

**KINGSTON HOSPITAL NHS FOUNDATION TRUST**

**Minutes of the Meeting of the Council of Governors held on Thursday 18<sup>th</sup> July 2019 in  
Lecture Theatre 1, Kingston Hospital Surgical Centre**

<b>Present:</b>	<b>Appointing Organisation/Constituency</b>	
Sian Bates	Chairman	SB
Richard Allen	Elected Governor – Kingston	RA
Cllr Rowena Bass	Appointed Governor- Royal Borough of Kingston upon Thames	RB
Dr Marita Brown	Elected Governor - Kingston	MB
Sarah Connor	Staff Governor – Nursing and Midwifery	SC
Carlin Conradie	Staff Governor - Allied Health Professionals and Clinical Support Staff	CC
Cllr Christine Elmer	Appointed Governor - Elmbridge Borough Council	CE
Marilyn Frampton	Elected Governor - Merton	MF
Dr Julia Gale	Appointed Governor – Kingston University	JG
James Giles	Elected Governor - Kingston	JG
Bonnie Green	Elected Governor – Richmond	BG
Paul Hide	Elected Governor – Sutton	PH
Dr Naz Jivani	Appointed Governor - Kingston CCG	NJ
Jane Keep	Elected Governor Richmond	JK
CJ Kim	Elected Governor – Elmbridge	CJK
Frances Kitson	Elected Governor – Kingston	FK
Cathy Maker	Elected Governor- Richmond	CM
Robert Markless	Elected Governor - Kingston	RM
Felicity Merz	Elected governor - Wandsworth	FM
Raju Pandya	Elected Governor- Kingston	RP
Jack Saltman	Elected Governor – Elmbridge	JS
Terry Silverstone	Elected governor- Richmond	TS
Prof Peter Tomkins	Elected Governor - Rest of Surrey and Greater London	PT
<b>In attendance:</b>		
Sally Brittain	Director of Nursing & Quality	SBr
Mairead McCormick	Chief Operating Officer and Deputy Chief Executive	MM
Sylvia Hamilton	Non-Executive Director	SH
Joan Mulcahy	Non-Executive Director	JM
Susan Simpson	Director of Corporate Governance	SS
Dame Cathy Warwick	Non-Executive Director	CW
<b>Apologies:</b>		
Cllr Piers Allen	Appointed Governor - London Borough of Richmond	PA
Michelle Deans	Elected Governor - Kingston	
Cllr Drew Heffernan	Appointed Governor- Sutton and Merton Borough Councils	DHe
Dr Doug Hing	Appointed Governor - Wandsworth, Merton and Sutton CCGs	
Ursula Kingsley	Staff Governor – Management and Administrative Staff	
Pravin Menezes	Staff Governor Medical & Dental Practitioners	PM
Dr Kate Moore	Appointed Governor - Richmond CCG	KM
Cllr Margaret Thompson	Appointed Governor – Royal Borough of Kingston upon Thames	
Dr Nav Chana	Non-Executive Director	
Jonathan Guppy	Non-Executive Director	
Dr Rita Harris	Non-Executive Director/Senior Independent Director	
Jo Farrar	Interim Chief Executive	
<b>Public in attendance:</b>	None	

