, Pastoral & Spiritual Support Services (item 14)	SVB
Louise Hogh	Chief of Medicine	LH
Sarb Sandhu	Chief of Surgery	SSa
Iscelyn Richards-Tait	Corporate Governance Manager (minutes)	IRT
Tara Ferguson-Jones	Head of Communications	TFJ
<b>PUBLIC ATTENDANCE</b>		
Richard Allen	Public Governor - Kingston	
Aisling Neil-Gallacher	Public Governor - Kingston	
Bonnie Green	Public Governor - Richmond	
Isabella Donnelly	Public Governor - Richmond	
Cathy Maker	Public Governor - Richmond	
CJ Kim	Public Governor - Elmbridge	
Geoffrey Shorter	Public Governor - Merton	
Olivia Arney	Associate Member for Young People (Council of Governors)	
Jennifer Bunn	Staff Governor	
Alison Dicks	Staff Governor	
Mahdi Alshaf	Member of the public	
Gina Brockwell	Director of Midwifery	
Lee Walsh	Deputy Head of Patient Experience & Involvement	

	<b>Welcome</b>	<b>Action</b>
	SB opened the meeting at 10.00am and welcomed all present and attending. She noted how wonderful it was to see so many governors and staff present.	
<b>1.</b>	<b>Patient Story</b>	
1.1.	SBr introduced the item and a video of the patient story was presented.	
1.2.	SBr was thanked for sharing the touching video on organ donation.	
1.3.	Board members remarked on the impressive generosity of the patients, their families and the attending staff. The video was described as being a very moving display of the Trust values.  CW commented that the story was relevant to the Board's agenda today, and that it was	

	<p>a great reminder that people were behind the important figures boards needed to review.</p> <p>NC noted it was a demonstration of why he and others worked in healthcare, and added that one can get distracted by finance and governance processes, however it was the patient that remained at the centre of everything the Trust did.</p> <p>DR and RH commented on how moving the story was, and noted how well the support was during the experience, which went well beyond medical care.</p>	
1.4.	<p>SB concluded the item by thanking the team for putting the story together. She noted the human cost of caring and the immense differences that compassion makes to others.</p> <p>The Board noted the patient story.</p>	
<b>2.</b>	<b>Apologies for Absence</b>	
2.1	An apology was received from Jonathan Guppy.	
<b>3.</b>	<b>Declaration of Interests in Matters on the Agenda</b>	
3.1.	There were no declarations.	
<b>4.</b>	<b>Minutes of the Previous Meeting</b>	
4.1.	The minutes of the meeting held on 23 <sup>rd</sup> March 2021 were approved as correct record.	
<b>5.</b>	<b>Matters Arising and Action Log</b>	
5.1.	<p>SB noted that all actions were progressing appropriately.</p> <p>The action log was agreed.</p>	
<b>6.</b>	<b>Chairman's Report</b>	
6.1.	<p>SB provided a verbal report to the Board.</p> <p>She noted that governance for the Trust had returned to normal, albeit still dependent on virtual meetings. Whilst the implications of Covid-19 remained a high priority, governance, scrutiny and assurance would be extended in all areas of the agenda, not just those pertaining to Covid-19.</p>	
6.2.	<p>SB had completed all Non-Executive Directors appraisals.</p> <p>She thanked the Non-Executive Directors for their support, flexibility, adaptability and service over the last year, and added that the Board was unified, which was so important given the challenges of the pandemic.</p>	
6.3.	SB noted that a key focus for the Trust after the most recent wave of Covid-19 was elective recovery. The Board was reassured that work was planned to meet the demands of the waiting list with due regard given to the health and wellbeing of staff, which required great balance.	
6.4.	<p>SB was pleased to report that volunteering was scheduled to resume, albeit in part, by the end of May 2021, and subject to the Covid-19 restrictions.</p> <p>Special commendation was given to the volunteering team and the way in which they responded to Covid-19.</p>	
6.5.	<p>SB updated the Board on the development of strategy across SW London, which was moving at pace. There was a focus on development at Place level as well as ICS and SW London.</p> <p>The experience of working together under the pandemic had provided important lessons about system working, partnership working and integration. Inequalities had become a focus during that time as well as the physical and mental health services working closer together. She added that there had been a meeting with Board colleagues with SW London and St George's University Hospitals NHS Foundation Trust to ascertain how to progress these areas.</p> <p>The Board noted the report.</p>	

