

**KINGSTON HOSPITAL NHS FOUNDATION TRUST**

**Minutes of the Meeting of the Council of Governors held on Wednesday 20<sup>th</sup> March 2019 in  
Lecture Theatre 1, Kingston Hospital Surgical Centre**

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

<b>1.</b>	<b>Apologies</b>	
1.1.	Apologies were noted as above. The Chairman welcomed the Chief Operating Officer, attending on behalf of the Chief Executive, and the Medical Director. She also welcomed James Giles to his first Council of Governors meeting.	
<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.	<p>The minutes of the meeting held in public on 22<sup>nd</sup> January 2019 were confirmed as a correct record, subject to a number of amendments as described below.</p> <p>(a) The attendance would be corrected to note Michelle Dean's attendance. Dr Doug Hing would be removed from the list of new attendees.</p> <p>(b) JG asked that paragraph 7.11 be amended to read as follows:</p> <p><i>In response to questions on the approach to developing the strategy from PT, JG responded by saying that in his opinion the process for developing the strategy had demonstrated aspects of best practice and that while there was clearly more than one way to undertake this work, he felt that this had been inclusive, consultative and thorough in its approach to co-designing the strategy with colleagues.</i></p> <p>(c) BG noted that she had given a brief verbal report on the Quality Scrutiny Committee's January meeting and provided some words to record more accurately what had been said, as follows:</p> <p><i>BG presented the summary of discussions from the meeting of the Quality Scrutiny Committee held on the 12<sup>th</sup> December 2018, highlighting the following points:</i></p> <ul style="list-style-type: none"> <li>• <i>The Committee had found the interim Quality Report to be clear and easy to understand.</i></li> <li>• <i>The Committee would discuss possible evaluation measures of the Quality Priorities in January 2019.</i></li> <li>• <i>In relation to the report from the Quality Assurance Committee, the Committee had requested more assurance on patient appointments and communication with patients. Report to go to April committee</i></li> <li>• <i>In relation to Governor Desks and a discussion around a patient's experience in ED, the Committee had received assurance from the Medical Director that the Trust follows a zero tolerance approach to bullying.</i></li> </ul> <p><i>BG gave a verbal report of matters to report to the Council of Governors from the Quality Scrutiny Committee held on 15<sup>th</sup> January 2019 as follows:</i></p> <ul style="list-style-type: none"> <li>• <i>The Committee agreed the proposed Quality Priorities for 2019/20 and agreed the process for identifying the evaluation measures.</i></li> <li>• <i>The Committee asked for an update report on communication and patient experience in the REU.</i></li> <li>• <i>The matters to bring to the attention of the Council of Governors were that the Quality Priorities for 2019/20 had been discussed by the Quality Scrutiny Committee and that the Quality Assurance Committee would provide further assurance on appointments and</i></li> </ul>	

	<p><i>good communication with patients.</i></p> <p><i>There were no questions for BG on the summary reports.</i></p>	
3.2.	Actions completed since the last meeting were noted. All agreed that the cluster structure charts circulated had been helpful.	
3.3.	RM asked whether there was any news on the relocation of the Fees Office. He noted that the resiting of the Bereavement Office had not been successful and asked how that would be resolved. SB gave assurance that the Deputy Director of Nursing was looking into the positioning of the Bereavement Office and said that she was also keen to ensure the environment and level of privacy was right for bereaved families. An update on this would be provided to the next meeting. MT reported that the matter had been raised with her by a number of residents and she thought the current position was particularly insensitive for bereaved parents of newborn infants. MM appreciated the comments made and said that the Executive team understood the urgency of resolving concerns raised.	Chief Exec
3.4.	MM explained that the resiting of the Fees Office was still being planned, with a number of proposals to consider. She was unable to give a timescale for a decision as there were a number of complicated moves in the planning stages, linked to the decants from Regent and Roehampton Wings. The matter would be kept on the agenda for the Council of Governors and an update provided to the next meeting.	Chief Exec
<b>4.</b>	<b>Lead Governors Report</b>	
4.1.	RA gave a verbal report on his activities since the last meeting. He had attended a meeting of the Kingston Primary Care Forum, three one-to-one meetings with the Chairman of the Trust, the January Board meeting and subsequent private lunch with NEDS. He had also held individual meetings with four Governors and a private meeting of Governors in January. RA was a participant in a Working Group meeting of NEDs and Governors reviewing changes to governance in 2018/19.	
4.2.	RA had taken part a Governors' Desk in the Pain Clinic with JS, had participated in two meetings of Quality Improvement Projects at the Hospital and was a member of the Nominations & Remuneration Committee which had recommended the re-appointment of the Chairman for a maximum of two years.	
4.3.	RA had participated in a national conference on diabetes earlier in the month, had attended a meeting of the CoG Strategy Committee and – in an observer capacity – the most recent meeting of the Membership Recruitment and Engagement Committee. Along with many colleagues, he had participated in the joint NED/CoG meeting the previous week, and had been a delegate at a South West London NHS Conference held in Wimbledon the previous day.	
4.4.	There were no questions for the Lead Governor.	
<b>5.</b>	<b>Chairman's Report</b>	
5.1.	SB gave a verbal report on her activities since the last meeting. She explained that she had decided not to make a permanent appointment to the Chief Executive position at this point. SB described the involvement of governors in the Chief Executive recruitment process and thanked particularly JS for his exceptional performance as an observer of the panel. SB was delighted to announce that Jo Farrar had hit the ground running as	

