

PART 1 Draft Minutes of the Meeting of the Council of Governors held on
Tuesday 21 February 2023 at 6.00pm via MS Teams

Present	Position / Title	Initials
Sukhvinder Kaur-Stubbs	Chair in Common	SKS
Cathy Maker	Elected Governor, Richmond (Lead Governor)	CM
Bonnie Green	Elected Governor, Richmond (Deputy Lead Governor)	BG
Susan Smith	Elected Governor, Richmond	SS
Isabella Donnelly	Elected Governor, Richmond	ID
Raju Pandya	Elected Governor, Kingston	RP
Rebecca Wilkinson	Elected Governor, Kingston	RW
Michelle Deans	Elected Governor, Kingston	MD
Catherine Gabela	Elected Governor, Kingston	CG
Felicity Merz	Elected Governor, Wandsworth	FM
Catherine Okonkwo	Elected Governor, Rest of Surrey & Greater London	CO
Kevin Whincup	Elected Governor, Elmbridge	KW
Olivia Arney	Associate Member for Young People	OA
Colin Stears	Appointed Governor, London Borough of Sutton	CS
Piers Allen	Appointed Governor, London Borough of Richmond	PA
Farshid Sadr-Hashemi	Appointed Governor, Royal Borough of Kingston	FSH
Pravin Menezes	Staff Governor, Medical & Dental Practitioners	PM
Diane Taboada	Staff Governor, Nursing & Midwifery	DT
Jennifer Bunn	Staff Governor, Management & Administrative Staff	JB
Anna Melvin	Staff Governor, Allied Health Professionals	AM
In Attendance		
Jo Farrar	Chief Executive Officer	JF
Sam Armstrong	Director of Corporate Affairs & Trust Secretary	SA
Tara Ferguson-Jones	Director of Communications	TFJ
Susan Wheeler	Corporate Governance Manager (minutes)	SW
Dr Rita Harris	Non-Executive Director/Senior Independent Director	RH
Dame Cathy Warwick	Non-Executive Director	CW
Damien Régent	Non-Executive Director	DR
Dr Nav Chana	Non-Executive Director	NC
Sylvia Hamilton	Non-Executive Director	SH
Jonathan Guppy	Non-Executive Director	JG
Apologies		
Ash Neil-Gallacher	Elected Governor, Kingston	ANG
Anne Lewis-Lloyd	Elected Governor, Kingston	AL-L
Anne Blanche	Elected Governor, Kingston	AB
David Mackintosh	Appointed Governor, Kingston University	DM
Graeme Henderson	Appointed Governor, Wandsworth Borough Council	GH
Tom Reeve	Appointed Governor, Royal Borough of Kingston	TR
Staff, Stakeholders or Public in Attendance		

1.	Apologies and Welcome	Action
1.1	SKS opened the meeting and welcomed all present and in attendance, particularly the new Governors Kevin Whincup, Anna Melvin and Gill Coates.	
1.2	Apologies were noted as above.	
1.3	This was the final CoG meeting for NEDs Nav Chana, Jonathan Guppy and Rita Harris, and SKS thanked them for their enormous contribution to the Trust over the years.	
1.4	SKS paid tribute to Governor, CJ Kim, who had passed away in November 2022. She acknowledged his outstanding commitment to the Council of Governors and Trust. She noted he was a kind, gentle and heroic person, and it was a very sad loss to the Trust and the local community. The Committee held a minute's silence in remembrance of CJ.	

