

**Minutes of the meeting of the Board of Directors held on
11th April 2018 – 9.30 am to 1.00 pm**

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

Present voting:		
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
Jo Farrar	Director of Finance	JF
Jonathan Guppy	Non-Executive Director	JG
Sylvia Hamilton	Non-Executive Director	SH
Dr Rita Harris	Non-Executive Director	RH
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
In attendance:		
Dr Pallavi Bradshaw	Associate Non-Executive Director (NeXT Director scheme)	
Kerrie Ready	Safeguarding Adults Lead	KR
Susan Simpson	Director of Corporate Governance	SS
Governors:		
Marilyn Frampton	Public Governor - Merton	
Bonnie Green	Public Governor - Richmond	
Ursula Kingsley	Staff Governor - Management and Administrative Staff	
Robert Markless	Public Governor - Kingston	RM
Jack Saltman	Public Governor - Elmbridge	
Terry Silverstone	Public Governor - Richmond	TS
Cllr Ken Smith (part of meeting)	Appointed Governor - Kingston	
Members of the public:		
Erica Farmer		
Kate Fitzsimmons		

1.	The Chairman welcomed members of the public to the Board meeting and MM to her first meeting as a member of the Board.	
2.	Patient Story	
2.1.	KR joined the Board to tell a safeguarding story relating to an elderly patient admitted to the Hospital and treated for chest infection. Initially confirmed for discharge, one of the Physio team had asked for the patient to remain in the Hospital for one more day. That evening the patient confided in an HCA that they were suffering abusive behaviour at home. KR read a full statement describing the patient's isolated position and the extent of the mental and physical abuse suffered over a period of 10 years. The ward staff had taken immediate action, recognising that a criminal offence had taken place, and had contacted both the Police and the Local Authority Safeguarding team. KR	

	described how teams across the Hospital had collaborated to support the patient, who was discharged to a safe place. KR highlighted that the patient had gained the courage to speak up due to the relationship built up with the HCA, and that it was only the intervention of the Physio that had provided the opportunity for this to lead to disclosure of abuse. The importance of listening, and taking time out to listen, had been recognised and staff training had been planned for later in the year.	
2.2.	SBr asked the Board to reflect on the story: how it made them feel and how it might relate to the agenda ahead. She had been reminded of the importance of connecting with people, even when busy, and thought the story reinforced how safeguarding is a matter for all of our staff, clinical and non-clinical.	
2.3.	RH agreed that the story had been difficult to hear but added how impressive it was that the response to the patient had been possible. She acknowledged that communication across the whole system is crucial and thought the Board should be proud of the way the various teams had handled the matter. RH was conscious that the experience may have had an effect on the HCA and this was a reminder of the importance of support for staff.	
2.4.	NC asked whether there had been any other physical signs that might have alerted staff to a problem. KR confirmed that there had been no other indicators and described the difficulty of identifying safeguarding concerns in elderly patients through physical signs.	
2.5.	SB asked about training of HCAs and Nursing Associates, and whether sufficient emphasis was placed on connectivity with people. KR described the training available for new HCAs where this personal care and relationship building element was highlighted. She reported that HCAs take great pride in that element.	
2.6.	Reflecting on the Board agenda, AR noted how many touch points there are around mandatory training and why it is so important. She believed such patient stories were important in building connection between training and real life experience. AR observed that listening was a theme running through many aspects of the agenda, for example through progress with 'Time for Change'. Listening was as important for staff wellbeing as it was for patients and she asked whether listening was sufficiently emphasised in staff training.	
2.7.	AR also observed that tracking complaints performance was about how quickly complaints could be resolved, whereas the story had emphasised how complex some issues could be. This was something the Board should consider when thinking about complaints.	
2.8.	MM thought it significant that the patient had made the disclosure in a quiet moment in the evening. She was aware that the Hospital is a busy environment from the point of entry and it may be difficult for patients to find the right time to share such information as they worry about who might hear. She wondered if more could be done to provide quiet and private space. SB thanked KR for telling the patient story. The Board was to receive Safeguarding training later in the day and the story would help Board members to reflect on the content of that session with the patient at the centre of their thinking.	
3.	Declaration of Interests in matters on the Agenda	
3.1.	None.	
4.	Minutes of the previous meeting	
4.1.	The minutes of the meeting held on 7 th February 2018 were approved as a correct record. The action log was reviewed and progress with actions noted.	

