

**DRAFT Minutes of the meeting of the Board of Directors
held on 29th September 2021 at 9.30 am via MS Teams**

PRESENT VOTING		
Sian Bates	Chairman	SB
Jo Farrar	Chief Executive	JF
Nichola Kane	Director of Nursing & Quality	NK
Kelvin Cheatle	Director of Workforce & OD	KC
Mairead McCormick	Chief Operating Officer	MM
Dr Amira Girgis	Acting Medical Director	AG
Yarlini Roberts	Director of Finance	YR
Sylvia Hamilton	Non-Executive Director	SH
Dr Rita Harris	Non-Executive Director	RH
Dr Nav Chana MBE	Non-Executive Director	NC
Jonathan Guppy	Non-Executive Director	JG
Dame Cathy Warwick	Non-Executive Director	CW
Damien Régent	Non-Executive Director	DR
PRESENT NON-VOTING		
Alex Berry	Director of Strategy & Transformation	AB
Samuel Armstrong	Director of Corporate Governance & Company Secretary	SA
IN ATTENDANCE		
Iscelyn Richards-Tait	Corporate Governance Manager (minutes)	IRT
Tara Ferguson-Jones	Director of Communications	TFJ
Mr Sarb Sandhu	Chief of Surgery	SS
Dr Sally O'Connor	Director of Medical Education (item 10)	SO
Dr Georgia Whitlow	Population Health Fellow (item 10)	GW
Dr Alistair Carr	Population Health Fellow (item 10)	AC
PUBLIC ATTENDANCE		
Renaë Clews	CQC Observer	
Isabella Donnelly	Governor	
Richard Allen	Governor	
Jennifer Bunn	Governor	
Bonnie Green	Governor	
CJ Kim	Governor	
Margaret Thompson	Governor	
Jack Saltman	Governor	
Suki Chandler	Member of Public	
Ginny Colwell	Member of Public	
Claire Santelli	Member of Staff	
APOLOGIES		
There were no apologies.		

1.	Welcome	Action
1.1	SB welcomed Board members to the virtual meeting. There was a number of governors, members of the public and staff observing the meeting, which was also being recorded for publication on the Trust website.	
1.2	SB especially welcomed NK to her first Board meeting as Chief Nurse. A welcome was also extended to Renaë Clews observing from CQC.	
2.	Staff Story – Ending PJ Paralysis	
2.1	NK introduced the patient story and asked the Board to consider how hearing the story made them feel. They were also asked to reflect on the story when considering the Board agenda.	

	The Ending PJ Paralysis story explored the benefits to patients who remained active during their hospital stay and provided examples of ways in which staff had encouraged patients.	
2.2	CW praised NK on a fantastic story and felt that it served as a reminder to all to continue listening to patients and putting them first. She felt that the Board story script needed to emphasise that the Board was also looking at the positive experiences in the Trust as learning opportunities.	
2.3	SB enjoyed the story, particularly as it served as clear evidence of the benefit that Allied Health Professionals made to patient outcomes. NC expanded further acknowledging the need to ensure patients were able to stay at home in a manner which prevented acute intervention; this tied in with Trust strategic objectives.	
2.4	The Board thanked NK and TFJ for an uplifting story. The video illustrated the steps taken by Kingston Hospital Foundation Trust to listen to patients despite operating in an exceptionally busy climate. The work of patients, staff, carers and volunteers was commended for the resilience and creativity required to keep patients active in an independent way.	
3.	Declaration of Interests in Matters on the Agenda	
3.1	There were no declarations made.	
4.	Minutes of the Last Meeting	
4.1	The minutes of the meeting held on 27 th July 2021 were agreed as a correct record with a small number of typographical errors corrected.	
5.	Matters Arising	
5.1	9.2/9.3 - Present business case to Investment Committee and report back outcome to Board NK was working with Trust HR to recruit staff. The action was closed. 10.6 - Circulate deep dive on Health Care Assistant Turnover The action had been completed and was closed. 10.13 - Provide breakdown of training figures for medical staffing AG provided the figures: 76.9% consultants and 61.2% junior doctors had completed their mandatory training. The action was closed.	
6.	Chairman's Report	
6.1	SB extended a welcome to NK in her new role as Chief Nurse across the Trust and HRCH. This was a new role, bringing the two positions together. NK would also be the lead for infection prevention and control.	
6.2	The Board noted that this was AG's last Board meeting as acting Medical Director. SB thanked her for her dedicated service and was pleased Amira would remain at the Trust as the Deputy Medical Director. SB added that she would lead the Board in thanking AG at the end of the meeting.	
6.3	SB remarked that the hospital had been exceptionally busy over the summer period with Urgent and Emergency care under pressure. Whilst work on the recovery of elective care continued, it was acknowledged that the workforce was under significant strain with the hospital at 95% occupancy.	
6.4	Covid-19 remained a concern; SB was pleased that the vaccines appeared to be proving effective.	

