

**Minutes of the meeting of the Board of Directors held on  
11<sup>th</sup> July 2018 – 9.30 am to 1.00 pm**

**Seminar Room 1, Kingston Hospital Surgical Centre, Kingston Hospital NHS Foundation Trust**

<b>Present voting:</b>		
Sian Bates	Chairman	SB
Rachel Benton	Director of Strategic Development	RB
Sally Brittain	Director of Nursing & Quality	SBr
Dr Nav Chana	Non-Executive Director	NC
Kelvin Cheatle	Director of Workforce & OD	KC
Jonathan Guppy	Non-Executive Director	JG
Sylvia Hamilton	Non-Executive Director	SH
Dr Rita Harris	Non-Executive Director	RH
Desiree Irving-Brown	Deputy Director of Finance	DIB
Mairead McCormick	Chief Operating Officer	MM
Joan Mulcahy	Non-Executive Director	JM
Ann Radmore	Chief Executive	AR
Dame Cathy Warwick	Non-Executive Director	CW
Jane Wilson	Medical Director	JKW
<b>Apologies:</b>		
Jo Farrar	Director of Finance	JF
<b>In attendance:</b>		
Charles Hanford	Director of Estates & Facilities (SDMP item only)	CH
Susan Simpson	Director of Corporate Governance	SS
<b>Staff:</b>		
Dr Kim Nurse	Darzi Fellow	
Jane Suppiah	Patient Experience Quality Improvement	
Shayimeera Vickneswaran	Patient Information Manager	
<b>Governors:</b>		
Richard Allen	Public Governor - Kingston, Lead Governor	RA
Marilyn Frampton	Public Governor - Merton	MF
CJ Kim	Public Governor - Elmbridge	CJK
Frances Kitson	Public Governor - Kingston	FK
Robert Markless	Public Governor - Kingston	RM
Felicity Merz	Public Governor - Wandsworth	FM
Jack Saltman	Public Governor - Elmbridge	JS
Nicola Urquhart	Appointed Governor - Richmond Borough	NU
<b>Members of the public:</b>		
Erica Farmer		EF
Zoe Dronfield		

1.	The Chairman welcomed members of the public to the Board meeting and DIB to the meeting representing JF.	
2.	<b>Patient Story</b>	
2.1.	SBr introduced the patient story, setting the scene for the discussion, and the Board was joined by a patient who told them his story about accessing the Hospital's services as a visually impaired or blind patient. He gave an account	

	of how the Accessible Information Standard had been interpreted and applied in the Hospital, and suggested ways in which the Hospital might adapt its systems to ensure that blind people can access the information they need, particularly using technology. He also highlighted the importance of staff being trained in how to react when asked to present information in different ways. The Board heard about how it feels to be visually-impaired and in unfamiliar surroundings as a Hospital inpatient and some practical examples of how the patient's experience could be made easier and less stressful.	
2.2.	SBr asked the Board how the story had made them feel, how it related to the agenda ahead and whether there was anything to be followed up in quality walkabouts. RH noted the frustration of the relatively simple things that can be done, which may not automatically occur to others, and talked about an attitude/state of mind of assuming that other people are in the same position.	
2.3.	SB believed all staff should know where to go for advice on how to help visually-impaired patients, even if they were not specialists in the field. The patient had acknowledged progress was being made with the Accessible Information Standard but she wondered what else should be done culturally to support staff to respond in the right way.	
2.4.	JG agreed that the patient story had been a revelation. He was saddened to think of the time spent in finding out what was in a letter, only to discover it repeated an email and the time spent had therefore been worthless.	
2.5.	CW had been struck by the mention of cleaners moving items that the patient could not then locate and asked how these staff could be included in the awareness training. JM asked about the Friends & Family Test and whether this provided specific information to help the Trust with equality issues. SBr committed to meeting with the patient on another occasion to explore his ideas further.	<b>SBr</b>
2.6.	The patient reminded the Board that there was an expectation that assistance dogs (not only guide dogs for the blind) should be welcomed unless there was a good reason not to do so. SBr explained that the Infection Control Committee had agreed guidelines on Animals in the Hospital the previous day.	
2.7.	JKW thought the patient story echoed discussion arising from complaints data about communication skills and attitude. It was acknowledged that it can be difficult for staff without the right support to know what to do in circumstances out of the ordinary, but hearing this story gave an added impetus to take this forward.	
<b>3.</b>	<b>Apologies</b>	
3.1.	Noted as above.	
<b>4.</b>	<b>Declaration of Interests in matters on the Agenda</b>	
4.1.	None.	
<b>5.</b>	<b>Minutes of the previous meeting</b>	
5.1.	The minutes of the meeting held on 11 <sup>th</sup> April 2018 were approved as a correct record. The action log was reviewed and progress with actions noted.	
<b>6.</b>	<b>Chairman's Report</b>	
6.1.	The Chairman gave a verbal report on her activities since the last meeting.	
6.2.	She looked back to the CQC inspection, which had been an intense period but a valuable experience for the whole hospital and the Board. The staff had been very impressive and the feeling within the Hospital during the inspection had been positive. Although the result of the inspection was not yet known, a number of Board members had attended a second NHS Improvement/ CQC	