<b>7.</b>	<b>Chief Executive's Report</b>	
7.1.	<p>JF reported that there were currently five inpatients with Covid-19. He remained mindful of increasing Covid-19 levels within the community.</p> <p>JF reflected on the Trust's position, and that since June 2020 there had been 1392 Covid-19 positive infections within the hospital, of which 1125 were community acquired; 147 were probably hospital acquired and 120 were definitively hospital acquired. Since the beginning of the pandemic, there had been 468 Covid-19 related deaths at the hospital.</p> <p>Thanks were extended to those remaining vigilant and supporting the work to combat Covid-19.</p>	
7.2.	JF informed the Board that the current infection prevention and control standards would remain in place until new guidance was received from NHSE.	
7.3.	<p>JF informed the Board that all outpatient services had now resumed both physically and virtually. Additionally, extra clinics had been established on weekends to reduce backlog. The Trust was working at full capacity in day surgeries and also working with colleagues at New Victoria Hospital.</p> <p>JF also shared details of the modular operating theatres which had been set up at the St George's Queen Mary site, at Roehampton. One of the theatres had been assigned to Kingston Hospital.</p>	
7.4.	<p>JF informed the Board that 82% of Kingston Hospital staff had received their vaccinations. ISS staff vaccine uptake was at 59%. JF assured the Board that KC was engaged in in-depth sessions with ISS in efforts to gain a deeper understanding of the reasoning behind the ISS staff reluctance to vaccinate.</p> <p>Staff had been encouraged to continue lateral flow testing twice weekly.</p>	
7.5.	JF informed the Board that the Trust endoscopy unit had been re-accredited by JAG, and received praise during the process.	
7.6.	The Trust was about to launch its 'End PJ Paralysis' campaign. JF explained that the aim of the initiative was to promote a culture of reducing the harmful effects of prolonged bedrest by encouraging movement in patients by staff members.	
7.7.	JF was pleased to report an overwhelming level of interest in the role of Equality & Diversity Champions.	
7.8.	JF extended his thanks to Dr Amira Girgis for her outstanding clinical leadership in the role of acting Medical Director over the last 15 months. The Board was assured that Dr Girgis would continue to act in this capacity until Dr William Oldfield, the newly appointed Medical Director, joins the Trust.	
7.9.	<p>JF shared with the Board the news that the Director of Nursing and Infection Control, Sally Brittain, would retire in September 2021.</p> <p>JF thanked SBr for her work, particularly her recent contributions and achievements.</p> <p>In conjunction with Hounslow and Richmond Community Healthcare Trust (HRCH) the decision was made to recruit a joint Chief Nurse between HRCH and the Trust.</p>	
7.10.	The South West London Integrated Care Systems continued focus at Place level with the development of Primary Care networks, modernisation of health and care, and understanding of population health management techniques.	
7.11.	JF reported that KC and SB had been identified as executive and non-executive champions, respectively, for tackling violence and aggression towards NHS staff. This role was established in line with a recent directive from NHSE.	
7.12.	The Board was informed that Kingston council had been awarded funding for a pilot to	

	assist the hospital in contact track and trace.	
<b>8.</b>	<b>Integrated Quality and Operational Compliance Report</b>	
	The Board received the report. Executive directors highlighted the following:	
	<b>Safe</b>	
8.1	<p>SBr reported that the instances of Covid-19 in the community were rising and currently it was 34.59 cases per 100,000 people in Kingston and 39.86 per 100,000 in Richmond. There had been a significant reduction in over-60-year-olds contracting Covid-19, and more patients were attending the hospital with Covid-19 for other reasons, which was a good sign.</p> <p>The hospital was managing three MSSA patients. These patients affected by MSSA had no connections or links to each other, and the cases were also not associated with Covid-19. SBr assured the Board that stringent infection control measures were implemented to prevent the spreading of infection.</p>	
	<b>Effective</b>	
8.2	<p>AG reported that after a recent audit, the Trust blood transfusion service had demonstrated continued excellence or significant improvements in related areas compared to previous audits.</p> <p>The Board was informed of the most recent six-month report from the Intensive Care National Audit and Research Centre. The Trust ITU had admitted 225 patients during the period of the audit, and despite Trust patients' average age being 62 compared with the national average of 59, the Trust mortality rate was 33.8%, which compared favourably with national average of 38.1% for intensive care patients.</p>	
	<b>Caring</b>	
8.3	<p>SBr reported that the Trust had begun to see an increase in response rate for the Friends and Family Test.</p> <p>There was also a downward trend in satisfaction from ED, which was generally associated with the theme of communication. The Trust would need to raise response rates further to help understand the situation better.</p>	
	<b>Responsive</b>	
8.4	<p>MM reported that the hospital had an improved position for elective care. The Trust performance against RTT was 81%.</p> <p>The longest waits were within the Ophthalmology, Trauma, and Orthopaedics departments, which required some mutual aid. The Trust was offering mutual aid for general surgery and EMT.</p> <p>The Board received assurance that all patients were risk assessed and treated in order of clinical priority.</p>	
8.5	The Trust cancer service standard performance was 92.9% against a national performance of 73%. There was a 21% increase in activity for two-week referrals, which was likely on the back of campaigns to encourage people to access healthcare.	
8.6	<p>The demands of the Emergency Department had begun to increase to pre-Covid levels which was being impacted by the need to await Covid tests in advance of transferring the patient to the appropriate ward. There was a recovery programme in place to improve A&amp;E performance.</p> <p>In response to a question from NC, MM clarified that the rise in stranded patients was likely related to complexity of patient requirements on discharge. Admissions had not risen by much. There had been changes in the surgical pathways, and a deep dive was underway to understand this more.</p>	
	<b>Well Led</b>	