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4.2.	AR reported that the Mental Health Trust and commissioners will be providing psychiatric liaison support on the wards in 2018/19 and recruitment will now commence to enable this to happen. JKW would be working with the Mental Health Trust on the implementation of the plan. The Board expressed thanks to all involved in making this very positive step happen.	
4.3.	CW had discussed the benchmark for audit of Deep Dives with SBr; this was well in hand and would be followed up by QAC later in the year.	
5.	Chairman's Report	
5.1.	The Chairman gave a verbal report on her activities since the last meeting. She informed the Board formally that Chris Grindal had resigned as a Non-Executive Director due to pressure of work.	
5.2.	SB highlighted that the Board had spent time at the recent Development Forum discussing integration, and thanked colleagues for leading work across the system in support of integration of services.	
5.3.	The Chairman had attended a recent meeting of the Acute Strategic Oversight Group and reported that the collaborative relationship with the other acute trusts was productive. She believed this would improve recruitment and procurement specifically, and will have an impact on bottom line costs.	
5.4.	SB had attended the NHS Providers Chairs' and Chief Executives' meeting and had found it interesting to see that there is a national picture of continuing pressure and demand, which was reflected in the Trust's A&E trajectory. There had been interesting presentations from the CQC, putting an emphasis on safety and patient experience over and above metrics. This was in keeping with the approach she had seen at Kingston Hospital when under pressure. The meeting had posed a question about Public Health and whether providers were doing enough in terms of the public health agenda and educating patients.	
5.5.	The Chairman had been interested to visit the Princess Alice Hospice and hoped to follow up that visit with discussion on how the Trust and the Hospice might work more closely together.	
5.6.	SB had attended the Healthwatch Forum, which had been a very positive meeting with some good feedback for the Hospital.	
5.7.	The Trust had hosted an Anglican Deanery meeting, which had looked at broader social support of patients before and after Hospital admission.	
5.8.	SB had attended the Mayor's Awards and had been delighted to see the Macmillan Information & Support Centre and Kingston Hospital Volunteering recognised for outstanding service to the Borough. She had also been pleased to see that one of the Trust's governors - Robert Markless - had received an award.	
5.9.	A number of members of the Board had attended a very helpful training event organised by NHS Improvement on moving from CQC rating Requires Improvement to Good. Attendees had been inspired by case studies on transformation of healthcare, focusing on improvement and what is key to making this happen.	
5.10.	SB had again taken part in consultant interviews since the last meeting and was pleased to report that the Trust continued to attract outstanding candidates.	
5.11.	The Chairman had taken part in a recent Walkabout with governors to the Radiology department to see the exciting developments there. The quality of service coming through in terms of design and approach, taking account of the needs of those with learning or physical disabilities, dementia, etc, had been very impressive.	

