

**DRAFT Minutes of the meeting of the Board of Directors
held on 26th January 2022 at 9.30 am via MS Teams**

PRESENT VOTING		
Sian Bates	Chairman	SB
Jo Farrar	Chief Executive	JF
Nichola Kane	Chief Nurse	NK
Kelvin Cheatle	Director of Workforce & OD	KC
Mairead McCormick	Chief Operating Officer	MM
Dr William Oldfield	Medical Director	WO
Yarlina 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		
Samuel Armstrong	Director of Corporate Affairs & Company Secretary	SA
IN ATTENDANCE		
Iscelyn Richards-Tait	Corporate Governance Manager (minutes)	IRT
Tara Ferguson-Jones	Director of Communications	TFJ
Caroline Hopper	AHP Strategic Lead (item 11)	CH
Berenice Constable	Deputy Chief Nurse (item 12)	BC
Paul Graham	Utilities, Waste and Sustainability Manager (item 14)	PG
MEMBERS of the PUBLIC		
Sukhvinder Kaur-Stubbs	Incoming Chair in Common	
Isabella Donnelly	Governor	
Jennifer Bunn	Governor	
Bonnie Green	Governor	
CJ Kim	Governor	
Margaret Thompson	Governor	
Jack Saltman	Governor	
Alison	Governor	
APOLOGIES		
Alex Berry	Director of Strategy & Transformation	

1.	Welcome	Action
1.1	SB welcomed all present and in attendance to the Board meeting.	
1.2	The Board was informed that due to NHSEI guidance regarding the omicron variant, the meeting would be streamlined and briefer than usual. SB assured all that all pertinent items would be presented to Board.	
1.3	SB congratulated JF on his substantive appointment as Chief Executive of Hounslow and Richmond Community Healthcare NHS Trust (HRCH). JF will carry out this role alongside his position as Chief Executive of Kingston Hospital NHS Foundation Trust. SB noted that the combined role would be of strategic value in light of collaborative working between the Trusts and further developments of the ICS.	
2.	Apologies for Absence	
2.1	An apology was received from Alex Berry, Director of Strategy	

3.	Declaration of Interests in Matters on the Agenda	
3.1	SB declared her role as Chair in Common for Kingston and HRCH.	
4.	Minutes of the Previous Meeting	
4.1	The minutes of the previous meeting held on 23 rd November 2021 were approved as a correct record, subject to the following amendment: Minute 7.2 – replace ‘Chair’ with ‘Chief Executive’.	
5.	Matters Arising	
5.1	The Board approved the Action Log.	
6.	Chief Executive’s Report	
6.1	JF thanked SB for her kind words with regard to his recent appointment.	
6.2	The Chief Executives report was taken as read, and he highlighted the following: <ul style="list-style-type: none"> • It was noted that the Trust continued to be very busy, which was a similar experience across the NHS. • The number of patients in Critical Care with Covid-19 remained low. • The Board was reminded that it would be a legal requirement of all public-facing staff to receive two vaccinations by 1 April 2022, and the Trust was working with staff, and colleagues at ISS, to ensure compliance. Currently, 9.7% of the hospital workforce remained either unvaccinated or with an unconfirmed vaccination status. • The Board noted that approximately two thirds of ISS staff have received their Covid-19 vaccinations. JF and MM would be meeting with senior management for an update on their plan of action to increase uptake. • The Board was informed that the formalisation of ICS arrangements had been delayed to 1 July 2022. Despite this, the Trust continued to make service and community improvements across Kingston and Richmond. • JF reported that progress was made in relation to a closer working relationship with the Trust and HRCH. The two Trusts planned to work together to establish a single Executive Team by 1 April 2022, which was currently in the consultation phase. Consideration was also being given to the approach that would be undertaken in regard to shared governance practices. 	
6.3	The Board noted the vaccination deadlines: 3 February was the deadline for staff to receive their first vaccination, and by 1 April staff would be required to have received their second vaccination. KC detailed the steps that Workforce were undertaking to encourage staff uptake of the vaccination and to understand reasons for hesitancy. It was thought that compliance rates amongst staff were expected to increase as the deadline for vaccinations approached. However, the expectation of government requirements meant that unvaccinated staff who could not be redeployed by the deadline would have their employment contracts terminated. Any instances of this would still require a full termination process by the Trust for each case. The Board was assured that action was being undertaken to reduce the level of unvaccinated employees. The Trust was aware of potential impacts if remaining staff were not vaccinated, and it was working to ensure services would continue safely.	
6.4	SB asked for reassurance on the steps the Trust was undertaking to raise the level of compliancy amongst ISS staff. KC responded that ISS were members of the weekly Working Group, which was established in light of the mandatory vaccinations. They were active in encouraging their staff to receive the vaccination. KC reported that since the start of January 2022 ISS compliancy figures had increased. ISS had the flexibility to redeploy unvaccinated staff to roles that involved no patient-facing interactions, and it was understood by the Trust that ISS’s contingency planning included relocation of vaccinated staff to patient-facing roles, where required.	