6.5	<p>SB shared the success of the Trust joint Annual General Meeting and Annual Members Meeting (AGM/AMM), which took place on 23rd September 2021. The AGM/AMM served as a great opportunity to pause and reflect on the outstanding work undertaken by the Trust.</p> <p>It was also encouraging to have the Trust commended by NHS England Chief Nursing Officer, Ruth May, on a recent visit.</p>	
6.6	<p>SB had opened the Roy Dominy Ophthalmology Acute Referral Centre in the Royal Eye Unit (REU). The REU had an improved environment which reflected the high quality of service offered by the clinicians who work from the site.</p>	
7.	Chief Executive's Report	
7.1	<p>JF presented the headlines of his report, which included the following:</p> <ul style="list-style-type: none"> • The Trust continued to be busy during August and September. Despite this the elective programme was well managed and staff health and wellbeing was being prioritised. • At the time of the meeting, the hospital had 17 inpatients with Covid-19. The higher rate of community infections was currently not translating to hospital admittance. • The Covid19 booster and Flu vaccination programme started on Monday 27th September, and staff had been encouraged to book their vaccines. • JF was pleased to share that volunteers had now been re-engaged, albeit in a more limited capacity than before the pandemic. He also shared news of a new volunteering app. • The Staff Survey launched on 20th September 2021. JF was pleased to inform the Board of the early strong response rate. • The Board was informed that the staff away days continued to progress and served as a forum to reflect on the challenges and lessons from the pandemic, including how to move forward in a productive way. • The Governor elections were underway with the nomination period open. • The Board was informed of the work within South West London (SWL) to invest in children and adolescent mental health intervention and prevention. 	
7.2	<p>MM provided an update regarding the emerging fuel crisis. The Board received assurances that the impact of the shortage was being managed by the Trust Emergency Preparedness, Resilience and Response (EPRR) process. No direct impacts had been identified and the Trust was not experiencing any supply issues.</p> <p>Pharmacy, Transport and Community services had plans in place and no imminent risks had been identified. The Trust was monitoring the situation on a daily basis.</p>	
7.3	<p>In response to a question from CW on the national relaxation of Covid-19 related infection, prevention and control protocols in hospitals, JF explained that the Trust was reviewing the newly issued guidance published by NHSE/I.</p> <p>NK added that the SWL infection control meeting would also be reviewing the revised guidance, which would inform how the Trust implemented any new guidelines.</p>	
7.4	<p>JF responded to DR's question regarding the staff survey by providing reassurance that staff had been encouraged to complete it during their worktime and that staff were also offered a complimentary coffee for completing it. KC added that this had contributed to a higher response rate compared to the same time last year.</p>	
7.5	<p>In light of the on-going pressures in the Trust, DR asked whether the full return of volunteers could be accelerated. JF agreed that this would be welcomed and explained that the revised IPC guidance from NHSE would need to be reviewed first.</p>	
7.6	<p>RH enquired about the staff that were unable to attend the staff away dates; JF explained that the Trust had made adjustments to release staff for these events. KC added that considerations were being given to alternative options such as weekend and evening away days as this may assist in increasing participation. The executive would review whether to schedule further away days for staff that did not participate in the current events.</p>	

