

**Minutes of the meeting of the Board of Directors  
held on 27 July 2021 at 09.30 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
Yarlini 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
<b>PRESENT NON-VOTING</b>		
Samuel Armstrong	Director of Corporate Governance & Company Secretary	SA
Alex Berry	Director of Strategy & Transformation	AB
<b>IN ATTENDANCE</b>		
Tara Ferguson-Jones	Head of Communications	TFJ
Anna Jebb	Associate Director of Planned Care (for Mairead McCormick)	AJ
Iscelyn Richards-Tait	Corporate Governance Manager (minutes)	IRT
Sarb Sandhu	Chief of Surgery	SS
<b>PUBLIC ATTENDANCE</b>		
Helen Martin	UNISON, Staff Side Chair	HM
Phil Hill	Non-Executive Director, HRCH	PH
Richard Allen	Public Governor – Kingston	RA
Jennifer Bunn	Staff Governor	JB
Alison Dicks	Staff Governor	AD
Isabella Donnelly	Public Governor - Richmond	ID
Bonnie Green	Public Governor - Richmond	BG
Cathy Maker	Public Governor - Richmond	CM
Felicity Merz	Elected governor, Wandsworth	FM
Raju Pandya	Elected Governor, Kingston	RP
Jack Saltman	Elected Governor, Elmbridge	JS
Susan Smith	Elected Governor, Richmond	SSm
Esther Kitto	Member of public	EK
Vicky Boiten-Lee	Member of public	VB-L

	<b>Welcome</b>	<b>Action</b>
	SB opened the meeting at 9.30am and welcomed all present and in attendance.	
	<b>Patient Story</b>	
<b>1.1.</b>	<p>SBr introduced the patient story.</p> <p>The Board viewed the patient story, which provided interviews from Trust staff and how they helped patients and visitors, particularly under challenging circumstances. After the presentation the Board provided the following reflections.</p>	
<b>1.2.</b>	RH was proud of the calm way in which staff managed aggrieved patients but felt it was unacceptable that staff felt at risk whilst carrying out their duties.	
<b>1.3.</b>	JF felt proud of the efforts of the staff whose responsibilities included being the first point of contact for patients. He thanked them for their work in putting patients and their families at ease.	
<b>1.4.</b>	NC stated that he found the accounts of the staff members to be inspiring. He suggested	

	that an objective for the next two years should be to review access to health services with a particular focus on health inequalities.	
1.5.	It was noted by CW that the members of staff in roles similar to that which was shown in the patient story were probably some of the most junior staff members and it was important to demonstrate to them that they are valued.	
1.6.	DR felt proud of the safe environment that the Trust employees had created for patients. He felt that the story demonstrated the difficulties involved in re-opening society after the Covid-19 pandemic. He stated that it was important that the Trust made it clear that patients were safe and that harassment and bullying would not be tolerated.	
1.7.	JG raised his concerns over the cumulative effect of stress on members of staff. He urged the Board to consider the implication of long term stress on employees.	
1.8.	SH felt strongly that the skills staff had acquired within these roles should allow them to progress into more senior roles, should they wish. She suggested that we identify ways in which the Trust could proactively help career development.	
1.9.	SB thanked SBr for the patient story.	
	<b>Apologies for Absence</b>	
2.1.	SB especially welcomed Anna Jebb, Associate Director of Planned Care, Phil Hall, Non-Executive Director, HRCH, Helen Martin, Chair of Trust Staff Side, Vicky Boiten-Lee, and Eshos Kitto, as well as all the Governors attending.  An apology was received from Mairead McCormick, Chief Operating Officer.	
	<b>Declaration of Interests in Matters on the Agenda</b>	
1.1.	There were no declarations.	
	<b>Minutes of the Previous Meeting</b>	
1.2.	The minutes of the meeting held on 26 <sup>th</sup> May 2021 were approved as correct record.	
	<b>Matters Arising and Action Log</b>	
1.3.	<b>Ref 8.9</b> - SA would follow up the action with MMc. <b>Ref 9.2/9.3</b> - this item was discussed during the July Finance and Investment Committee. The action was in progress. <b>Ref 23.2</b> – the action had been completed and was closed.  The Board approved the action log, and updates at the meeting.	
	<b>Chairman's Report</b>	
1.4.	SB noted that SBr was attending her last Board meeting prior to retirement.	
1.5.	SB informed the Board that the Council of Governors had extended the terms for Non-Executive Directors Sylvia Hamilton and Dr Nav Chana to 31 <sup>st</sup> March 2021.	
1.6.	SB thanked the Trust staff for their enormous efforts, particularly within an exceptionally busy Emergency Department, which was experiencing increased demand with more people feeling safer and able to attend. She noted that staff had been working hard to deliver the recovery and reduce the backlog.	
1.7.	The Trust needed to maintain its focus on staff wellbeing. SB was glad that many staff were taking leave and getting a needed rest.	
1.8.	SB was pleased to report that the Trust, which had participated in the Royal Horticultural Societies (RHS) planter challenge, had one of its gardens featured in The Times today.	
	<b>Chief Executive's Report</b>	
1.9.	The Chief Executives report was taken as read with the following highlights.	