	session on moving from good to beyond, thereby demonstrating the Board's commitment to continuous improvement.	
6.3.	SB had attended the Clinical Audit and Improvement seminar and commended the incredible work she had seen. She believed that improvement was on the way to becoming embedded as 'what we do', which would be vital if the Hospital was to be recognised as outstanding.	
6.4.	The Volunteers Awards had been an uplifting event and SB had been very pleased that Daisy the dog had won a personal award.	
6.5.	NHS Providers had led a course for the Governors on membership and public engagement. SB had taken away from this the importance of the membership reflecting the population served by the Hospital so that best value can be gained from including the membership in engagement and consultation. The Governors Membership Recruitment & Engagement Committee had accepted that point.	
6.6.	The Chairman acknowledged the activities that had taken place for NHS70, including a private view event at the Rose Theatre for the launch of a display about the history of Kingston Hospital. A number of events had been held at the Hospital on 5 <sup>th</sup> July and these had been well supported.	
6.7.	Externally, SB had attended the annual meeting of the RBK Council and the installation of the new Mayor. She had also continued her collaborative work through the Acute Providers Chairs' Group and there had been much positive discussion around next steps for SW London and continuing to work together productively.	
<b>7.</b>	<b>Chief Executive's Report</b>	
7.1.	The Board had received a report providing an overview of matters to bring to the Board's attention not covered elsewhere on the agenda. Since the report had been written, there had been a Cabinet reshuffle and AR provided background for the Board on the new Secretary of State for Health. The Board noted that a local MP had been promoted to the office of Secretary of State for Exiting the European Union. AR also noted a change of leadership at RBK Council and would be meeting the Interim Chief Executive shortly.	
7.2.	AR highlighted a number of key issues in her report, including a digital bid for SW London which could be transformational.	
7.3.	The national inpatient survey results had now been released. KHFT was in line with others but AR reaffirmed the Board's aspiration to do better than the average. SBr was working through an action plan with her team.	
7.4.	AR explained that tiles on the outside of Esher Wing would need to be removed for safety reasons but as these were cosmetic there was no immediate consequence, other than the cost of the work which was unfunded. There would need to be a decision on what next but the concrete would be painted in the meantime. AR also outlined plans to generate value from the estate, on which further detail would be provided in due course.	
7.5.	Extracts from the Prime Minister's speech on commitment to funding the NHS had been included in the report. AR was attending an event later in the week to hear more and understand how funding is to be committed. She thought it was likely to be a complex message and that the commitment may not be sufficient.	
7.6.	AR referred to the Gosport Independent Panel Report, stressing the importance of reading it to maximise learning and self assessment. She did not believe the messages were the same as in the Shipman case; the report indicated the issues were more systemic and institutional. A working group would be established to understand the issues and translate them into areas for KHFT to	