6.5	<p>MM provided an update on the Intensive Care Unit development.</p> <p>She explained that the Trust required a new ICU with a minimum 21-bed capacity. Whilst the current care was rated as excellent by the CQC, changes were needed to the environment, as well as an increase in capacity.</p> <p>MM assured the Board that steps were being taken to secure the future of a new ICU, which would be in a central location within the hospital.</p> <p>The Board noted the report.</p>	
7.	Integrated Quality and Operational Compliance Report (by exception)	
	Safe	
7.1	<p>NK provided an update to the Board.</p> <p>Falls remained in a similar position to previous months. The Trust was about to launch a 'Move, Drink and Toilet' campaign in an effort to keep falls to a minimum.</p>	
7.2	<p>Colleagues had been working closely to ensure infection control protocols were being carried out to keep patients safe in light of the instances of Covid-19.</p>	
	Effective	
7.3	<p>WO provided an update to the Board.</p>	
7.4	<p>It was noted that the Trust had been identified nationally for improved rates of dual chamber pacing implants. It met NICE guidance in 100% of eligible cases in AV block and 97.8% of eligible cases in sinus node disease without AV block, against a national standard of 90%. The Board recognised the work of Dr Roy Jogiya in this area.</p>	
	Caring	
7.5	<p>The Board noted the complaints data and related themes.</p>	
7.6	<p>The positive rating for Friends and Family Tests continued. There had also been improvements in rating in the Emergency Department, despite the busyness of the service. NK noted the decline of response rates of FFT submissions in impatient Maternity Services. NK provided assurance that the service continued to implement strategies to increase feedback through FFT.</p>	
7.7	<p>In response to a question from RH, NK assured the Board that support had been extended to all staff in light of the unusually high rates of patients presenting to the Emergency Department.</p>	
	Responsive	
7.8	<p>MM noted that omicron was having an effect on staff sickness rates, and that there continued to be pressure on bed capacity due to infection control protocols.</p>	
7.9	<p>It was noted that the performance in December against the 4-hour ED standard was 75.26% which was a small decline from the previous month.</p> <p>There were 33 x 30-minute and 5 x 60-minute ambulance handover delays, and 54 twelve-hour wait breaches. Although there was a drop in overall attendances in ED, staffing challenges had impacted on flow in the hospital and timely discharges. This impacted on the Trust's capacity to open up additional beds. There was also reduced capacity in nursing homes and care at home.</p>	
7.10	<p>MM assured the Board that while ED was very challenged, it remained safe.</p>	
	Well Led	
7.11	<p>KC provide a Well Led update on turnover and sickness.</p> <p>It was noted that sickness rates had increased by 1.6%, which was primarily due to the effect of the omicron variant. The rate was now red-rated at 5.7%.</p>	