<b>1.</b>	<b>Apologies</b>	
1.1.	Apologies were noted as above.	
<b>2.</b>	<b>Declarations of interest</b>	
2.1.	None to declare.	
<b>3.</b>	<b>Minutes of the last meeting</b>	
3.1.	The minutes of the meeting held in public on 20 <sup>th</sup> March 2019 were agreed as a correct record. RA clarified that in paragraph 9.1 he had been commending the Nominations & Remuneration Committee on its work associated with the review of the position of Chairman, rather than its work as a whole.	
3.2.	Actions completed since the last meeting were noted.	
3.3.	SBr gave an update on Bereavement Services. A review had included relocation of the Bereavement Office, which had not been as successful as she had hoped and would be reversed. SBr outlined improvements made to the Bereavement Service as a whole, including new roles and information available. RP, who was a volunteer chaplain, welcomed the improvements made. SB, as the lead NED for end of life care endorsed this.	
3.4.	SBr explained that a provisional plan to move the Cash Office had changed in recent days as a location at the front entrance had now become available. The decision had still to go through the appropriate governance channels, but she hope that the move would now progress at pace.	
3.5.	RM reported that an assistant chaplain had now been recruited and had commenced in post (ref. 12.1). SB thanked governors for their involvement in the recruitment process.	
<b>4.</b>	<b>Lead Governors Report</b>	
4.1.	RA gave a verbal report on his activities since the last meeting. These had included a number of governor involvement activities, such as Walkabouts and attendance at Trust Board meetings. With FM he had attended the NHS Improvement Governor Focus Conference. At the latter he had gained knowledge relating to the expectations of those taking on or retaining a Governor role, and also that the current structure of Trust Councils of Governors was likely to change within three years. RA had attended a well-supported meeting of members of Royal Surrey Trust, held at the Hospital in Guildford, and gained useful intelligence on communicating with Trust members. He had also met with the new Head of Communications at Kingston Hospital and was impressed with the commitment shown to advancing external communications.	
4.2.	As a member of the Nominations & Remuneration Committee, RA had participated in a selection panel for a new NED, which had proven inconclusive in the first round, and had participated in shortlisting for the second round. He had also attended meetings of the Governors Quality Scrutiny Committee and Membership Recruitment and Engagement Committee as an observer. He had subsequently raised some personal concerns following the latter.	
4.3.	RA had held a number of Governor one-to-one meetings, attended monthly meetings with the Chairman and had chaired a private meeting of the Governors in mid-May. He had also attended Hospital events, including governor training and the Improvement Seminar. With three other members of the Diabetes Support Group, he had worked alongside staff from the Trust Diabetes Day Unit to run an information stand designed to improve Hospital staff awareness of diabetic foot damage and how being vigilant can reduce threats.	

4.4.	Externally, RA had attended meetings of Kingston CCG, Kingston Primary Care Forum, met with the Chair of Kingston Healthwatch, and with a representative of Kingston Council to discuss the growing importance of social prescribing and particularly the promotion of “Get Active” exercise events within this pattern. At a meeting of the Lead Governors’ Association he had learned more about the CQC approach to evaluating and judging Well Led.	
4.5.	He thanked governors for reaching the target funding for Governor sponsorship of the Unsung Hero Award at this November’s Staff Awards event.	
4.6.	There were no questions for the Lead Governor.	
<b>5.</b>	<b>Chairman’s Report</b>	
5.1.	SB gave a verbal report and shared with the Council of Governors some of the key messages from the NHS Providers Chairs and Chief Executives Conference held on 4 <sup>th</sup> July 2019. She explained changes at the top of NHS England and NHS Improvement and summarised the key risks and challenges that had been the focus of the conference.	
5.2.	From a presentation by the Chair of the CQC, SB noted that only 10% (17) of Hospitals currently have an outstanding rating.	
5.3.	SB thanked the governors who had attended the training session on the Trust’s approach to refreshing the Hospital’s operational strategy earlier in the week. She thought this had been a very useful session and welcomed the many ideas put forward by governors.	
5.4.	SB confirmed formally that the joint Board/CoG working party on governance had postponed its review of the effectiveness of the additional governance mechanisms introduced in 2018/19 to enhance governors’ opportunities to carry out their role. This would now be carried out in 2020 to give new members a full year to experience their roles in practice.	
5.5.	In response to feedback from governors on the proposal to discontinue the lunchtime meeting with NEDs following public Board meetings, it had been decided to continue with these meetings, but to have 15 minutes break, 30 minutes formal meeting over lunch and then 15 minutes down time for NEDs prior to the start of the confidential meeting.	
5.6.	SB and JS had met to discuss his views on the usefulness of redacted minutes of confidential Board minutes to governors. SB had later given JS and FM an overview of the background to a set of redacted minutes and they had found that approach more helpful. SB would consider the most effective way to extend that opportunity to a greater number of governors.	SB
<b>6.</b>	<b>Chief Executive’s Report</b>	
6.1.	MM presented the report providing an update on performance and key risks that could impact upon the strategic development of the organisation, as well as information on business planning activity for 2019/20.	
6.2.	MM highlighted that current Executive focus was on the level of non-elective activity coming through Accident & Emergency, which was unprecedented. Although emergency attendances were up nationally, SW London was an outlier at almost double the national growth. The conversion rate was static but the high volume of attendances meant that admittances had increased and all escalation capacity was being used. The main focus remained patient safety and MM was pleased to say that the Trust was holding its own in terms of A&E performance. However, she acknowledged there was an impact on staff resilience.	