	examine. The outcomes would be explored with the Board in due course.	
7.7.	AR acknowledged the 70 <sup>th</sup> anniversary of the establishment of the National Health Service, which had been an emotional moment for the nation as a whole. She thanked everyone who had taken part in the birthday celebrations.	
7.8.	CW welcomed the new staff engagement sessions with the Chief Executive. She asked whether these replaced Coffee & Conversations, which she had found valuable. AR confirmed that Coffee & Conversations would continue after a relaunch. Staff had said they valued those sessions but had found it difficult to attend during the CQC inspection period and therefore a number had had low attendance.	
7.9.	RH asked about the timescale and process for achieving a settlement on long term funding. AR's understanding was that the whole plan would be presented with the budget in November 2018, although there had not been any engagement with the service to date. Her belief was that the commitments within the settlement would prioritise the pay award, mental health and cancer, and not transformation. SB added that discussion at a meeting of Chairmen the previous day had focused on cancer, young people and frailty being the priorities in the 10 year plan, built around a 2-3 year planning cycle. Disincentives in the tariff system were being worked on. SB also identified that the Mayor of London was about to publish an Equality Strategy, and that Children's mental health was likely to feature high on the agenda, as well as healthy workplaces and air quality. AR reminded the Board of earlier discussions on a revised tariff for 2019-20 which would significantly change the economics; she now thought the changes might be later than that.	
<b>QUALITY AND PERFORMANCE</b>		
<b>8.</b>	<b>Integrated Quality &amp; Operational Performance Report</b>	
8.1.	The Board had received the report for May 2018. Executive Directors presented key messages under each of the CQC domains. The report had been discussed at QAC and therefore the highlights only were presented.	
8.2.	JKW reported on 'Safe', noting the commentary on pressure ulcers, falls and NEW score recording. A never event had been declared in May. CW would lead the panel and a full report would come back to the Board.	
8.3.	SBr asked the Board for formal agreement that the Safety Thermometer will no longer be used. SBr confirmed that no less information would come to the Board but the data from the Safety Thermometer was no longer used and the use of it is not mandated. The Board agreed this change.	<b>SBr</b>
8.4.	NC asked about the intentional rounding process being trialled on Hamble Ward. JKW explained what was happening and informed the Board that early indications were that the trial was bringing some benefit. CW suggested, thinking about the patient story, that intentional rounding would give the opportunity to be more disability aware.	
8.5.	JG asked about infection control graphs within the report. SBr agreed that the Cdiff rate was a concern but she was comfortable with the other metrics. SBr summarised the positive action taking place to understand the causes, emphasising that the Serious Incident Group had high visibility through the PIR provider information request) process. Comparison with other Trusts suggested that the rise in acuity may mean an inevitable increase. CW had been thinking about acuity as an explanation for why this change had happened and asked whether there was a measure that the Board should be looking at. SBr confirmed that the Sheffield model was being used. This could be measured daily and included within the Unify data.	
8.6.	SH drew attention to falls work and asked how the Board could be assured	

Enclosure A

	about rapid roll out of learning. JKW welcomed the emerging approach to quality improvement within the Trust because the robustness helps to embed roll outs positively. It was noted that the Falls Group meets monthly and the outcomes are monitored constantly. SBr believed that KHFT staff were responsive to quality improvement and rolling the falls work out would occur easily, supported by monthly peer reviews.	
8.7.	JKW presented the commentary on 'effective', concentrating on Mortality. All indices remained good; although the SHMI had risen slightly it was still a good position. JM asked whether it would be possible to have QI project around documentation. JKW would give this some thought.	<b>JKW</b>
8.8.	A comprehensive summary on improvements in the REU had been provided as there was a significant amount of audit data available to give a feel for how the service compares with best practice. SB asked that congratulations be passed to the team on behalf of the Board.	<b>JKW</b>
8.9.	SB was delighted to see the improvement in sepsis screening in ED. On antibiotic administration she asked what it will take to get to the standard. JKW explained this would mean consistently applying all the measures put into place, as well as rolling out other initiatives, such as nurse prescribing.	
8.10.	RH asked whether there was likely to be any further progress in improving screening for dementia. JKW was thinking through the unintended consequences of pushing further and explained the difference in time commitment between screening and assessment. She was concerned that uncoupling these could result in the assessment rate going down, so although the numbers may look better this may not be in the interests of the patients. The Dementia Steering Group was looking into this question and would report to EMC. It was thought that this was a possible area for the Quality Assurance Committee to explore.	
8.11.	SBr noted that the complaints response rate had not been good in April, had improved 10% in May but was not much improved in June. She had met with the Associate Directors to understand where more support is needed.	
8.12.	SBr commented on the FFT system and discussions with the providers on what needs to be improved. A design fault had been identified and there had been complaints about follow-up telephone messages. She would continue to pursue improvements in the system and maintain the areas that were going well. Text messaging seemed to be working very successfully.	
8.13.	SH asked whether there was a risk of complacency if there was an expectation that certain complaints and complaint areas would always appear in the reports. SBr explained that complaints featured on ward scorecards and that every other Nursing & Midwifery Board is a quality Board where common themes are discussed. It was noted that AR and SBr read all complaints; they both confirmed that it was apparent from the content of each response that the Complaints team supports the service lines in treating each one individually.	
8.14.	MM presented the report for the 'responsive' domain, noting that Cancer demand is growing substantially and placing additional demand on diagnostics. Despite the increase in demand the percentage confirmed as Cancer remained around 5%. 38 day reporting went live on 1 <sup>st</sup> April 2018 and was still in the monitoring phase; no provider was achieving the standard due to the diagnostics challenge.	
8.15.	The Trust was performing well against the RTT standard and was helping neighbour Trusts with their waiting lists across 5 specialties where possible. Focus was being maintained on remaining consistently good across all of those specialities.	