8.	Integrated Quality and Operational Compliance Report	
	Safe	
8.1	NK reported continued progress in decreasing instances of pressure ulcers. No cases had been attributed to devices, and peer reviews continued to ensure quality.	
8.2	Staff remained busy, particularly within inpatient and maternity services. Mitigations had been put in place such as moving band-7 nurses from their supervisory role, and moving matrons as well, to ensure safe staffing levels were maintained across the hospital.	
8.3	RH asked what steps were being taken to safeguard the ratio of Health Care Assistants to qualified nursing staff. NK assured the Board that overnight the Trust has an Advanced Site Practitioner, who is clinical, and Nursing Practitioners were included in services to provide leadership and oversight.	
8.4	CW assured the Board that the Quality Assurance Committee (QAC) had undertaken a deep dive into maternity services, which had provided assurance around caesarean section rates and postpartum haemorrhage.	
8.5	DR asked whether NK was satisfied that the hospital had sufficient and safe staffing levels within ICU. NK informed the Board that the service had been able to maintain safe staffing levels by utilising bank staff. The use of bank staff ensured no drop in level 2 and level 3 care. MM expanded further to explain that recruitment continued to progress to manage BAU in critical care.	
	Effective	
8.6	AG reported that she had no concerns in any of the effective KPIs. It was noted that sepsis screening had returned to adequate levels.	
8.7	AG highlighted the impactful diabetes work, which had resulted in fewer instances of hypoglycaemia.	
	Caring	
8.8	NK reported an increase in complaints; the majority of complaints were related to waiting times within planned care, which coincided with the busyness in the Trust. NK assured the Board that these complaints would continue to be scrutinised. She had been working closely with complaints team to identify possible resolutions.	
8.9	Friends and Family Test had also produced some negative feedback relating to waiting times in ED. NK clarified that scores within maternity had been affected by a low response rate, rather than a drop in the level of care. QR codes were being developed to allow those accessing the service to respond at their convenience.	
	Responsive	
8.10	MM was pleased with the cancer delivery times but noted that the easing of Covid-19 restrictions had had a negative impact on the availability of patients for appointments.	
8.11	MM was pleased to report that elective care continued to make good progress against a backdrop of increasing waiting lists.	
8.12	The hospital continued to offer and receive SWL mutual aid.	
8.13	The Board was advised that the largest constraint for the Emergency Department had been the availability of staff. The department had experienced an increase in footfall and more complex cases, which led to an increase in stranded patients.	
8.14	DR asked whether the Trust waiting lists were being affected by receiving patients from other trusts. MM informed DR that SWL had one of the lowest waiting lists, and that mechanisms were in place for moving patients to where there was capacity.	

8.15	NC commended MM for the work undertaken to reduce wait times. NC asked whether there was a tipping point, and if there was anything that could be done to mitigate against this. MM confirmed that contingencies were in place to safeguard staffing.	
8.16	SB thanked MM for the assurance around Urgent and Emergency Care and acknowledged that the pressure faced by the Trust was very much a system position.	
	Well Led	
8.17	KC began his report by providing clarity and context with regards to the indicators. It was noted that the vacancy rate had increased. This was due to turnover rather than issues with recruitment. In August 2021, the Trust was engaged in 221 active recruitment campaigns; for the same time last year it was 170 and lower again the year previous to that.	
8.18	KC informed the Board that the turnover rate presented a challenge. Work was being undertaken with Allied Health Professionals (AHP) and HCAs to improve retention in these areas. In doing so, it was identified that a number had left due to Covid-19 related stress. The Trust was taking extra steps to provide health and wellbeing support. During the first and second wave, the on-boarding process was fast-tracked to 45 days, which was maintained. KC was exploring whether this could be fast tracked further again.	
8.19	SH thanked KC for the strategic review and asked about sickness rates. KC reported that the rate was circa 3.5% against the expected rate of 2.6%. The primary cause for sickness absence was stress related to Covid-19 activity and Covid-19 related bereavement leave. The majority of these cases were being assisted by Occupational Health.	
9.	Finance Report	
9.1	YR presented the month 5 finance report.	
9.2	YR reported an in-month deficit of £2.2m, which was £1.2m adverse to plan. This was predominantly due to loss of ERF and the change in trajectory announced in July 2021. YR had been working with sector colleagues to ensure that the premium was distributed to those trusts achieving above the required trajectory.	
9.3	The deficit position was also affected by variants in temporary staffing. The Board noted that despite low vacancy rates, turnover was higher for month 5. Vacancies had been identified in ED, ICU and geriatric services at consultant level, and there was significant pressure throughout the hospital.	
9.4	The Trust was on plan with capital expenditure.	
9.5	The Trust was still awaiting guidance and allocation of the H2 plan. For reassurance, the Board noted that Trust finance colleagues had engaged in preparatory work to ensure governance was in place for month 7 and beyond.	
9.6	YR informed the Board that the internal reviews had been undertaken to establish activity for the new business as usual.	
9.7	The department was preparing for building capacity funding ahead of the publication of H2 guidance. Business cases had been prepared in advance to ease access to funding. JG stated it was excellent to hear that despite pressure there was significant work undertaken to maintain BAU. JF reminded the Board of the importance of keeping transformation at the forefront. It was important to respond to pressure and the new BAU, however transformation must not be disregarded.	
10.	Kingston Hospital Population Health	
10.1	The presentation was led by Dr Sally O'Connor, Director of Medical Education, with Dr Georgia Whitlow, Population Health Fellow and Dr Alistair Carr, Population Health Fellow.	