6.3.	The A&E Delivery Board had been looking into the causes underpinning the increase in non-elective attendances but had found no clear picture as to why SW London should be so different. With the Hospital still running in Winter mode in mid-July, a system approach was needed to build a new response. Whilst the finances were reported as favourable against the plan for 2019/20, the Trust was mindful of the impact on the control of the rise in non-elective demand.	
6.4.	Cancer performance remained on target. MM highlighted that the pressure on emergency care increased demand on diagnostics, which also then impacted on cancer and had required additional resource to resolve. Despite the pressure meaning that priorities were being agreed on a daily basis, the Referral to Treatment target was still being met.	
6.5.	The report had summarised highlights of the Adult Inpatient Survey. SBr noted that progress had been made in the areas that had been the Trust's focus in the previous year. An area which had scored less well was 'receiving information on how to complain' and SBr noted that the survey had been conducted before the Trust had changed Friends & Family Test (FFT) provider. In June 2019 7,000 patients had given feedback through the FFT. She had also requested that every day each patient be asked if they are happy with their care, and new information materials had been introduced showing the many ways in which patients and their families can provide feedback.	
6.6.	MM drew attention to the Statutory & Mandatory training metric from the suite of Workforce metrics that was otherwise strong. The Director of Workforce had written to all staff to explain that sanctions for non-compliance will be introduced for staff who are not compliant with the training by the end of August 2019. She emphasised that there will be a proportionate response to each circumstance in deciding on appropriate sanctions.	
6.7.	It was noted that NHS pensions are causing concern, as reported in the media and this had been taken up at a national level. The impact on waiting lists was now being monitored nationally with weekly data returns.	
6.8.	FK asked MM and SH to comment on whether the application of sanctions was the right approach to tackling non-compliance with training; she asked what would happen if managers had not released staff for training and whether there might be any impact on staff speaking up. MM acknowledged the difficulty of releasing staff for training when the Hospital is under pressure. Any decision on sanctions would test that all the layers of support had been put in place to support staff to do the training prior to application. It would be a bespoke response having heard the explanations as to why an individual could not reach compliance. SH noted that the Workforce Committee had taken a close interest in the plans. She believed sanctions were part of a process of realising why compliance was important and would allow people to speak up and say why they were unable to complete it. SB identified that there was a risk to quality from non-compliance and acknowledged the support she had seen throughout the Hospital whilst staff are under pressure.	
6.9.	BG asked what constituted a 'bed wait' as reported in the Adult Inpatient Survey. SBr explained that the question referred to the length of time waited for a bed once admission had been decided upon in A&E.	
6.10.	JS asked how many sessions had been lost due to staff concerns about NHS pensions. MM confirmed that no sessions had yet been lost at Kingston Hospital for this reason, however there had been verbal disclosure from colleagues that they would like to reduce their number so it was possible that sessions would be lost in the future. It was confirmed that affordability of NHS pensions was a national issue, not limited to Kingston.	

6.11.	RP welcomed initiatives to improve knowledge on how to complain. He asked whether there was any further information on why patients were attending A&E, either by medical reason or availability of other alternatives. MM said there had been growth in all age groups but chest and abdominal pain remained the most common presentations. The growth in admissions was predominantly in the 85+ age group. NJ noted that 30% of A&E attendees required no further action and that the A&E Delivery Board was seeking further information through surveys to find out whether there are gaps in support in the community that led people to attend when they did not need urgent treatment.	
6.12.	MM welcomed the involvement of governors in a steering group for transformation of patient administration. BG explained that she would be circulating a request for expressions of interest from governors to join the group. SB drew to governors' attention that a request would also be circulated soon for governors to take part in a patient involvement collaborative group.	
6.13.	SBr responded to a question raised before the meeting on whether there is a higher mortality or serious incident rate for black patients compared to white patients in maternity services and what the Trust is doing to ensure that all patients are treated equally. SBr had reviewed data for the previous three years and had found no evidence of inequality with regards to either mortality or serious incidents	
<b>7.</b>	<b>Spotlight on Volunteering</b>	
7.1.	SBr gave a presentation on the support that volunteers provide to the Hospital, including evaluation of the impact of their support for the patient discharge process.	
7.2.	JG asked whether the data on patient confidence in being able to manage at home after discharge had been correctly calculated. SBr would check and confirm to governors after the meeting. JG acknowledged that the Trust was not recruiting volunteers at present but suggested that people interested in volunteering be asked to register their interest via the website. SBr agreed to make that change.	<b>SBr</b>
7.3.	RM was delighted to report that the Hospital now had 8 active 'Pets as Therapy' dogs, with 3 more in the pipeline. He had been disappointed to hear that one of these volunteers could not start because they had been unable to attend the recent mandatory training session and there were no further sessions planned until December. SBr would investigate whether training could be provided sooner.	<b>SBr</b>
7.4.	RA asked whether national funding to support volunteering was time limited. It was confirmed that national funding had been time-limited for 2 years, now expired, but that the project was currently funded by Kingston Hospital Charity.	
7.5.	CM asked where volunteering sits within the strategy of the Hospital, given that it links so closely to the Workforce Strategy. The question was asked because governors felt they had had little visibility of volunteering before finding out about the service on a Walkabout. SBr reported that Volunteering sits with Nursing, which also has a strong workforce element, and that it reports to the Patient Experience Committee which has governor membership. It was agreed to include governors in the circulation for Volunteering Newsletters for information. Governors were also encouraged to think about becoming a volunteer as the opportunity gave a different perspective on the Hospital.	<b>SBr</b>
<b>COMMITTEE REPORTS</b>		
<b>8.</b>	<b>Governors Quality Scrutiny Committee (GQSC)</b>	
8.1.	BG presented a report on the meeting held on 2 <sup>nd</sup> April 2019 and gave verbal feedback from the meeting held on 4 <sup>th</sup> July 2019.	