5.12.	SB reported on a very positive joint Council of Governors/NED meeting held in March 2018. She had also met with the staff governors and had found this useful. She had taken away an action from this to work on communication of the staff governor role within the organisation.	SS
6.	Chief Executive's Report	
6.1.	The Board had received a report providing an overview of matters to bring to the Board's attention not covered elsewhere on the agenda. AR highlighted a number of key points, including good progress with the Fire Safety Programme.	
6.2.	The Trust was looking forward to the CQC unannounced inspection and a date had now been provided for Well Led inspection in the first week of June. A Use of Resources assessment would also take place in the same week.	
6.3.	The Trust had committed to undertaking a review of the impact of introducing car park charges for blue badge holders and AR outlined the terms of reference for the review. A further report would be provided to the Board in July 2018.	
6.4.	During March 2018 the Chief Executive had met with a number of local MPs to provide them with an update on the Trust's successes and challenges. The MPs had been very supportive of the Trust's work and asked particularly that thanks be passed on to the Hospital's staff on behalf of their constituents. KC added that the local MPs would be coming back to meet EU staff in relation to Brexit.	
6.5.	A correction was made to the report in that £150,000 (not £250k) investment had been secured for Cancer services to support 62 days across West London.	
6.6.	AR reported on agreement reached between NHS England and NHS Improvement that their Boards will progressively work together more closely and would be looking to regions to work as a combined team over the next six months.	
6.7.	NHS Providers had flagged the introduction of a possible new financial regime in 2019/20. AR believed this was part of a 10 year financial plan for NHS and would mean a substantial shift in approach, such that the Board may wish to start discussion on planning early in the Autumn.	
6.8.	AR explained the concept behind the 'Big Eat'. Staff were invited to attend a number of breakfast/afternoon tea sessions and, as well as thanking staff for the amazing performance they had achieved over the winter, this had been an opportunity for staff teams to meet informally.	
6.9.	As part of the NHS70 celebrations, AR announced that the Hospital Open Day would be on 14 th July 2018 and urged all to attend. SB was pleased to note the date agreed, which the Council of Governors had also requested, and looked forward to the opportunity to celebrate the successes of the NHS.	
6.10.	CW asked what assurance there was on delivery of the Fire Safety Programme. It was explained that JF was the Executive lead for Fire. JF was chair of the monthly programme Board which reviewed the programme plan and ensured there was adequate resource to achieve progress. The Trust was also in regular dialogue with the London Fire Brigade so that there was a joint response. JF reminded the Board of the challenges of working in a live environment, which brought with it the need to adapt the fire safety programme plan in consultation with operational staff, LFB and contractors as the need arose.	

QUALITY AND PERFORMANCE		
7.	Ambulance Turnaround	
7.1.	The Board had received an update on the outcome of work on Ambulance handovers. MM reminded the Board that the work was part of a move towards avoiding lost hours nationally, and the intention was to offload all patients within 15 minutes with a comprehensive handover. Progress towards this goal was being measured through 15, 30 and 60 minute breaches. MM was pleased to report a substantial impact on 60 minute breaches, with a 2/3 reduction, and action was now taking place on reducing 15 and 30 minute breaches.	
7.2.	MM described a joint action plan with London Ambulance Service colleagues, who had been impressed with improvements seen. MM noted that the position was still challenging out of hours, with a shift of ambulance arrivals into the evening and less senior presence to focus on keeping flow moving. It was not clear why the pattern had shifted into the evening but this was the pattern across London so was not a KHFT effect.	
7.3.	AR explained that the A&E Delivery Board had requested a report on understanding operations over the last four months. She thought there was space for there to be a Chief Executive level review across London, where current policies and procedures have been overtaken by events. There was no clear diagnosis of the triggers at present, but the shift in the week and the evening was perceptible in the numbers. She emphasised that KHFT is seen as a good performer on this set of metrics.	
7.4.	CW noted that the target of 15 minutes would be tough and asked whether a trajectory had yet been mapped from the current position of 40-45% achievement. MM agreed that the target was challenging but that good headway was being made on 30 minutes. She believed that the joint relationship with LAS would help with practical measures. Changing the environment had also been a major step and now that the space was available to do things differently a whole system response was needed to resource it.	
7.5.	RH asked whether information was emerging on why there had been a trend shift across London. MM reported that the greatest increase had been in the 75+ cohort and work was taking place with nursing homes on timing of requests for assistance.	
7.6.	AR observed that 1 in 5 ambulances arriving at KHFT was from SECamb and there was no a flow of information in place to enable monitoring. AR agreed that there needed to be an increase in capacity and staff, and monitoring would help to understand what capacity is needed. The implications were not yet understood but work was in progress nationally.	
8.	Integrated Quality & Operational Performance Report	
8.1.	The Board had received the report for February 2018. Executive Directors presented key messages under each of the CQC domains.	
8.2.	JKW presented the report on the 'safe' domain, highlighting the commentary on pressure ulcers, falls and infection control. Attention was drawn to the Patient Safety Thermometer and the need to review it alongside the other measures the Trust uses to assure itself of the safety and quality of care it provides. The Board was encouraged by assurance around the metrics from the detail provided.	
8.3.	AR drew links between late ambulance arrivals and harms present on admittance to Hospital and asked what support should be given to community providers. SBr outlined dialogue she had had with CCG colleagues but noted that closer analysis of data on pressure ulcers had suggested damage was occurring to individuals in their own homes.	