7.12	Turnover rates had increased to 15.6%. KC stated that the reasons for this were multifactorial, and included a trend of high turnover amongst allied health professionals (AHPs) and health care assistants (HCAs) across the NHS. It would be necessary to follow these issues up at the Workforce Committee amongst the presence of service line leads.	
7.13	SH felt that it was important to address the issues contributing towards appraisal rates. She also felt that lessons could be applied from the successful rate of retention in admin and clerical staff. SH agreed that further discussion was required at the Workforce Committee to identify the cause of reduced retention.	
7.14	RH flagged the importance of appraisals as a tool for identifying health and wellbeing issues. It was agreed that appraisals would be discussed at the next Workforce Committee, along with sickness and turnover. The Board noted the report.	KC
8.	Finance Report (by exception)	
8.1	YR presented the finance report. It was noted that the Trust had reported a breakeven position for month 9. This was favourable to plan by £0.9m as expected due to the inclusion of elective recovery plus income, which was £2.7m. The year-to-date position was a £0.8m deficit. Forecast position for H2 was a deficit of £1.0m and a deficit of £2.3m for the year. Assurance was provided that the Trust was on track to deliver its control total for 2021/22, from both a revenue and capital perspective. Variation in expenditure was due to a number of reasons, which included the ICU investment and the enhancement of rates over the Christmas and holiday period. Additionally, there were higher costs relating to building maintenance.	
8.2	Guidance for 2022/23 had been received. The finance allocation at a system level had recently been received, and the Trust was working internally and with sector colleagues to understand the impact of that. The draft plan would be discussed at the February Finance & Investment Committee. The Board noted the report.	
9.	Staff Wellbeing	
9.1	KC presented the paper. The report outlined the interventions made, the plans relating to staff wellbeing, as well as workforce analysis, and the identification of areas of workforce fragility and solutions.	
9.2	KC explained that the data was triangulated using the Fragility Index, absence data and health and wellbeing interventions. The Fragility Index took a forward view of the workforce in each service line, and the service profile and demand.	
9.3	That data from the report concluded that there were pressures that were directly Covid-19 related, which bore an effect on vacancy and turnover rates.	
9.4	The analysis showed that issues around mental health and resilience were paramount to staff wellbeing in light of Covid-19 pressures.	
9.5	KC stated that it was imperative that the interventions were timely, relevant and accessible.	
9.6	KC informed the Board that NHSEI had allocated money which the Trust would receive through South West London ICS. A proportion of that figure would be allocated to resilience, mental health and wellbeing.	
9.7	CW thanked KC for the report and felt that the Fragility Index was a helpful tool. She requested assurances that the Index would be useful in aligning strategies to a new approach to workforce, and combating issues such as turnover.	

	KC responded that further work was needed to be undertaken as a system around training routes and job design. The Board was advised that the Trust had already begun work at a Place level with social care to expediate the process of new job designs using agile approaches.	
9.8	In response to a question from RH, KC provided his assurance that he and NK were working together to ensure that the health and wellbeing initiatives did not become fragmented.	
9.9	SH and JF agreed that line managers and the senior manager cohort was an area where the Trust would need to develop and support to enable the recovery of staff. The Board noted the report.	
10.	Mortuary and Body Store Security Assurances	
10.1	MM informed the Board that the report was required by NHSEI in relation to compliance with Human Tissue Authority Guidance. MM was pleased to report that the Trust was compliant against standards. However, she added that the temporary Mortuary used at the height of the pandemic, and now decommissioned, would not have been compliant with these new standards.	
10.2	MM provided SB with the assurance that in relation to standard 2, CCTV was regularly reviewed, and there was an auditable trace required for this. The Board noted the report.	
11.	AHP Project Update	
11.1	CH presented the paper. The Board was advised that CH would be co-producing an AHP Strategy covering Kingston and Richmond and HRCH.	
11.2	The key highlights were a focus on AHP leadership, establishing a vision for AHPs across partnerships and a system focus of support for occupational therapists in developing quality patient care.	
11.3	CW and SH supported the initiative. SH asked CH to provide the Board with an update in due course, which was agreed. CH to provide an update on AHP Leadership to the Board	NK
12.	Safe Staffing	
12.1	BC presented the paper.	
12.2	BC highlighted the Trust's excellent benchmarking results in relation to the Ockenden Review in Maternity. A full report into the benchmarking results against the Ockenden Review would be presented at March 2022 Board	NK
12.3	BC noted the HCA retention project which was being managed through the Workforce Committee. The Board noted plans to reinstate the HCA Forum from February 2022. Interviews were scheduled for associated support worker roles in January. The Board was also informed of the launch of the Inspire, Champion, Aspire, Retain and Educate (ICARE) programme. ICARE was an 18-month development pathway for HCAs.	
12.4	RH suggested that the HCA retention project should be considered at the Workforce Committee. She felt that learning and development could be shared across the HCA retention project and the AHP Project. The Board noted the report.	
13.	Information Governance Annual Report	
13.1	SA presented the Information Governance report.	