	the Acting Chief Executive.	
5.2.	SB outlined the internal activities she had taken part in since the last meeting, highlighting the outstanding work that the staff display day in day out. SB had been particularly impressed by the work going on around mental health and wellbeing.	
5.3.	SB had attended meetings with the Healthwatch Forum and provided an overview of the discussion that had taken place at the Meet the Neighbours meeting. She thanked Councillor Bass for her valuable input to the latter occasion. SB also thanked Councillor Thompson for her help in understanding the current agenda for the Kingston Borough.	
5.4.	SB had worked with aspirant NHS Trust Chairs and had met with the Chairman of Frimley Health about their work on moving beyond outstanding. She had also met the Chair of Your Healthcare to discuss how the respective organisations might work more closely together. SB continued to meet with the Chairs of the other SW London Acute providers to advance collaborative working.	
5.5.	SB had attended a national meeting for Chairs and Chief Executive in the NHS. A speech from Dido Harding (Chair of NHS Improvement) had focused on developing the workforce and the culture to cope with demand and increasing requirements to improve. SB had also visited Chelsea & Westminster NHSFT to look at their end of life and ambulatory care. She had been interested to see their new ITU/Neonatal unit, which had largely been funded from charitable funds. She noted the value of these opportunities to learn from each other.	
5.6.	BG had read about some new recommendations for NHS managers to be regulated and asked how the Chairman thought this fitted with developing a positive culture. SS referred to the outcome of the Kark review (link to the report to be provided outside the meeting). This consultation on the Fit and Proper Persons Test had made a number of recommendations and the sector was now awaiting guidance on how the recommendations can be enacted fairly across the system.	SS
<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. <i>TS arrived.</i>	
6.2.	MM was delighted to report that the Mental Health Assessment Unit was showing early indications of improved patient experience, waiting times and access to liaison team.	
6.3.	MM outlined the approach being taken to the Annual Operating Plan for 2019/20, explaining the key transformation projects to be undertaken and work to do with QIPP schemes. The Trust had focused heavily on the back office elements of patient flow in 2018/19 and would now move to focusing on same day emergency care and how much more can be done to turn performance around at the front end. Work on intensive rehabilitation had begun with identifying other rehab models and assessing how they perform. Outpatient transformation would mean reducing unnecessary visits to the Hospital and provision for the whole system.	

6.4.	MM drew attention to the trajectories included in the Annual Operating Plan for 2019/20, explaining that these were based on current performance standards but that trials for new standards were expected in the Autumn 2019. The Trust was keen to be a pilot site for the new standards.	
6.5.	RA noted the gap between the current financial position reported and the assertion that the Trust was on track to meet the control total for the year. He asked whether the difference equated to the value of Regent Wing. JG explained that the picture was more complicated; any receipts from Regent Wing were separate from the control total but will be accounted for in the current year. This was in line with NHS Improvement's requirements and the intention that the control total should be hit in a recurrent way.	
6.6.	RA asked whether statutory and mandatory training will be discussed at the next Board meeting. SB would raise the matter if it is not included within the reports from the Executives.	SB
6.7.	RA asked if it was possible for Trust management to share with the Council of Governors figures on the management of the Esher Wing tile removal project, and whether the NEDs had detailed oversight of the project. JG explained that the level at which NEDs review the finances would not be at the level of understanding RA was describing. However, if the cost of the scaffolding had been an exceptional amount it would be visible to the Board. MM addressed RA's concern that the project had been under way for some time, saying that this had been a difficult project to progress as it needed to be carried out in a controlled and managed way to manage disruption for patients, staff and neighbours. The changes had also required planning permission for change of exterior appearance. Further detail would be included in the next CEO's report.	Chief Exec
6.8.	JG noted reference to advanced nurse practitioners as one of the new roles in the workforce, and asked whether these would be recruited externally or internally. MM replied that it would be both, using the Apprenticeship levy, and that it would also include allied health professionals.	
6.9.	PM said that he viewed patients as clients that we would want to come into the Hospital. MM explained that Outpatients transformation was about prevent unnecessary visits, estimated at approximately 30% of current visits, where care could be provided in other ways. NJ was asked to give a commissioning and GP perspective on the debate; he added that it was also a national perspective. He said it was recognised that the Outpatients model is outdated. Patients needed to be seen and treated in the right settings, freeing up consultants' time to concentrate on patients with the most complex needs. DH agreed with this overview, noting that efficiencies would better be realised by using the right expertise at the right point in the patient journey. BG also supported this as a means of improving patient experience, not just about money. UK believed that successful transformation needed investment and therefore may not save money. DH added that another challenge is the amount of investment needed in behavioural change.	
6.10.	CW said that the Quality Assurance Committee receives a regular update on Outpatients transformation and the Board recognised the complexity of change needed. She believed it was definitely the right thing to do, despite needing significant investment in behavioural change for both patients and staff. JKW was leading the work and commented that the enthusiasm coming from staff, and their commitment to the change, was immense.	