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8.4.	SB asked whether there were indicators on what is happening in nursing homes that would be of interest to the Quality Assurance Committee. NC accepted that this was an important cohort of patients for the Trust but believed that patients living at home with significant frailties may merit more attention.	
8.5.	NC appreciated the limitations of the Patient Safety Thermometer and asked whether it would be appropriate to produce something similar for internal use as a better barometer. After discussion it was agreed that ward dashboards, which were still in their infancy, would develop sufficiently to identify any wards causing concern and that QAC would follow that development.	
8.6.	SBr presented the safe staffing data, explaining that the Claremont position at was due to a data quality issue and that 91% was not entirely reflective of the daily RN/MW rate. CW had been concerned that there was a slight downward trend in the fill rate. SBr explained that she had oversight of the level of staffing daily, including correlation to ratios on the wards, and had no concerns about safe staffing.	
8.7.	CW noted that the maternity data showed good progress on significant perineal trauma and that this was not as a result of increased Caesarean section rate. JKW reflected that the impact of improvement processes should be recognised.	
8.8.	JKW presented the report on 'effective' and commented on conclusions drawn from analysis of re-admissions from emergency admissions data. This had now stabilised but there had been a rise in readmissions in elective, on which she would provide an update next time. A narrative on learning from deaths would also be provided in the next report.	
8.9.	The Head of Clinical Audit and Effectiveness had provided commentary on a QI project/audit on safe storage of medicines, which had been an area highlighted in the last CQC report. JM commented that the results provided good assurance that issues raised through inspection had been dealt with.	
8.10.	RH asked whether there was anything about the data on screening for dementia that reflected a cultural issue as the data did not appear to match what she knew of the Trust overall. JKW thought staff were very good at doing full assessment where it was suspected there was an issue but it was harder to do it where there was no reason to suspect. She explained work taking place to focus on this.	
8.11.	NC noted information provided on learning from deaths and overwhelming evidence that the deaths investigated had been unavoidable. He asked whether the sepsis mortality audit was likely to give a similar picture. JKW responded that any death suspected as being avoidable, even if it might have been considered imminent, would be investigated as a Serious Incident.	
8.12.	CW asked about criteria for Dementia screening and screening after 72 hours was confirmed as being for everyone above the age of 75.	
8.13.	SBr reported on complaints data under the 'Caring' domain. The overall picture was in line with the previous report and the response rate had started to rise again. She was pleased to note there had been no rise in reopened complaints. One complaint had been referred to the Ombudsman and SBr believed this had been an appropriate referral in order to have a completely independent view.	
8.14.	The FFT score overall continued to improve although the result for Inpatients had dropped slightly and a number of actions had been identified. SBr had looked into the underlying detail and had found some data had been misaligned on certain wards. She was working with the system provider to correct this. SBr was asked to report to QAC on use of the FFT system and resolution of the issues, and to confirm to the Chairman the ratings used on the text system.	SBr