Enclosure A

8.16.	A&E performance was in the upper quartile for England. The opening of the UTC had helped this and multi-agency work had been instrumental in getting medically optimised patients into the community. This work had been recognised and a presentation was to be made at a national conference due to the impact the work has had to date. MM acknowledged that progress would need to be sustained.	
8.17.	CW fed back a comment made by matrons who had attended the last QAC meeting. They had seen transformation work taking place over time to little effect but this time they could feel change happening. The Board was pleased to hear this from clinical front-line staff.	
8.18.	RH asked about progress with the Frailty project. MM noted that national focus was on the back end of Hospital, whereas she believed the real driver for change was at the front end, with front loading in the first 72 hours of care. Supporting patients back to their own home reduces need for longer term placements. There was a need to re-provision in the community to make this happen. Patients often present after 6.00 pm and the system needs to adapt in both time and pace. AR linked this report to work with the A&E Delivery Board (which includes partners) on preparing for winter and being very clear about what each partner will be doing.	
8.19.	KC presented the 'well led' domain commentary. He highlighted good news on Turnover, where the rate had decreased significantly. A new indicator on stability had been introduced and KC explained its purpose.	
8.20.	It was noted that online induction had been introduced from April 2018 as well as new e-learning modules for mandatory training. However, completion rates from these two channels were not yet included in the mandatory training figures, which was estimated to be in the 80 <sup>th</sup> percentile. Last summer's approach to topping up areas of lower compliance on mandatory training topics was to be repeated in August/September.	
8.21.	CW asked about appraisals in relation to the recently announced pay award, and whether the appraisal scheme would need to be redesigned. KC agreed that it would have to be reworked because increments will have to be earned and will be dependent on a signed off completed appraisal, which would also need to link to incremental dates. CW asked whether equality and diversity metrics should be monitored in relation to non-progression. KC would be reporting WRES data quarterly and reminded the Board that equality concerns around disciplinaries had proven to be a single year outlier. AR agreed that the revised appraisal system would need to recognise that decisions may be challenged, and added that there was a tension between this requirement and keeping appraisals developmental. She would not wish to see a system that lost that richness and became overly mechanistic.	
<b>9.</b>	<b>Finance Report</b>	
9.1.	The Board had received the Finance Report for Month 2. DIB presented a summary of the main headlines, highlighting the I&E position, provider sustainability funding, pay expenditure, FIP delivery, capital expenditure and performance against the operating plan.	
9.2.	JG underlined the increased confidence over the FIP in the current year. He reported that the Finance & Investment Committee had discussed the cash position and noted a timing issue.	
9.3.	AR drew out that there was no indication of further support coming in 2018/19 and therefore an absolute focus on delivery of the financial plan. The pay award would need to be paid in this year but was as yet unfunded. CW thought it illogical that funding would not be received in the current financial year to support the pay award. AR understood that the expectation was that staff	