1.10.	<p>The Trust was currently treating 17 Covid-19 positive patients.</p> <p>The rate of infections within the community had begun to plateau, which was promising.</p> <p>JF reported that SA would be the Trust lead on the Public Inquiry in relation to the Government and public sector response to the Covid-19 pandemic. The scope of the Inquiry was not yet known and further guidance was currently awaited.</p>	
1.11.	<p>JF noted that national lockdown restrictions had eased from 19<sup>th</sup> July 2021, however the Trust was yet to receive NHS specific guidance and would be continuing to adhere to the current infection, prevention and control measures; this included requiring visitors to wear masks. The Trust was undertaking communications on this to inform visitors and would monitor any related security issues.</p>	
1.12.	<p>JF was pleased to report that the Trust was meeting all of its cancer targets and was doing well having achieved 86.5% at the end of May for 18-week wait.</p>	
1.13.	<p>JF thanked all staff, stating that he was aware of the busy status of the Emergency Department and understood that it created a challenging environment for staff.</p> <p>He encouraged staff to take annual leave when appropriate; noting that any periods of leave should be treated as the opportunity to completely rest.</p>	
1.14.	<p>JF noted that the Trust had launched its diversity champions. This was something the Trust could be very proud of.</p>	
1.15.	<p>JF thanked SBr for her efforts during her time with the Trust, including her leadership during the pandemic.</p>	
1.16.	<p>JF noted recent Trust appointments:</p> <p>Nic Kane was congratulated on her appointment to the role of Chief Nurse across Kingston Hospital NHS Foundation Trust and HRCH.</p> <p>Tara Ferguson-Jones was congratulated on her appointment to the role of Director of Communications and Engagement at the Trust and HRCH, as well as continuing in her SWL role.</p>	
1.17.	<p>JF extended his congratulations to former Trust employee and founder of the neo-natal charity, Born Too Soon, Pauline Woods MBE, who was recognised in the Queen's Birthday Honours.</p>	
1.18.	<p>JF noted that the Trust had been successful in an innovation bid to establish a GP led, rapid diagnostic cancer clinic within same day emergency care at Kingston Hospital.</p> <p>He updated the Board on the progress of the Royal Eye Unit, noting that Friends of Kingston Hospital had kindly donated £100,000 towards the development of a two storey unit that would house a medical retina unit and a paediatric oncology suite.</p> <p>The Board noted the report.</p>	
<b>8.</b>	<b>Integrated Quality and Operational Compliance Report</b>	
	The Board received the report. Executive directors highlighted the following:	
	<b>Safe</b>	
2.1.	<p>SBr reported that the current instances of Covid-19 in the community were 281 per 100,000 in Kingston and 369 per 100,000 in Richmond, which was an increase since writing the report, however it was thought this could be the peak.</p> <p>SBr advised the Board that there were no Covid-19 outbreaks at the hospital. There had been one recent case, which was probably hospital acquired.</p>	
2.2.	<p>There had been a sharp rise in medication incidents in the last month. SBr had reviewed the incidents and informed the Board that they were broken down across the whole Trust, although pharmacy had a higher amount and this would be further reviewed. Apart from pharmacy there were no themes or trends identified. The Trust would continue to monitor</p>	