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8.15.	MM presented the 'Responsive' domain commentary, highlighting a change in reporting of the 38 day Cancer target which would be live from 1 st April 2018. As a diagnostic site it was likely that this would impact on 62 day performance, although the team was working through the challenges to sustaining this.	
8.16.	MM highlighted the commentary on RTT compliance in the REU and confidence that the changes made are being sustained to make a difference. She explained the reasons for the two 52 week wait breaches in Uro-gynae; one was patient choice and the other an administrative error. No harm had been identified for either patient.	
8.17.	Performance against the A&E target had been 94.77% in February 2018, against a backdrop of an increase in activity of 5.5%. This equated to 30-35 more patients a day, predominantly aged under 4 or over 75 and therefore more complex.	
8.18.	MM explained the approach to MADE events, which had been very successful in building a community model which is responsive on the same day. She anticipated there would be many further iterations of the events until the right approach was agreed.	
8.19.	SB asked what percentage of increased demand in Cancer had been in Breast. MM responded that numbers had doubled in the last 5 weeks. Provision of the one-stop shop approach had been challenging due to the need for radiology support on the same day. RM Partners were supporting the Trust to work through the issues.	
8.20.	RH had been impressed by the multi-agency work described and asked about risks to future sustainability due to pressures on partners and partnership working. MM responded that the MADE event outcomes were so overwhelming that all partners had agreed to sustain this direction with immediate effect. There were shortfalls in resourcing but most had agreed to provide support 5 days a week and were looking at what was needed to make this 6 days a week. Seven days a week may not be needed. JG asked what would be an aspirational target for the year ahead to close the performance gaps discussed previously. MM thought the target should be to reduce length of stay in the first 72 hours, focusing on the frailty model.	
8.21.	AR thought it important for the Trust to work with partners so as to cement agreement on who will take up which actions, which was complex across a number of Local Authorities and CCGs. She suggested that the Executive Management Committee review the 2018/19 A&E Delivery network programme and metrics, and then report to the Board.	MM
8.22.	MM was commended on introducing the MADE initiative, which the Board would like to see as sustainable. SB asked whether reducing length of stay had had an impact on readmissions, and whether there was any national work from Trusts with the Home First programme indicating that readmissions rose and then tailed off. MM was not aware of any such indication but believed it was right to continue to test and monitor this approach. She emphasised that discharged patients were still going home with support.	
8.23.	KC presented the report for the 'Well Led' domain, noting that the KPIs were largely positive and highlighting vacancies and sickness as areas where the Trust compared well against others in London and nationally. There had been a reduction in long term sickness absence, particularly around MSK. This was pleasing given the investment made in back care advice.	
8.24.	The Workforce Committee's work on turnover was noted, including understanding the factors involved in turnover of Admin & Clerical and for younger staff. The Talent Pool was about to be launched and 100 day surveys were in place. It was thought that there was more work to be done but that the	

	initiatives already in place were starting to bear fruit.	
8.25.	KC observed that despite the positive elements of his report, many KPI's for this area were red. He thought this was largely self-imposed as the targets were internally set. SH recalled that six service lines had had a red rating for appraisals and asked if there was any correlation with sickness absence. KC responded that the appraisal rate was 90%+ but agreed that some areas need to improve both in terms of completion and of quality.	
9.	Finance Report	
9.1.	The Board had received the Finance Report for Month 11 (February 2018) and noted its contents. The content had been discussed at FIC in detail. JF highlighted the key messages from the Executive Summary, explaining that this was in the context of the reforecast submitted to NHSI. In overall terms, results were broadly tracking in line with reforecast and he was reasonably confident that the outturn would be as predicted.	
9.2.	JF selected a number of areas from the Executive summary for more detailed comment. On pay there had been a significant piece of work on winter planning and with hindsight he thought that looking at M11 and M12 together gave a more accurate picture. He reported that the Board should expect a significant amount of capital expenditure in M12 due to the fire programme.	
9.3.	CW asked for an explanation of the risk ratings on Use of Resources. JF summarised that an outcome of 3 was an indication of the financial challenge faced.	
9.4.	JM asked whether penalties due to readmissions would be re-examined in the light of JKW's work on readmissions. MM reported that she had made good progress with CCG colleagues on readmissions, non-elective activity and marginal rates but any apparent financial benefit should be looked at in the round so as to invest in schemes to avoid admissions and manage demand. JKW noted that there was an annual formal audit with commissioners to set the threshold where the penalty hits.	
STRATEGY AND POLICY		
10.	Operating Plan 2018/19	
10.1.	The Board agreed to delegate authority to the Finance & Investment Committee to approve the final version of the 2018/19 Operating Plan prior to submission on 30 th April 2018.	
11.	Budget and Capital Plan 2018/19	
11.1.	The Board had received a summary of the indicative budget and capital plan approved by the Finance & Investment Committee. The final budget would be approved by FIC at the next meeting of the Committee. JF highlighted that the target outturn remained £47,000.	
11.2.	The report included an enhanced section on risks and mitigations, showing interdependencies and impact on potential delivery. The Board noted that it would be a challenging year with only 0.5% provision as contingency. JF summarised the steps to be taken to finalise the budget for 2018/19 and the high level content of the capital programme. £10.5m related to the fire safety programme and the Finance team was in the process of submitting a request for additional funding.	
11.3.	SB noted that there had been an assumption in FIC that STF funding would be £10.8m and asked where risks around this were reflected. JF reported that there was an element reflected in the capital plan and if this was not forthcoming then the capital programme would be reprioritised.	