10.2	The presentation highlighted that the levels of personal wellbeing were lower in the focused area compared to Kingston averages. Additionally, the project identified key priorities for Cambridge Estate residents including improving mental health and greater access to support with long term health conditions.	
10.3	AG thanked the population health fellows for their dedicated support and analytics. She found the information helpful in bringing together local authorities, hospital, and community services. The information has been used in creating strategic plans in areas such as obesity and mental health.	
10.4	The Non-Executive Directors thanked the population health fellows for the insightful presentation and expressed a desire for the research on population health to continue to progress and be supported. The Board endorsed the continuation of this type of work and that of population health fellowships.	
11.	People Plan Update	
11.1	KC presented an update on the Trust People plan. The Board was informed that a third of the plan had been implemented. Agile working had been introduced, particularly within corporate services.	
11.2	The away days had provided a rich vein of information from staff members who highlighted the challenges and opportunities, as well as health and wellbeing concerns following on from the pandemic.	
11.3	The 25 newly appointed diversity champions had completed their training which would result in, among other achievements, greater diversity representation on recruitment panels.	
11.4	CW asked whether there was a national level or London wide strategic approach to increasing workforce diversity. KC explained that NHSE/I had embarked on significant work to achieve this. Challenges remained concerning the complexity of delivery across the various layers of workforce in the NHS.	
11.5	DR queried the effect of remote working on productivity of staff. KC informed the Board that remote working had been embraced within corporate services. Technical enablement had been challenging but successful; KC commended the efforts of the Director of IM&T for enabling remote working for staff.	
12.	Workforce reports	
12.1	KC presented the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and the Gender Pay Gap reports for 2021, stating that all reports had been scrutinised at the Executive Management Committee and Equality, Diversity & Inclusion (ED&I) Committee. The reports were remitted to the Board for assurance.	
12.2	WRES highlights: The number of BAME employees involved in disciplinary action had decreased which was noted as indicative of the new approach initiated by the Workforce Committee.	
12.3	WDES highlights: KC clarified that the 'capability procedures' referenced were different to disciplinary procedures. There has been a greater number of staff declaring disabilities during 2021. KC anticipated this resulting in a positive impact going forward.	
12.4	Gender Pay Gap: KC clarified that some of the data had been skewed as a consequence of Covid-19. Bonus payments at the Trust were only made to consultants through clinical excellence awards. During the last two years, a national decision was made to make only flat rate payments to	

	doctors. It was hoped that after Covid-19 there would be an increase in female consultants obtaining clinical excellence awards.	
12.5	<p>SB asked for reassurance on the Trust's approach to reducing bullying and harassment.</p> <p>KC explained that compassionate leadership training was expanding and that he had been in conversation with the Staff Side Chair to identify further steps which could be taken.</p> <p>NK explained that there had been progress with the roll out of the 'Not a Target' campaign. NK also explained that bullying and harassment of staff by members of the public appeared to be non-discriminatory.</p>	
12.6	<p>JG requested further clarity on what constituted zero-tolerance in relation to bullying and harassment. NC and MM explained that in the first instance staff were encouraged to model appropriate behaviour and report any instances of bullying and harassment as early as possible.</p> <p>The Trust followed a traffic light system in which those not adhering to warnings from senior staff would not be permitted to remain on site. However, this only applied to patients with capacity to understand the zero-tolerance approach and was not enforced in an emergency care response.</p>	
12.7	The Board noted the reports	
13.	Medical and Dental Revalidation	
13.1	The Board noted that for the first six months of 2020, all medical and dental appraisals had been suspended due to the prioritisation of the pandemic response.	
13.2	In October 2020 appraisals were reintroduced in a reflective capacity but were subject to delays due to the second wave of Covid-19.	
13.3	The revalidation had been successfully completed by most consultants.	
13.4	The Board noted the report.	
	COMMITTEE REPORTS FOR INFORMATION	
14.	Finance and Investment Committee report	
14.1	JG presented a verbal update due to the proximity of the Committee meeting to the Board.	
14.2	<p>The Board noted the following highlights:</p> <ul style="list-style-type: none"> • FIC had spent time seeking assurances on the month 5 financial position. • The committee received an update on the Trust capital position and was assured. • Assurances were provided regarding the forward plan which resulted in a greater understanding of the underlying run rate. • The committee approved an energy centre contract extension. 	
14.3	The Board noted the report.	
15.	Quality Assurance Committee	
15.1	The paper was taken as read and noted.	
16.	Audit Committee Report	
16.1	DR presented a verbal update due to the proximity of the committee meeting to the Board.	
16.2	<p>The Board noted the following highlights:</p> <ul style="list-style-type: none"> • The committee noted a successful outcome to the audit of the annual report and accounts. • The committee received the value for money certificate from the auditors. This had been received by the Trust in time for it to have the Annual Report and Accounts (including the Quality Accounts) laid before parliament. This allowed the AGM/AMM to go ahead as scheduled. • The committee received the internal audit review on the Board Assurance Framework and welcomed the planned developments to the redesign of it. 	