8.7	<p>KC highlighted that the Trust had a new set of stretch targets for the year, which were 6% for vacancies, 12.5% for turnover and 2.9% for sickness, 90% mandatory for appraisals and stability.</p> <p>The hospital was above target for vacancies at 7.8%, however April was usually a challenging month as budgets were reset and there were usually vacant posts to fill.</p> <p>The recruitment hub was noted as successful with 2000 recruitment campaigns underway at present. The hub recruited over 800 extra staff for the SW London vaccine programme, which was recognised as the best performance in London. Special thanks were extended to Lynda Dyson for her work on the hub.</p>	
8.8	<p>Turnover remained below ceiling at 11.6%. Sickness rate had returned to a more normal level and the Trust was currently reporting 2.8%.</p> <p>It was reported that the Trust Occupational Health service was now a collaborative project with the Trust's acute partners. The service had performed well during the pandemic, however it had been a largely reactive service. It was hoped that it would now become a more proactive service.</p>	
8.9	<p>In response to a question from SH regarding mandatory training and appraisals, and pointing out that junior doctors had the lowest rates of completing mandatory training, KC informed the Board that the compliance rate for these had suffered as a consequence of the pandemic and the lower managerial and staff bandwidth. They had now recovered significantly. The Trust had been converting as much of the training as possible to digital training and focusing on the staff areas with low compliance rates.</p> <p>Eligibility for incremental pay progressions was now linked to mandatory training compliance.</p> <p>AG added that medical and dental had traditionally been poor performers in completing mandatory training, however it would be a focus for her's when she reverted to her Deputy Medical Director role.</p> <p>The Board noted the Integrated Quality and Operational Compliance Report.</p>	
<b>9.</b>	<b>Finance Report</b>	
9.1	<p>YR presented the M1 report against the half-year plan. It was noted that the current finance regime was extraordinary with only the first half of the year planned. It was expected that the Trust would know the second half of the annual finance plan from NHSEI in the coming months.</p>	
9.2	<p>It was noted that the Trust had recorded a deficit of £750k in month one, which was better than plan. There were funds available through the elective recovery fund, however this was being judged at system level.</p> <p>There was a capital budget of £109m for the system, with £23m set aside for the Trust. It was acknowledged that the capital budget was tight and the Trust would be looking to pick up any further allocations, wherever possible.</p> <p>In response to a question from DR, YR clarified that SW London had been more advanced at sharing financial information and operated an open book approach. She added that the SW London providers understood the system was assessed and therefore it could achieve more working together.</p>	
9.3	<p>The Board noted the report.</p>	
<b>10.</b>	<b>Staff Survey 2020 Analysis &amp; Response</b>	
10.1	<p>KC presented the staff survey along with an action plan.</p> <p>The analysis of the Staff Survey included benchmarking data and it was also cross referenced against pulse survey data.</p>	
10.2	<p>The Board noted that the Trust was recognised as the best performing acute trust in London with the best engagement score. Kingston Hospital was also listed as the best</p>	