2.	Declarations of Interest in Matters on the Agenda	
2.1	There were no declarations made.	
	STRATEGY	
3.	Chief Executive's Report	
3.1	JF presented highlights from his report, which was noted.	
3.2	<p>SS asked for a brief update on the Trust's key financial challenges, and assurance that the Board was fully sighted on the current situation. JG assured the Governors that the Board was well sighted on the financial challenges faced by the Trust. Month-by-month performance was examined at the monthly Finance & Investment Committee (FIC) meetings.</p> <p>He emphasised that, like many other trusts, there were significant changes in how the Trust operated post Covid-19 pandemic, such as changes in the way the Trust was funded. The goal of breaking even in 2022-23 was a significant challenge; however it was expected to be achieved.</p>	
3.3	JF drew attention to the work being undertaken by Thom Lafferty, Director of Strategy and Deputy CEO, to create a roadmap to determine what a future sustainable partnership with HRCH would look like.	
3.4	<p>KW referred to the recent baby abduction exercise that had been carried out in the Maternity Unit and asked about the results of the exercise and what mitigating actions had been taken.</p> <p>In response, CW confirmed that the abduction exercise had been undertaken to ascertain whether babies in the unit were secure enough, and it was observed that more was needed to ensure they were. On the same day as the findings, the Director of Midwifery instituted a new policy whereby reception staff would be in touch with all patients and visitors coming in and out of the labour ward area, issuing them with different coloured identification badges. A very clear and robust system of checks was now in place. In addition, traceable tags were provided for babies. CW confirmed that she was assured that the unit was safer than it was during the CQC visit. She stressed that there had never been an abduction issue on the Maternity Unit.</p>	
3.5	<p>MD asked how patients were being involved in decisions relating to onsite building projects, for example, work on the new ENT site and the Royal Eye Unit, and what those new/improved facilities offered in terms of their usability/design for patients.</p> <p>TJF reported that, to ensure sufficient patient involvement was in place for building projects, the Trust's Patient Experience team worked with the Estates Working Group, which interacted with patient feedback forums, both before and after a building project.</p>	
3.6	CW provided assurance on patient involvement in building/site development projects. Both herself and RH sat on the Patient Experience Committee, which received reports from the Head of Patient Experience & Involvement on how the Trust engaged with patients. She affirmed that this area of focus had greatly improved, with continuous involvement from patients.	
3.7	BG added that improvement work was due to commence on the Sir William Rous Unit, and a member of the Cancer Patient Partner Group was the patient representative on that piece of work.	
3.8	<p>BG enquired if patient and public engagement was included in the Trust's 10-year strategy.</p> <p>JF confirmed that patient and public engagement was included. Currently, initial internal conversations were taking place, and it was acknowledged that there was a need to go through proper patient/public engagement, both within and around both organisations. A large part of this engagement would involve a greater community focus on the contribution the Trusts could make to the wellbeing of the populations they served. In time, this would result in a significant shift in resourcing from secondary care into the community, with a greater emphasis on the preventative agenda.</p> <p>JF added that he had recently attended a Kingston Place Committee meeting where discussions took place on the NHS partnering with Public Health to explore about how it could sponsor some preventative measures, which would pay dividends in the future.</p> <p>The Council of Governors noted the report.</p>	

4.	Chair's Report	
4.1	<p>SKS gave a verbal update on her activities and areas of focus since the last meeting in October 2022. SKS had:</p> <ul style="list-style-type: none"> Continued to connect with services and had visited the Wolverton Centre and the Dementia & Delirium team. Attended a Patient Safety Walkabout with Jane Suppiah, Head of Patient Experience & Involvement. Visited the Allied Health Professional Care of the Elderly with Caroline Hopper. Participated in the appointment of an ED consultant. Led the process for the recruitment of Associated NEDs in Common and NEDs in Common. Continued to engage externally with stakeholders, including partners across SW and NW London. Attended the London Chairs meeting, Acute Provider Collaborative (APC) Board meeting, SW London Chairs meeting, and IPC seminars. Welcomed the Secretary of State for Health and Social Care to KHFT. Attended the Volunteering Awards. Attended the Council of Governors social event on 30 November 2022. Visited the wards on Esher Wing with Lead Governor, CM, at the end of December 2022. <p>The Council of Governors noted the verbal report.</p>	
5.	Lead Governor's Report	
5.1	<p>CM gave a verbal update on her activities since the last meeting in October 2022: She had:</p> <ul style="list-style-type: none"> Noted some increase in Governor engagement within the Trust over recent weeks, including Governor Engagement Events and Walkabouts. During her attendance at an Engagement Event in Paediatric Outpatients, both Deputy Chief Nurses arrived to award certificates to staff. CM commented on the delight amongst the staff after they left, and noted the positive affect that a small gesture of acknowledgement had made to the team. Visited the wards on Esher Wing with SKS in December 2022 and was able to observe the pressure that staff were under, and how much they focused on patient discharge in a calm and professional way. Attended the Volunteering Awards ceremony. Worked with SA to agree new questions for the 360-degree review by governors of Non-Executive Directors, enabling governors to give more constructive and relevant feedback. Been involved in the recruitment process for the Associate NEDs in Common and the NEDs in Common. She was encouraged to note the high calibre of applicants that the Trusts were attracting and noted that the whole process was a very positive experience. CM paid tribute to former Governor, CJ Kim, who had passed away in November last year. She noted that he was an outstanding Governor, an absolute gentleman, and a kind and gentle influence. His legacy of creating a link between the Korean community and the Trust was remarkable, resulting in their continued support of the Trust via many fundraising events. He would be very much missed. Terms of office for NEDs RH, JG and NC were ending on 31 March 2023. On behalf of CoG, CM thanked each of them individually for their outstanding expertise and contribution to the Trust over the years. <p>The Council of Governors noted the verbal report.</p>	
6.	Minutes of Last Meeting	
6.1	The minutes of the meeting held on 18 October 2022 were approved as an accurate record of the meeting	
6.2	The Action Log was noted.	
PRESENTATIONS		
7.	Shaping our Integrated Care Partnership Priorities	
	JF gave a presentation on the SWL Integrated Care Partnership: Five Year Strategy. Governors were asked for their views on the suggested priorities to inform a response to the SWL ICP.	