6.11.	SB thanked MM for her report and for the exciting view of the plan for change of the next few years that had led to an interesting discussion for the Council of Governors.	
<b>COMMITTEE REPORTS</b>		
<b>7.</b>	<b>Governors Quality Scrutiny Committee (GQSC)</b>	
7.1.	BG briefly summarised the content of the report received by the Council of Governors, as she had given a verbal update at the last meeting. BG reported that she had reviewed the draft Quality Report 2018/19 and would be gathering comments for discussion at the April 2019 meeting of the Committee.	
7.2.	BG had met with the Director of Corporate Governance and the Director of Nursing & Quality to discuss dissemination of information from Governor engagement and the Committee would be discussing the outcome of this at the next meeting.	
<b>8.</b>	<b>Membership Recruitment &amp; Engagement Committee (MREC)</b>	
8.1.	PH had chaired the meeting on 13 <sup>th</sup> March 2019 and thanked the many governors who had attended to take part in discussion about the Communications & Engagement Strategy. He expressed thanks to Sheena Hobbs, Interim Head of Communications, for her work in drafting the strategy. It was noted that Rebecca Kingdom-Kruszewski had been appointed as Head of Communications from 1 <sup>st</sup> May 2019.	
8.2.	PH reported that the Committee would focus on growing the membership, and the discussions at the last meeting about how to reinvigorate communications and recruitment materials had been a useful start. The intention was to bring out the benefits of membership and how that connects the Hospital with the local community, as well as focusing on growing the diversity of members.	
8.3.	The Committee had requested the Trust to look at having an editorial board for 'Buzz' to support content in communications for membership and engagement. The Committee had also noted that its work plan is currently very light and had committed to agreeing a programme of clear activities and objectives. SB welcomed progress being made.	
<b>9.</b>	<b>Nominations &amp; Remuneration Committee</b>	
9.1.	RH presented the report as she had chaired the last meeting in the absence of the Chairman. She commended the Committee for undertaking a thorough process in considering succession planning for the Trust Chairman role. She also thanked the Director of Corporate Governance and the Director of Workforce for their invaluable support to the Committee for its work. The revised job description/person specification referred to in the report would be circulated separately. RA commented that the Committee had been very conscientious, strong and decisive in the way it had approached the work. He believed this should be seen a model for the future.	SS
<b>GOVERNANCE</b>		
<b>10.</b>	<b>Appointment of the Chairman</b>	
10.1.	The Council of Governors had been asked to vote on the recommendation of the Nominations & Remuneration Committee that Sian Bates be reappointed as Chairman for a period of two years with effect from	

	1 <sup>st</sup> September 2019. SS reported that 24 votes had been cast with no abstentions. The vote was 92% in favour of the recommendation and the appointment was therefore approved. SB thanked the Council of Governors for their support.	
<b>11.</b>	<b>Committee Membership and Terms of Reference</b>	
11.1.	The Council of Governors had received a report summarising the outcome of reviews of terms of reference for the GQSC and the MREC. Governors had also been asked to identify which Committee they would like to join and it had been possible to accommodate all requests. SS highlighted that the GQSC required an Appointed Governor to complete its membership.	
11.2.	It was noted that CM had been omitted from the list of members of the GQSC. A late request had been made by TS to join the Nominations & Remuneration Committee and SS believed that this could be accommodated within the numbers. JG asked that her preference be changed from Membership Recruitment & Engagement Committee to Strategy Committee.	SS
11.3.	The Council of Governors approved membership of its Committees as described in the report and with the amendments made in discussion at this meeting. The final membership list would be recirculated.	SS
<b>12.</b>	<b>Feedback from Governors</b>	
12.1.	RM had taken part in interviews for an Assistant Chaplain to join the Chaplaincy team but unfortunately no appointment had been made. He commended the work that the Trust was doing with Anstee Bridge on a project linked to NHS70.	
<b>13.</b>	<b>AOB</b>	
13.1.	BG noted that there had been no reference to Brexit in the papers for this meeting and asked whether there was any truth in the news stories about shortages of medicines. SS outlined the assurance received on national preparations for supplies of medicines in the event of a 'no deal' Brexit. She believed that the Trust, and the NHS as a whole, was well-prepared in this respect. TS explained that there were shortages of medicines currently, but not necessarily linked to Brexit. He also believed that national contingency planning was well-advanced.	