	Trust to work in London. KC acknowledged the areas of concern, which included bullying and harassment, and inconsistencies in management support. He assured the Board that measures were being identified to resolve these as per the presented action plan.	
10.3	KC was praised by RH for the thorough data collection and arrangements of the planned away days. In response to a question from RH, KC explained that, largely, staff would have the freedom and flexibility to organise their away day providing it included: <ul style="list-style-type: none"> <li>- A post Covid debrief facilitated by a member of the Executive Management Committee;</li> <li>- Team build activity; and</li> <li>- An hour long activity chosen in team</li> </ul>	
10.4	SB thanked KC for the report.	
<b>11.</b>	<b>Workforce Strategies</b>	
11.1	KC presented the workforce strategies. The Board noted details of the 3 elements of workforce strategies which included the Board approved health and wellbeing plan; the equality, diversity and inclusion plan; and the people plan. The report was a composite of progress for the Trust on these plans, which was noted. Details of the workforce strategy included the introduction of diversity champions, and plans to encourage agile working, which could significantly reduce space requirements across corporate services.	
11.2	DR raised the issue of the June deadline for settlement status for EU nationals and the potential effects on the Trust. KC responded by assuring the Board the Trust had held seminars and provided support wherever possible, however it was pointed out that the Trust can only support these staff and not guarantee any outcomes. The Trust facilitated a legal seminar in January and ran a further refresher meeting. KC planned to ask employees whether they wished to attend any further meetings. The Board noted the report.	
<b>12.</b>	<b>Guardian of Safe Working</b>	
12.1	The Board received a report from the Guardian of Safe Working, Dr Susie McMorrow. The report highlighted the pressures faced by junior doctors in light of the pandemic. Specifically, pressure placed on the junior doctors meant that exception reporting was lower than anticipated due to time constraints in the first four months of the pandemic. This was an issue experienced nationwide. Of the exception reporting which did take place the majority of such was within medical specialities. Key highlights included: <ol style="list-style-type: none"> <li>1) Change to terms and conditions Covid surge rota received</li> <li>2) Junior Doctors reported feeling more supported during the first wave and felt less resilient during the second wave.</li> </ol>	
12.2	After providing reassurance that the quality of data reporting was not affected by the pandemic, Dr McMorrow was thanked for her report.	
<b>13.</b>	<b>Research Annual Report</b>	
13.1	The Board noted the Research Annual Report presented by Dr Helen Matthews. It was noted that there had been 20 research studies opened and 1087 patient and staff were recruited into National Institute of Health Research (NIHR) adopted portfolio studies during this year. Covid-19 had been a great challenge to the research at the Trust.	

	In closing, SB thanked HM for her for the report and her continued leadership. The Board noted the report.	
<b>14.</b>	<b>Organ Donation Report</b>	
14.1	The Board received the report on organ donation from Susan Van Beveren. The Trust was noted for its capacity to refer in spite of the pressures of Covid-19. It was acknowledged that the referral rate was assisted by the presence of a Specialist Nurse for Organ Donation (SNOD).	
14.2	The Board was informed of the recent organ donation legal developments such as the national requirement to 'opt-out' of organ donation and the addition of the topic on school curriculums. The Board noted the report.	
<b>15.</b>	<b>Finance &amp; Investment Committee Report</b>	
15.1	The Board noted the update from the Finance & Investment Committee with particular attention shown to positive year-end position.	
<b>16.</b>	<b>Quality Assurance Committee Report and Terms of Reference</b>	
16.1	The Board noted the update from the Quality Assurance Committee. SB thanked SBr for her hard work as the Infection Prevention and Control Lead and noted the low mortality rates in the maternity service.	
16.2	The Quality Assurance Committee Terms of Reference were approved.	
<b>17.</b>	<b>Workforce Committee Report</b>	
17.1	The Workforce Committee report was taken as read and noted.	
<b>18.</b>	<b>Equality, Diversity and Inclusion Committee</b>	
18.1	The equality, diversity and inclusion committee report was taken as read and noted.	
	<b>GOVERNANCE</b>	
<b>19.</b>	<b>Delegation of Approval for Annual Report &amp; Accounts 2020/21 and annual declarations</b>	
19.1	SA presented the paper explaining that due to the timing of various submissions, the Board was being asked to delegate authority. The Board delegated authority to approve the annual report and accounts (including the quality accounts) to the Audit committee.	
19.2	The Board delegated authority to approve the FT4(8) annual declaration to the Finance and Investment committee.	
19.3	The Board approved the 2020-21 self-certification annual declaration for G6 and CoS7.	
<b>20.</b>	<b>Board Assurance Framework</b>	
20.1	SA presented the Board Assurance Framework and highlighted the updates from its last presentation. The Board approved the Board Assurance Framework.	
<b>21.</b>	<b>Items Discussed in Private</b>	
21.1	The paper was taken as read and noted.	
<b>22.</b>	<b>Any Other Business</b>	
22.1	There was no other business.	
<b>23.</b>	<b>Questions from the public</b>	

23.1	In response to a question about the site development forum. The Governors were informed that they would receive a presentation on this in due course.	
23.2	In response to a question regarding further organ donor support and guidance for the Korean community, SB advised governor CJ Kim that SVB would be in contact to discuss outreach.	SA
23.3	In response to a question from RA, SB advised that while there was no specific Non-Executive Director for Research, he could direct his queries to CW and RH.	
	<b>DATE OF NEXT MEETING</b>	
	27 <sup>th</sup> July 2021 at 10.00am	
<b>24</b>	<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 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".	