	received the uplift as soon as possible, but for this Trust cash management would be key and the implications for the financial plan would need to be understood. SB reaffirmed the Board's understanding that meeting the control total in the current year was essential.	
<b>10.</b>	<b>Safe Staffing</b>	
10.1.	SBr presented her report, noting that in the last 10 days guidance had been released on reporting on urgent care, emergency care, paediatrics/neo natal and CHPPD from September 2018. She would bring further information to the Board if needed, once the detail was understood.	<b>SBr</b>
10.2.	The Board was pleased to note that the turnover rate was the best for three years. SBr explained that the RGN pipeline included some locally grown, with the majority internationally educated. Recruitment would continue, in order to keep the Trust in a good position, and a further visit to the Philippines was planned for November 2018. There had been significant improvement on UNIFY data and fewer escalations to agency.	
10.3.	SBr explained changes in the provision of competency assessment for the OSCE. A backlog had developed under previous arrangements and a solution had been found via a test centre in Ulster. The new provider had been very supportive in order to allow staff to travel to Ulster to complete the assessment in one day. The Trust continued to have a 100% pass rate, which was twice the national average.	
10.4.	An area for improvement had been for Band 2 vacancies with the highest priority being in Elderly Care. The pool of Bank staff had been increased in this group, which had been a positive solution for the Trust and for staff, many of whom valued the flexibility of working via the Bank.	
10.5.	Maternity staffing continued to do well and the ratio of 1:28 women was being maintained. This allowed the Trust to focus on continuity of care.	
10.6.	SBr reported on development of the Nursing Associates role and how this supported working in integrated way. She was confident the Trust would have access to a substantial pool of staff as a result. She had been in discussion with the mental health trust and was hopeful that training would include mental health experience. The Trust had helped to write the curriculum for a cohort of a new type of nursing associates who would be funded for development over a four year period.	
10.7.	CW was aware from experience that a significant amount of effort goes in to developing trainees and asked how many translate into Kingston nurses of the future. SBr believed Nursing Associates tended to be local, whereas student nurses travel further and are more likely to go elsewhere post-training. However, securing good accommodation and giving the students a great experience was a means of ensuring they either stay post-training or leave and return later. SB thanked SBr for an informative and positive report.	
<b>STRATEGY AND POLICY</b>		
<b>11.</b>	<b>KHFT Transformation Programme</b>	
11.1.	AR presented a report to the Board advising on the integrated approach to transformational projects over 2018/19 and beyond across the multiple dimensions required within the current health system. She linked transformation and efficiency, noting that with five CCGs and five local authorities to work with, only one CCG/local authority area commissioned all its acute services through the Trust.	
11.2.	The report drew out the principles which would unlock partnership working with colleagues, and AR used digital development as an example.	

11.3.	A diagram had been used to explain the complexity of transformational work and AR reminded the Board that recruitment of a Director of Integration as part of leadership team was under way. The Board noted the challenges of keeping governance strong in this environment where legislative change was not anticipated.	
11.4.	CW thanked AR for bringing clarity with her report. Her experience of the Trust to date confirmed that the amount of time spent on collaboration was increasing and she wondered if the picture might be even more complicated than the diagram suggested. For example, it was not apparent whether Maternity was linked into the local maternity systems, nor where Procurement sits. AR thought Maternity as part of the local system would appear through the STP and the range of things being co-ordinated there. Procurement sits under the Acute Provider Collaborative and AR was confident that possibilities were being explored. JKW acknowledged that she had raised concerns about some of the clinical networks within the STP and in London not working in parallel and not coming through clinical senate; she would continue to push for this to happen.	
11.5.	JM asked whether the Trust was likely to have to wait for others to catch up, for example in use of technology, and what the impact of that might be. AR accepted that the four acutes were all in different places with Cerner and the aim was to achieve best possible optimisation on the platform and then develop it in a shared way, not just with the acutes but with GP systems, local authorities and voluntary sector. It had been agreed that in some areas it was best to progress at different speeds with two or three partners rather than wait for all to join, but to do so in a way that others could join later if things changed. The more partners involved, the more adjustment would be necessary, and this was to be expected if transformation was to be achieved.	
11.6.	NC believed that population health management should be very simple. He asked, given that the quashing of the judicial review on accountable care was likely to speed up integration, when the Trust would be in a position to bid for contracts. AR reported that the Kingston population would probably be operating as a shadow population from October 2018, with an aspiration for this to be real from April 2019. However, this was only 40% of KHFT's business and others were further off achieving this. There was an STP level aspiration to bid for an integrated care system but this would need 20 partners to agree and more debate by the Board once there was more clarity.	
11.7.	SB summarised that the report was a helpful indicator of the Board's level of ambition, particularly in the current financial year, and the complexity of the change and transformation taking place.	
<b>12.</b>	<b>Measuring whole system performance</b>	
12.1.	RB explained the background to the report received by the Board proposing that a set of whole system metrics be developed. Possible areas for KPIs had been suggested in the report. The proposal was to develop and pilot these with Kingston partners and then enter into conversation with other localities. The Board was asked to consider if the proposal would result in a useful addition to routine reporting and assist in reflecting upon and achieving improvements across the system.	
12.2.	SB welcomed the report, adding that it was essential to focus on patients as a system. NC agreed that such a set of KPIs was needed and suggested that use be made of KPIs developed through vanguard work. NC offered to connect the Trust to the NHS England team with the suite of information. RB/MM would bring a further report to the Board. It was noted that partners would need to agree to the standardisation of whole system metrics whichever starting point was used for their development.	<b>NC/RB/ MM</b>