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11.4.	CW commented that the risks did not include reference to the Director of Nursing & Quality scrutinising the work in terms of quality, which was happening but was not evident in the commentary. JF to add this to the commentary.	JF
11.5.	JM asked about the timing of the Transformation programme and when savings were likely to be realised. MM noted that there was still much to be done and the crucial part was to build the community model at pace. There was a significant challenge in the care gap; the absence of people to deliver the care and the MADE event had demonstrated the reality of this. MM gave some examples of how this had been addressed in other systems.	
11.6.	On Theatre utilisation, RB added that savings would be phased from Q2 and were likely to ramp up over Q3-4. She was in the process of meeting service lines to plan how this will be realised.	
11.7.	JG observed that closing the financial gap in 2018/19 will require support from external partners, particularly national. He asked what awareness national partners had of what solutions were needed. MM highlighted neuro-rehab and rehab in general as the greatest challenges, neuro-rehab covering a number of specialties: care of the elderly, stroke and neuro trauma. A review had taken place with specialist commissioning which was yet to conclude on solutions. JF added that there was engagement in parallel on other elements. The waterfall diagram had been shared with commissioners to highlight interdependencies across the system, and also with NHS Improvement for the same reason. Engagement was focused on securing financial resources for the system as a whole to address the issues, all of which would be captured in the Operating Plan to be submitted.	
11.8.	AR added that there were elements of co-dependency assumed in the plans of all four acute trusts in SW London and all needed an element of transformation support to achieve what was needed. For KHFT the elements to be called out would be facilitation of land disposal and achieving the right collaboration with community providers. JKW noted from the point of view of the SW London Clinical Senate that a broad piece of work was needed from all angles on discharge processes.	
11.9.	CW was interested that flow was not just about funding but was also about human resource and she felt the latter may be the greatest risk area. Although the solutions may require large scale change she asked whether there was anything that could be done on a smaller scale to mobilise quickly. AR outlined her thoughts on employment governance and risks and agreed that the Trust may need to take the initiative as one of the biggest employers in the system, but she did not believe the time for that had come yet.	
11.10.	The Board noted the content of the report, including amplification of risk areas, and discussions on mitigation. It was thought that the report clearly demonstrated the challenges of the year ahead.	
12.	Winter Plan 2018/19	
12.1.	The Board had received a report on development of the Winter Plan for 2018/19 and approved delegation of authority to the Executive Management Committee (with oversight by Dr Chana) to approve the plan for submission by 30 th April 2018.	
12.2.	MM reflected on the last quarter of 2017/18, and what could already mapped out in terms of elective inpatient and outpatient activity.	
13.	Staff Survey 2017	
13.1.	The Board had received a report on the published outcomes of the 2017 Staff Survey, highlighting the Trust's major areas of progress and the action plan to	

	tackle areas of deficit. The Board had had a preview of the Picker results in February 2018. This report was based on national data.	
13.2.	KC reported that these were the best ever results for the Trust, highlighting the 52.8% response rate and engagement score at 3.92. This put KHFT 11 th best nationally, 3 rd best in London and this was against a national trend of declining or static scores.	
13.3.	KC picked out the indicator which showed that 71% staff would recommend the organisation as a place to work. This was 10% above the national average and reflected well on all those who work here. The Trust was now in the top 20% in terms of health and wellbeing, compared with five years ago when the Trust was in the bottom 20%.	
13.4.	KC summarised learning from the 8 questions which were showing a lower than average score. Areas for improvement had been identified as: pay and working extra hours; discrimination and harassment; access to training. KC outlined what was known about the factors underlying each of these areas, what action had already taken place and further actions planned.	
13.5.	The Board discussed the complexity of the issues underlying the scores on discrimination and harassment, which the Equality & Diversity Committee had discussed in detail. KC explained that he and SS were looking at how the Freedom to Speak Up Guardian role might be used to focus on understanding causal factors. KC's team was working on building into management training how Managers lead compassionately.	
13.6.	CW supported the proposed actions. She noted also that on the heat map there were a series responses going in the wrong direction and all related to freedom to speak up. She thought this element may need more thought.	SS
13.7.	RH conveyed a clear message from the discussion in the E&D Committee that staff are experiencing managers stepping in to intervene. She noted the detailed training proposed for some managers on what this means, but also that at some levels in the Trust there is a perceived difficulty in being able to ask for time for it. KC acknowledged that addressing this perception would be part of the management response.	
13.8.	In relation to pay and conditions, on which the message from staff was unequivocal, AR explained that the Executive team had been considering offering options on pensions as Staff on lower salaries can find the cost of pensions onerous. Discussion had taken place with the unions on whether there are groups where it might be relevant to offer other options. In her informal discussions with staff governors, SB had found them supportive of the Trust exploring options on London weightings.	
14.	Workforce Race Equality Standard (WRES) Data 2017	
14.1.	The Board had received an update on the WRES data for 2017 previously reported to the Board in September 2017, noting comparisons and actions currently under way. KC reminded the Board that this report only referred to race and was a comparison on national data, some of which was dated.	
14.2.	KC highlighted the disciplinary process as an area where the data had indicated there may be a problem. However, analysis of the latest figures showed that the Trust is in line with the general population and this appeared to be a spike in the data rather than a trend.	
14.3.	Data on recruitment had highlighted a potential issue whereby applications are in line with expectations but shortlisting does not translate to appointment. The Trust was working on addressing unconscious bias on selection panels, as well as coaching and mentoring to support those panels.	