13.2	<p>The Board was advised that the Information Governance team were affected by a restructure, which took some time to implement. They were also affected by Covid-19 absences, both within the team and by those in other teams who needed to provide information for SARs and FOIs.</p> <p>In addition to this, there had been an increase in complexity with regards to Freedom of Information and Subject Access Requests.</p>	
13.3	<p>CW asked whether any learning was obtained from the SARs, from a clinical quality perspective e.g. was there recurring themes or common questions from patients. In response, SA stated that it was difficult to find themes from the SARs as they were requested for a variety of reasons.</p> <p>The Board noted the report.</p>	
14.	Green Plan	
14.1	YR introduced the item and informed the Board of the NHSE requirement for a Green Plan. PG presented the paper on the Green Plan, which aimed to align the Trust with the NHSE Net Zero Carbon Neutral Plan.	
14.2	<p>NC asked for further information on the priorities for the next 2-3 years and whether any work was undertaken to integrate other areas such as care model design and workforce transformation.</p> <p>PG explained that accountable officers were identified across different teams who were in the process of developing plans. Further, PG assured NC that he had also continued to speak with colleagues across SW London.</p>	
14.3	YR provided her assurances that a Sustainability Committee was in the process of being established to monitor and manage the implementation of the Green Plan. As such, YR would provide regular updates to the Executive Management Committee and the Board.	
14.4	JF felt that it was important to identify the sustainability benefit and build them into the decision making of the Trust and at a Place level.	
14.5	The Board approved the Green Plan	
15.	Charitable Funds Annual Accounts	
15.1	YR requested Board approval for the 2020/21 Charitable Funds Annual Accounts. YR provided assurance to the Board that the Annual Accounts had received approval from the Charitable Funds Committee and Audit Committee.	
15.2	The Board approved the Charitable Funds Annual Accounts.	
16.	Fit and Proper Person Test Policy	
16.1	The policy was taken as read and approved by the Board.	
COMMITTEE REPORTS FOR INFORMATION		
17.	Finance & Investment Committee	
17.1	JG presented the report.	
17.2	<p>The Board noted the following:</p> <p>The Committee reviewed a change in approach to the Roehampton Modular Build from a multistorey to a single storey due to building restrictions. Assurances were provided that the new approach was strategically and operationally sound. Additional assurance was given that clinical care would not be jeopardised.</p> <p>The Committee received assurances that there would be no operational impact from discussions related to the Trust PFI.</p> <p>The Committee was also assured during its meeting that there would be no adverse impact on the Trust due to the change in payment schedule.</p>	

18.	Quality Assurance Committee Report and Terms of Reference	
18.1	CW advised the Board that, despite service pressures, the Quality Assurance Committee continued to seek assurance that the Trust was maintaining quality and safety.	
18.2	The Board approved the Quality Assurance Committee Terms of Reference	
19.	Audit Committee Report	
19.1	The Audit Committee Report was taken as read and noted.	
CLOSING MATTERS		
20.	Items Discussed in Private	
20.1	The paper was taken as read and noted.	
21.	Forward Plan	
21.1	The Board noted the Forward Plan.	
22.	Any Other Business	
22.1	RH provided an update to the Board on the Equality & Diversity Committee. Due to current hospital pressures, the Equality, Diversity & Inclusion (EDI) Committee did not meet in January. RH provided assurance to the Board that she continued to meet with the EDI Team regularly.	
23.	Questions from the Public	
23.1	In response to a question from Bonnie Green, Governor, MM stated that before the Covid-19 pandemic, RTT at the Trust was in a really good place. Currently, the Trust was recovering at a quicker pace than others, which meant that it could assist across the ICS. This did have an affect, and slowed down local process slightly. However, the Trust was able to aide with the backlog in priority patients.	
23.2		
DATE OF NEXT MEETING		
	The next Board meeting will take place on Wednesday 30 March 2022.	
RESOLUTION TO MOVE TO CLOSED SESSION		
	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". The part 1 meeting was closed at 11am	