<b>13.</b>	<b>Sustainable Development Management Plan 2018-2023</b>	
13.1.	RB introduced the report presenting the SDMP and key sustainability objectives over the next five years. She highlighted that best endeavours would be made to support the national emissions target; it was difficult to demonstrate progress against this but the Trust benchmarked well against others.	
13.2.	CH added his comments on the content of the SDMP and action plan for 2018/19. He believed the actions and timescales were achievable and teams across the Trust would be working closely together to ensure communication and delivery of the plan.	
13.3.	SH was very supportive of the SDMP but voiced a concern about staff engagement and potential initiative overload. She suggested that millennials be used as the link point as that cohort of staff was likely to be passionate about green issues and could be the source of the supporters needed.	
13.4.	In response to a question from AR, CH confirmed that removing the older estate buildings would assist achievement of the standards. She suggested a discussion at the Executive Management Committee linking the Estates plan, the SDMP and financial priorities so that appropriate choices could be made.	<b>JF/CH</b>
13.5.	The Board approved the Sustainable Development Management Plan as presented.	
<b>14.</b>	<b>Operating Plan 2018-19</b>	
14.1.	RB presented the summary version of the Trust's 2018/19 Operating Plan for publication. The final version of the 2018/19 Operating Plan had been approved by the Board prior to submission to NHS Improvement in June 2018. The plan had also been discussed with the Council of Governors in March 2018.	
14.2.	CW asked KC about Agenda for Change freedoms and whether these were being used to bring about the right workforce models. KC explained that AfC gave the ability to use spot salaries and to apply market premia where there are difficult to fill posts. The EMC had taken the decision not to do this for 8c/8d but to migrate staff to VSM spot salaries as appropriate. Recruitment and retention premia had been used for difficult to fill posts, e.g. in A&E for medical and non-medical staff. Decisions on these cases were taken on a case by case basis through the Workforce Pay Control Group.	
<b>ANNUAL REPORTS</b>		
<b>15.</b>	<b>Medical Appraisal &amp; Revalidation</b>	
15.1.	JKW presented the report explaining that the plan to look at this more closely in a Board development session had been delayed with the cancellation of the last event during the CQC inspection. She emphasised that the report was about appraisal for fitness to practice, not performance appraisal. This was an ongoing process and the dates were fixed by revalidation date, not linked to the financial year.	
15.2.	JKW explained how the appraisals take place. From a snapshot it appeared that the Trust was not as good as some other organisations in terms of timeliness but most would complete within 15 months. She believed that the doctors find gathering of information for evidence onerous and the SPA time to do it is being stretched. JKW outlined the plans for improvement. She thought the Pearson review was helpful, with good quality information needed but less of it. In the new management structure she thought it would be important to think about devolved responsibility for this process as it was difficult to drive it through a central support function.	