7.1	<p>GC had seen similar documents from Surrey Downs and NW Surrey. She felt that one of the main issues with integration concerned the different boundaries and different views on what was categorised as a deprived area. She asked if the ICP was thinking about boundaries and overloaded responsibilities when considering the expected outcomes, and how would integration happen in practice.</p> <p>JF responded that this was an opportunity to feed back to the SW London system, and to provide constructive suggestions as to how things could be put in place to make it easier for providers to serve within Place. Local places would identify their priorities in line with limited resources, and agree actions to address current and future challenges to improve the wellbeing of their local communities.</p> <p>Discussions across Kingston and Richmond were currently taking place on pooling resources and considering matters that would be most impactful on the health of their populations, and thereafter target investments accordingly. There would be a commitment over the next four years to get behind those programmes, which would be preventative in nature. Following feedback, local places would ask the ICP to grant them as much authority and freedom as possible to do the things that they felt were right, as they were best placed to understand local needs.</p>	
7.2	<p>BG wondered if there should be a greater emphasis on the integration of acute community services within the document, and also whether it should include training and supporting staff, and growing the workforce.</p> <p>SH reported that discussions at the recent Workforce Committee in Common focused on how to ensure that both Trusts and the communities were safely staffed, and it was noted that early flexibility projects were being delivered. Work was being done to understand why staff left KHFT and HRCH, and where they went after leaving. Over 70% of leavers went to other jobs within the NHS. Most were 'happy' leavers and left for career development.</p>	
7.3	<p>JF added that a discussion on staff training had taken place at a recent Kingston Place meeting. Feedback from this would be incorporated into the ICP document. Work continued on engagement with local schools and further education providers, including apprenticeship opportunities at KHFT and HRCH. Much of the current work being undertaken was not included in the ICP document.</p>	
7.4	<p>PA advised that the Kingston and Richmond places were coming together for a seminar on 21 March 2023 to examine workforce opportunities across local healthcare providers. It was important to be getting on with as much work as possible at a Kingston and Richmond place.</p>	
7.5	<p>Having worked in the borough for some time, CM commented that she had seen many iterations of integration over the years. What was encouraging about this work was the provision of a framework to enable health and social care to work together and to remove some of the pre-existing barriers. Opportunities were emerging to work with smaller local and more appropriate organisations that were in the right place. The ICP framework provided the impetus to do what was needed locally, and this would make a big difference.</p> <p>The Council of Governors noted the report.</p>	
GOVERNANCE		
8.	Governance Update	
8.1	<p>SA presented an update on the structure and purpose of the Committee in Common, the recruitment of the NEDs in Common, and the results of the Governor election for the two Elmbridge seats. The report was noted.</p>	
COMMITTEE REPORTS		
9.	Governors Quality Scrutiny Committee	
9.1	<p>The GQSC report was taken as read and noted.</p>	
9.2	<p>RH highlighted an amendment on page 3 under ED&I Committee, which should read as follows: "The relative likelihood of BAME staff entering the formal disciplinary process compared to white colleagues had improved considerably, now at zero, indicating there was no longer a disparity between BAME and white colleagues on this measure."</p>	

9.3	<p>A further GQSC meeting had taken place since the paper was submitted, and MD gave a verbal summary:</p> <ul style="list-style-type: none"> • Now that Governor engagement activities had been reinstated onsite, BG was collating feedback and would ensure that this was communicated to the relevant parties. • The Quality Objectives were recently presented to the Committee, and the long list survey had been sent all Governors. • Instead of having a patient story at each GQSC, a patient group would be invited to speak on the quality of their care, for example, Maternity Voices and the Learning & Disability Autism Group. 	
10.	Membership Recruitment & Engagement Committee	
10.1	<p>ID presented the MREC report. She advised the Council of Governors that she had been elected as Chair of the MREC at the meeting in February 2023. She invited any Governors interested in joining the Committee to contact her.</p> <p>The report was noted.</p>	
11.	Council of Governors Forward Plan	
11.1	The Forward Plan was noted.	
12.	Any Other Business	
12.1	There was no other business.	
13.	Questions from Members of the Public	
13.1	There were no questions from members of the public.	
	<p style="text-align: center;">The public part of the meeting was closed at 7.40 NEDs and members of the public exited the meeting.</p>	
14.	Dates of CoG Meetings	
14.1	<p>17 April 2023 04 July 2023 17 October 2023</p>	