	for any further incidents.	
2.3.	The Board noted that the rate of caesarean sections had increased, however it was pointed out that the increase was for elective rather than emergency caesareans.	
	<b>Effective</b>	
2.4.	AG reported to the Board that all KPI's were back on track.  She highlighted the excellent care given to patients requiring emergency bowel surgery.	
2.5.	AG informed the Board that Jos Miles would be leaving the Trust as Head of Clinical Audit & Effectiveness. AG recorded her thanks to Jos and confirmed to the Board that her successor had been appointed.	
	<b>Caring</b>	
2.6.	SBr informed the Board that the Trust had received an increase in complaints during May and June, and into July. The increase was in line with regional and South West London colleagues. The majority of complaints were within planned care.	
2.7.	It was noted that due to the volume of complaints received by the Trust, there would be a pause in responding to complaints for two weeks to allow staff to respond in a manner which would ensure a satisfactory response. The Board endorsed this decision.	
2.8.	SBr informed the Board that 88% of those completing the Friends and Family Test (FFT) reported a positive experience. The identified themes amongst the negative responses for the Emergency Department were staff attitude, environment and waiting times.	
2.9.	RH asked about patient experience workshop. SBr confirmed that patients would be involved in the workshop and the agenda would be driven by the responses in the national patient survey and feedback from the Emergency Department.	
2.10.	In response to a question from DR, SBr explained that the vast majority of negative emergency department comments were linked to frustrations related to waiting time and poor communication from the Trust. Some of it also related to patients being unhappy with the outcome, which may not be in the control of the Trust.	
2.11.	CW asked whether Kingston Hospital volunteers were being utilised within the Emergency Department. <b>SBr stated that she would check and report back to the Board.</b>	<b>SBr</b>
	<b>Responsive</b>	
2.12.	AJ reported that the Trust had achieved an RTT compliance rate of 86.5% and had achieved all cancer targets for the period. She noted the current challenges in the Emergency Department, with the increased number of attendances.  The Trust was increasing its signposting of patients to community services, and working to increase the range of patients that could be treated at the Urgent Care Centre, directed by 111.	
2.13.	RH asked whether the emergence of increased paediatric cases within the Emergency Department had resulted in safeguarding concerns. In response, AJ confirmed that this was not the case, and cited the increased prevalence of minor injuries as well as respiratory issues related to an early bronchitis season, and a range of other issues.	
2.14.	SB asked about the staffing situation in the Emergency Department. In response AJ reported that there were three locum consultants joining the department soon, and there was a secondment from paediatrics to support the service.	
	<b>Well Led</b>	
2.15.	KC provided the update on Well Led.  He noted that the focus during the Covid-19 pandemic was to keep the metric stable, which the Trust had mostly achieved.	
2.16.	KC reported that vacancies tended to be higher in quarter 1, as new posts were often	

	added once budgets were re-set. There was currently circa 40 staff in the recruitment pipeline. This would decrease the vacancy rate, however the Trust's current rate was the best in SW London and of all acute trusts across London.	
2.17.	Due to managerial bandwidth the Time to Hire metrics had increased to 61 days in June against the 45-day target. The HR team was providing support to managers to assist with new hires, and KC was confident that improvements would be achieved. KC assured the Board that the Trust still had the best Time to Hire metrics in South West London.	
2.18.	KC clarified to the Board that traditional sickness, Covid-19 related illness and isolation due to Covid-19 had been recorded. Recent changes to the requirement to isolate for health workers had helped to decrease the rates for those staff needing to isolate.  There was some pressure on appraisal and mandatory training rates, and the HR team would be working to support managers in these areas.  The Board noted the Integrated Quality and Operational Compliance Report.	
<b>9.</b>	<b>Finance Report</b>	
3.1.	YR presented the finance report.  She reminded the Board that NHSE/I had released the plan for the first half of the year (H1) only. Guidance on H2 was expected during late summer. YR advised the Board that the Trust position was favourable to plan, and included elective recovery funding.	
3.2.	YR noted one area of concern, which was that temporary staffing spend had increased by £0.3m to £2.7m. It was explained that the increase was due to the use of temporary staffing to provide cover for vacancies and absences. She provided assurance that the total fixed costs aligned to the finance plan.	
3.3.	The Trust annual capital plan was £23.7m, and at month 3 the Trust was slightly ahead of the plan with a cumulative spend of £1.4m	
3.4.	YR informed the Board that during August and September, the Finance team would be working with the divisions to ascertain the Trust forecasted outturn and run rate in preparation for H2 planning.	
3.5.	JG asked about possible financial risks related to SW London integration work for the elective recovery. In response, YR reassured the Board that the elective recovery was working well, however there was a greater challenge now as the required target had recently been altered by NHSE/I from 85% of 2019/20 activity to 95%. Additional earnings for the Trust would only be for activity above the target of 95%, achieved across SW London.  The Board noted the report.	
<b>10.</b>	<b>Safe Staffing</b>	
10.1.	SBr presented the Safe staffing report to the Board.	
10.2.	SBr reported that the nursing staff turnover was below the ceiling rate, and was also an improvement from last year. The Trust's current vacancy rate for nurses was 7.8%, and although better than many other trusts, it was higher than the Trust would want.	
10.3.	The Board noted the vacancies in planned and unplanned care. The Board was informed that some vacancies were due to redeployment to other areas such as ICU and a desire for professional development or better work-life balance. The Board was assured that a large number of the staff would be joining the Trust in cluster 6 in September 2021.	
10.4.	Assurances were given that safe staffing had been maintained during the period. The integrated quality report to the Board had demonstrated that staffing remained safe during the year and there were no significant gaps in staffing levels.	
10.5.	With regards to progress relating to the Ockenden report, SBr informed the Board that the Memorandum of Understanding for additional funding had been signed. The funding would support maternity staffing and should achieve a maternity staffing ratio of 1:24.	