15.3.	Discussion took place on the process for trainee doctors employed through the Bank. JKW acknowledged that doctors have increasingly flexible portfolios and the responsibility to manage fitness to practice can become complex.	
15.4.	CW felt assured that the report indicated a challenging process rather than any safety or quality problem. JM asked whether there were any other sectors that had got it right that could be learned from.	
15.5.	KC noted that the Trust had invested in new ways to employ and had not invested in commensurate ways of working. It was suggested that the Workforce committee pick this question up.	<b>KC</b>
15.6.	SB summarised the Board's response to the report as being content that safety and quality were not a concern, but recognising the improvement required in the process.	
<b>16.</b>	<b>Safeguarding Children and Adults</b>	
16.1.	SBr presented two separate reports, emphasising that both reports had been through a complex governance structure to reach the Board. The next reports would be presented as a joint report as there was substantial overlap on content. RH welcomed the idea of joining adult and children safeguarding together in order to learn and share good practice.	
16.2.	SBr summarised the breadth of activities which had taken place within the Trust and with external partners during 2017/18 and outlined the areas of priority action for 2018/19.	
16.3.	The Trust had looked at areas where children are cared for and had created a matrix of staff in relation to training. SBr was confident the system was compliant with all of the requirements. AR asked whether there was any information on where Prevent training is going. SBr confirmed that there was an enhanced requirement for training and she was working with the Security team to identify the right people so that every department has someone who has attended the full training.	
16.4.	The Board was concerned about numbers of young vulnerable people presenting at A&E because they do not know where else to go. SBr agreed, saying that this placed a great responsibility on the Trust and its staff. She thought there was a need to look at street triage for children, in the same as for adults. AR noted that prevention of mental ill health in children was becoming a London policy priority, which the Trust would support.	
<b>17.</b>	<b>Health &amp; Safety</b>	
17.1.	SS presented the Health & Safety Annual Report for 2017/18.	
17.2.	CW had been surprised at the numbers of sharps injuries and asked how this was being resolved. SS explained that the H&S Committee was receiving more granular information to understand the causes and would be reporting to EMC on resolution of the underlying issues.	
17.3.	SB was concerned about reports of aggression/abuse and assaults by staff. She found it difficult to assess the correct response without knowing the detail of the issues. AR believed this was not limited to equality and diversity factors. KC explained that a working party looking at bullying and harassment had been formed and at the next meeting would be gathering together all of the data to see whether there were any common themes, including whether there was a link to managing challenging patients.	
17.4.	JG asked how he might assess the level of compliance expected and where the tipping point might be if the Trust was moving towards prosecution. AR explained that normally an HSE inspection and subsequent improvement or enforcement notices would be a flag for major concerns but this was not the	

	case. SS highlighted benchmarking in the report which gave assurance on the Trust being in line with expected standards. KC also referred to work with the Unions reinforcing the structure of health and safety monitoring.	
17.5.	The Board accepted the content of the report, including the health and safety objectives for 2018/19.	
<b>BOARD COMMITTEE REPORTS</b>		
<b>18.</b>	<b>Audit Committee</b>	
18.1.	JM presented the report from the Audit Committee meeting, commenting on a near perfect end of year report. Thanks were expressed by the Board to all who had worked on the Annual Report and Accounts and the Quality Report for 2017/18.	
18.2.	JM confirmed that the two final internal audit reports of the 2017/18 plan had been received and considered by the Committee. RH had also presented a report on assurance around the new processes on learning from deaths, which had been a very positive report.	
18.3.	The Committee had reviewed preparation for GDPR and had looked at governance around the regulations. This report had given significant assurance the Trust had been in a good position with regard to preparations for GDPR. This would be subject to internal audit later in the current financial year.	
<b>19.</b>	<b>Quality Assurance Committee</b>	
19.1.	CW presented the report on the main areas of discussion at the QAC meeting held on 28 <sup>th</sup> June 2018.	
19.2.	NHS Improvement had issued new standards on pressure ulcers shortly before the meeting and the implications of these would be considered at a future meeting. However, the Committee had been told that, on early read, KHFT would not only be compliant but would be ahead of the game.	
19.3.	The Committee had requested a report on the management of the fire safety works with regards to any impact on quality of care. The Committee had been impressed at how smoothly the major work to address this significant risk is proceeding.	
19.4.	The principal deep dive at QAC had been into the Maternity Sign Up To Safety Project. Significant achievements had been evident from the deep dive around culture, teamwork and caring for the Mother holistically.	
19.5.	The QAC had sought assurance on the KH financial improvement programme to ensure there would be no unintended consequences. Significant assurance around the three major programmes had been received. The Board was advised to expect to see an increase in readmissions as patients are discharged earlier. The QAC will look carefully at those which could have been prevented.	
<b>20.</b>	<b>Finance &amp; Investment Committee</b>	
20.1.	JG presented the report on key issues discussed at the meetings of FIC held on 28 <sup>th</sup> June 2018, noting that resubmission of the Operating Plan should make future reporting clearer.	
20.2.	JG highlighted that the financial improvement programme is expected to be truly transformational. There would be financial benefits but principally the schemes will transform patient experience.	
20.3.	The Committee had received a progress report on an outline business case for estates development, looking at the alternative and competing options. Assurance on evidence behind the submission for a rebate on Maternity CNST	