	<ul style="list-style-type: none"> Time was spent by the committee considering the new counter fraud strategy. 	
16.3	The Board noted the report.	
17.	Equality, Diversity & Inclusion Committee	
17.1	The paper was taken as read and noted.	
ITEMS FOR INFORMATION		
18.	Board Assurance Framework	
18.1	<p>SA informed the Board that three new risks, rated at 12 or above, had been added to the BAF.</p> <p>The predominant theme of strategic risks concerning the executive pertained to the pandemic and recovery, and the wellbeing of Trust staff.</p>	
18.2	<p>The BAF objectives would be reviewed to allow for the identification of completed objectives and replacement with new ones.</p> <p>SA noted the BAF internal audit review. The BAF was expected to undergo restructure to improve its presentation of strategic risks and controls in place to mitigate these. Time would also be spent reflecting upon the risk appetite of the Board.</p>	
18.3	<p>SA noted that overall, the management and outcomes of the BAF received positive feedback from the auditors with an amber/green rating from them.</p> <p>The Board approved the BAF.</p>	
19.	Standing Orders and Standing Financial Instruments	
19.1	SA introduced the item by explaining the Trust's statutory obligation to review and report on the Standing Orders and SFIs, which, along with the Constitution and Provider Licence, provided the legal framework for the Trust to operate under.	
19.2	SA informed the Board that changes had been made to the Standing Financial Instructions with relation to Brexit, and that after review, there were no proposed changes to the Standing Orders.	
19.3	The Board approved the Trust Standing Orders and Standing Financial Instructions.	
20.	Use of Trust Seal	
20.1	The paper was taken as read and noted.	
21	Items Discussed in Private	
21.1	The paper was taken as read and noted.	
22.	Forward Plan	
22.1	The paper was taken as read and noted.	
23.	Questions Posed in Advance of the Board Meeting	
23.1	<p>Q: Bonnie Green (Governor) acknowledged that a lot of work would need to be done in regard to population health. Had the Trust identified someone who was able to lead on this work?</p> <p>A: JF responded that the work outlined in the Cambridge Estate Project identified areas that could be improved with more dedicated focus and that collaborative work with HRCH would allow the development of a much more integrated approach to patients.</p>	
23.2	<p>Q: Richard Allen (Governor) raised concerns regarding the digital divide between patients and technology and asked when the Trust aimed to resume face-to-face Board meetings.</p> <p>A: SB responded by confirming that the Trust would be reviewing the latest IPC and social distancing guidance from NHSE. The priority remained the safety of staff, governors and patients.</p>	

24.	ANY OTHER BUSINESS	
24.1	SB noted AG departure from the role of Acting Medical Director and thanked her for her work and dedication during the Covid-19 pandemic. She had been a trusted advisor, brought joy to the workplace and focused on inspiring others with much success. The Board was also thankful that she would remain as a Deputy Medical Director and a small presentation was made to Amira.	
25.	DATE OF NEXT MEETING	
25.1	23 rd November 2021 at 9.30am	
26.	RESOLUTION TO MOVE TO CLOSED SESSION	
26.1	In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, the Board approved the following resolution: "That representatives 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".	