	SBr reported that she was awaiting the Birth Rate Plus report, which would inform the Trust if higher ratios were needed.	
10.6.	SBr also discussed the high levels of Health Care Assistance turnover. A deep dive had been conducted on a granular level and which demonstrated a committed focus to resolve the issues. <b>SBr to circulate deep dive to the Board.</b>	<b>SBr</b>
10.7.	SBr gave a brief update on Therapies, assuring the Board that excellent work had been undertaken to strengthen their workforce. SBr was pleased by the success of the Occupational Therapy apprenticeship, the Long Covid follow up clinic and the evidence she had witnessed of close and collaborative work with HRCH.	
10.8.	AG provided an update on medical staffing. The Board was assured that AG was fully sighted on Emergency Department vacancies and these were on the risk register.	
10.9.	In response to questions raised by RH regarding the impact of Brexit on nursing staff and the national training of nurses, SBr responded by stating that any effects of Brexit on staffing numbers was likely now concluded. She explained that the amount of training offered by universities continued to increase, and these were being fulfilled.	
10.10.	CW asked whether Nursing Associates were included in the safe staffing ratio. SBr confirmed that they were and that the ratios contained a skill mix of staff.  CW asked if the RCN Nursing Workforce Standards would prove to be more challenging than the national standards. SBr relayed to the Board that the processes of the Trust already had a strong focus on accountability, however she was working with KC to identify any areas that required further input from Workforce, which would be discussed at a future Quality Assurance Committee meeting.	
10.11.	NC sought a breakdown of the training figures for medical staffing. Noting a performance indicator of 70.93% against a target of 90%. <b>AG would provide a breakdown including the percentage of junior doctors to consultants to the Board.</b>  The Board noted the report.	<b>AG</b>
<b>11.</b>	<b>Patient Experience</b>	
11.1.	SBr presented the paper.	
11.2.	It was noted that the last 18 months had presented a significant challenge to the Trust and that time had been taken to understand the patient feedback holistically and drive forward the patient strategy.  SBr was pleased to share that the case studies had received an immense response and that over the next 12 months the team would be transferring these experiences into insights. SBr also acknowledge that there was a need for patient feedback to be embedded into the governance structure.	
11.3.	SBr endorsed the use of patient partners who would be recruited to be representative of a diverse range of patients. This involvement should be evidenced against the patient and public involvement strategy.	
11.4.	SBr noted that the National Patient Safety Strategy had been published which required patient partners to have a greater involvement in governance meetings.  The Board noted the report.	
<b>12.</b>	<b>Finance &amp; Investment Committee Report and Terms of Reference</b>	
12.1.	The report from the June Finance and Investment Committee meeting was taken as read and noted.  It was noted that FIC had received assurances on the plan to invest in maternity services in response to the Ockenden report.	
12.2.	JG highlighted the challenge and assurance in relation to the business case for oxygen and pipework infrastructure. Further work was now being undertaken.	