8.2.	The Committee had commented on the draft Quality Report for 2018/19 and BG had later provided a response on behalf of the Council of Governors for inclusion in the published report. An easy read version of the Quality Report had been produced and BG encouraged all governors to read it.	
8.3.	SS was requested to circulate to all Council members: BG's response to the Quality Report 2018/19; Governor Desk feedback form and guidance once revised in consultation with the Membership Recruitment and Engagement Committee; and the easy read version of the Quality Report.	<b>SS</b>
8.4.	RM reported that a sub-group of the Equality & Diversity Committee was conducting a deep dive into the numbers of BAME staff experiencing discrimination and bullying. A survey was being conducted, the output of which would be discussed by the group at the beginning of August and reported to the Equality & Diversity Committee thereafter.	
<b>9.</b>	<b>Membership Recruitment &amp; Engagement Committee (MREC)</b>	
9.1.	PH presented a report on the meeting held on 9 <sup>th</sup> July 2019.	
9.2.	RA hoped that the membership brochure would be finalised soon and asked whether any timescales had been attached to completion. SB explained that she was due to meet PH with the Head of Communications to agree deliverables.	
9.3.	A proposal had been made on revised objectives for the Committee. PH believed these to be more focused and asked the CoG to approve the revision. BG suggested that an additional point be added with regard to engagement of governors with the community. The terms of reference for the Committee were approved as stated, with an undertaking for the Committee to consider the wording of the additional objective at its next meeting.	
9.4.	SC reported that there had been a successful learning disabilities event at the Trust earlier in the week. A number of attendees had expressed interest in becoming a Foundation Trust Member but had found the registration form difficult to access. She suggested the Committee develop an easy read version alongside the leaflet currently envisaged.	<b>MRE Comm</b>
<b>10.</b>	<b>Nominations &amp; Remuneration Committee</b>	
10.1.	SB presented a report on the meeting held on 4 <sup>th</sup> June 2019. A copy of the Job Description and Person Specification for the Trust's Chairman with effect from 1 <sup>st</sup> September 2019 was attached to the report for information.	
10.2.	It was confirmed that Dr Rita Harris had been reappointed for three years from 1 <sup>st</sup> August 2019 and Dr Nav Chana for two years from 1 <sup>st</sup> December 2019. SB thanked governors for their support in renewing these appointments and looked forward to working to her new job description from September.	
<b>GOVERNANCE</b>		
<b>11.</b>	<b>Feedback from Governors on member and public engagement</b>	
11.1.	JG conveyed feedback from Twitter regarding staff using the Richmond Park car park at Kingston Gate and asked what plans the Trust had around encouraging active travel. SBr reported on work taking place to ensure parking on site is equitably used across all staff groups and that use of available space is maximised. Meetings had been held with a cross-section of staff to gather ideas on what would work best for them and SBr was in the process of finalising recommendations to make to the Executive Management Committee.	

11.2.	SB apologised to those governors who had waited a long time for their ID badges since appointment. An issue over conflicting advice from CQC and the DBS service had now been resolved and badges would be provided very soon.	
<b>12.</b>	<b>Forward Plan</b>	
12.1.	It was noted that the date of the next meeting is 16 <sup>th</sup> October 2019.	
<b>13.</b>	<b>AOB</b>	
13.1.	Following the sale of Regent Wing, FM had tried to find more information on Advanced Living but had been able to find very little. She asked what due diligence had taken place prior to the sale. In the absence of JG, who had been the NED lead during the process, it was suggested that he be asked to provide information on NED assurance of the due diligence undertaken at the next NED/Governor lunchtime discussion.	<b>JG</b>