	funds had also been considered.	
20.4.	The Committee made a request to the Board for authority to approve draw down of funding against loans already approved by the Trust Board. A discussion took place on membership of FIC and current rules on quorum. JM was asked for her view as Chair of the Audit Committee and confirmed that she believed there was sufficient line of sight through the regular report on loans and working capital for delegated authority to be reasonable providing the draw down remained within the envelope agreed. However, there were still some issues to be explored around the proposal and it was agreed that the request required more thought. Current arrangements would therefore continue until the matter had been returned to the Board.	JF/JG/ SS
<b>21.</b>	<b>Workforce Committee</b>	
21.1.	SH reported on the areas of discussion, noting that finance representation had been requested to strengthen the Committee's discussions.	
21.2.	The Committee had noted good progress on induction training and use of digital means to support this. The Committee was exploring how best to triangulate allocation of apprenticeship monies in order to measure effectiveness. The next report to the Board would enable the Committee to complete that circle.	
<b>CHARITY TRUSTEE</b>		
<b>22.</b>	<b>Charitable Funds Committee</b>	
22.1.	The Board had received a report on the meeting of the Committee held on 14 <sup>th</sup> June 2018. JM was pleased to report that the target for commencement of the next stage of the Dementia strategy had now been met.	
22.2.	SB thanked the Committee for great progress made in developing the Charity and implementing the robust procedures needed for donors to be confident.	
<b>23.</b>	<b>Charity Objects</b>	
23.1.	RB presented a proposal to vary the objects of the Kingston Hospital Unit Cancer Appeal (known as 'Kingston Can'). The Board as Corporate Trustee approved the new objects for Kingston Can as proposed.	
<b>GOVERNANCE</b>		
<b>24.</b>	<b>Board Assurance Framework and Corporate Risk Register</b>	
24.1.	The Board had received the BAF for month 2 of the current financial year and the Corporate Risk Register as at 28 <sup>th</sup> June 2018. SS explained that the context for Strategic Objective 3 had moved on since the corporate objectives had been agreed at the beginning of 2018 and a proposal was made to amend CO7 and separate CO8 into two objectives: a revised CO8 - with partners develop strategy to strengthen elective services across SW London including the agreement of a strategy for QMH; and a new CO9 - deliver agreed programme of work for collaboration through the Acute Provider Collaborative (7 programmes).	
24.2.	The amended Corporate Objectives for 2018/19 were approved. Progress with strategic and corporate objectives at Month 2, together with the content of the Corporate Risk Register, was noted.	
<b>25.</b>	<b>Items discussed in Private</b>	
25.1.	The Board noted in the public domain an outline of the matters covered in private at the last meeting.	
<b>26.</b>	<b>Forward Plan</b>	
26.1.	Content of the forward plan was noted.	

<b>QUESTIONS FROM THE PUBLIC</b>	
<b>27.</b>	<p>RM asked three questions arising from the Patient Story.</p> <ul style="list-style-type: none"> <li>• The patient had requested personal information by email and RM asked what the Board's current policy was on this and the direction of travel. MM explained that a plan for use of email for appointments was well-developed through the outpatients transformation work. The processes would need to be checked thoroughly prior to roll out.</li> <li>• RM believed the patient's experience would be mirrored by other inequalities and asked whether taking account of user experiences could be discussed at the Patient Experience Committee or Equality &amp; Diversity Committee. SBr explained that the Trust had signed up to a national programme called Always Events, which aimed to develop within the Trust consistent ways to make sure care is patient centred and delivered in partnership with them.</li> <li>• RM asked whether the Hospital would accept assistance dogs on the premises. SBr confirmed that the Infection Control Committee had approved a policy on animals in the Hospital the previous day. The next step was to communicate the policy to staff and the visiting public.</li> </ul>
<b>28.</b>	<p>JS asked how the national inpatient survey results correlated to Trust surveys that give higher scores. SBr observed that the inpatient survey had been carried out on a very low sample in 2017, and there was also a long delay between survey and reporting. She was currently working on getting a higher response rate in 2018. SB commented that JS's question mirrored discussion at Patient Experience Committee.</p>
<b>29.</b>	<p>JS requested that Board members remember that, for the public to see the Board operating in public, Board members needed to be audible and use of the microphones was currently inconsistent.</p>
<b>30.</b>	<p>EF commented on the patient story and asked whether the volunteers' sashes were in the optimal colour for patients with a visual impairment to identify them. SBr had committed to meeting the patient at a later date in order to understand how the Trust might improve its approach to visually impaired patients in general, including signposting around the Hospital.</p>
<b>31.</b>	<b>RESOLUTION TO MOVE TO CLOSED SESSION</b>
31.1.	<p><b>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, the Board is invited to approve 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".</b></p>
31.2.	<p>Resolved: 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.</p>