	The FIC terms of reference had been deferred and would be reviewed at the next meeting and be presented to the Board for ratification in due course.	
<b>13.</b>	<b>Quality Assurance Committee Report</b>	
13.1.	The Quality Assurance committee report was taken as read and noted.	
<b>14.</b>	<b>Audit Committee Report</b>	
14.1.	DR presented the Audit committee report, noting that the Committee had approved the annual report and accounts on behalf of the Board.	
14.2.	DR informed the Board that work was on-going to strengthen the design and presentation of the Board Assurance Framework (BAF). Members were advised to expect improvements later in the year.	
14.3.	SB welcomed the focus on the BAF and risk registers.	
<b>15.</b>	<b>Workforce Committee Report</b>	
15.1.	SH provided a verbal update.	
15.2.	The Committee continued to track the Trust's progress of the staff survey actions.	
15.3.	It was noted that a proportion of staff were experiencing musculoskeletal issues which had led to a reintroduction of the back care initiative on the wards and in service areas.	
15.4.	The Committee received a workforce deep dive on Trust HCAs. The deep dive uncovered a low stability index amongst HCAs and issues related to their conditions. Further work would be conducted.	
<b>16.</b>	<b>Equality, Diversity &amp; Inclusion Report</b>	
16.1.	RH presented the report.	
16.2.	RH noted the launch of Equality, Diversity and Inclusion Champions at the Trust.	
16.3.	The Board noted the on-going work with the Communications team to highlight the diversity of leadership within the Trust.	
16.4.	The Disability network was beginning to form and take shape, however the EU staff network had come to an end. EU staff continued to have access to support. RH extended her thanks to Pascale Varley who, alongside KC, had provided much help.	
<b>17.</b>	<b>Maternity Incentive Scheme</b>	
17.1.	It was noted that the NHSR Maternity Incentive Scheme submission had been approved by the Board by written resolution and submitted to NHSR on 19 July 2021. Confirmation of receipt has been provided by NHSR	
<b>18.</b>	<b>Board Assurance Framework (BAF)</b>	
18.1.	SA presented the BAF.  It was noted that there were 38 risks rated at 12 or above, which was a 5 fewer than the previous report to the Board.	
18.2.	The Board was informed that the BAF was undergoing a review by Internal Audit. In addition to the usual review for assurance, the Internal Audit report was expected to provide suggestions to the structure of the BAF. SA suggested that further work to demonstrate the risks, controls and assurances related to the strategic objectives were needed.  SB noted that the issues raised in the BAF had been picked up on Board agendas.  The Board noted assurances for the progress of the strategic objectives and approved the BAF.	
<b>19.</b>	<b>Items Discussed in Private</b>	

19.1.	The paper was taken as read and noted.	
<b>20.</b>	<b>Forward plan</b>	
20.1.	The forward plan was noted.	
<b>21.</b>	<b>Any other business</b>	
21.1.	<p>RA commended the Trust on the superb testing facilities at the hospital and praised the progress overcoming the elective backlog elective care. RA requested a target date by which the public would receive the dates for achieving the site development plan.</p> <p><b>JF informed RA that the timeline around the projects should be available later in the year.</b></p>	<b>JF</b>
21.2.	BG received feedback at the Cancer Alliance from Dame Cally Palmer, CEO of Royal Marsden.BG was very proud of the cancer performance at the Trust.	
21.3.	<p>JS wished to know whether the Trust had considered potential industrial action by doctors and nurses. KC stated that whilst the Trust was exploring contingencies, it was too early to pre-empt any action. KC was hopeful that the concerns would be addressed at a national level.</p> <p>In closing the meeting, SB paid tribute to SBr and her great achievements as Director of Nursing, including the outstanding rating from the CQC, and the high quality of care achieved by the Trust. SBr had made a significant contribution and leadership during the challenges of the Covid-19 pandemic. She had been a very patient and quality focused executive director for which she was thanked.</p> <p>SBr thanked the Board for its support over her time at the Trust.</p> <p>SB closed the meeting at 11.45am.</p>	
<b>DATE OF NEXT MEETING</b>		
	29 <sup>th</sup> September 2021 at 10.00am	
<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".	