14.4.	The WRES action plan had been reviewed at the E&D Committee, which had supported the actions but noted that implementation had been slower than anticipated due to lack of resource. KC was pleased to report that HEE funding would support creation of a Diversity officer post, and this appointment would assist the E&D Committee's sub-groups in achieving faster progress.	
14.5.	RH reminded the Board that equality and diversity cuts across all elements of the HR strategy. She believed refreshing the strategy and workplan would be extremely important and having the additional resource would help. There could be no complacency, however, and the pressure would remain to bring about change in this area.	
14.6.	NC understood from a report on the national programme of post grad medical exams, that people without English as a foreign language find it difficult to translate the questions being asked. He asked whether this consideration could be factored into the Trust's training and selection practices. RH added that this may also apply to mentoring and support of those looking for promotion.	KC
15.	Dementia Strategy 2017-2020	
15.1.	The Board had received a progress report on the first year of the Dementia Strategy approved in July 2017. SB commented that this report was timely given the Adult Safeguarding training session scheduled for the Board later in the day. SBr corrected paragraph 3.3.1, saying that the reduction in length of stay was 0.6 of a day, not 6 days.	
15.2.	SBr reported that progress was positive overall but that further development is required to ensure that the care provided to patients with dementia and their carers is consistently excellent. She described training for Reception staff to help them understand from the perspective of these patients/carers how difficult just getting to the Hospital can be. SBr also described enhanced observation training for HCAs, aimed at enhancing quality and reducing cost of care.	
15.3.	Plans for refurbishment of Blyth Ward were noted and SBr added that further refurbishments were on hold until consideration had been given to AAU as a place where many dementia patients spend time.	
15.4.	SBr reported on steps taken to involve carers in co-operating to support doctors in completing ward rounds. This idea had come from learning from operating Silver Command over the Winter period, whereby improved communication with carers and relatives helped them to understand when and how staff can talk to them so that the discussion becomes more meaningful.	
15.5.	SBr outlined future dementia strategy plans and increasing the sustainability of dementia support training by expanding the training team. MM added that the Trust had signed up to the frailty network in order to improve support for patients on Home First.	
15.6.	NC was encouraged by the report and what it said about care within the Hospital. He asked about the basic processes put in place to support patients with dementia for follow up care, e.g appointments, results, letters, and whether the information was in an appropriate format. SBr explained that a nominated carer would receive the information sent to patients with dementia.	
15.7.	SB had met with representatives from Home Instead, which CQC had rated outstanding, and noted the support Hospital receives from them. She had been encouraged by the opportunities working with the organisation offered to help keep people at home and supported to keep well.	
15.8.	RH highlighted an impressive example of partnership working in the approach being taken to dementia diagnosis with Kingston CCG.	

15.9.	AR reminded the Board where the Trust had been on dementia care four years previously. All agreed that the scale of improvement was exceptional. SB recalled that the motivation to do something different had come from a patient story, emphasising the power of such stories in communicating the needs of patients and bringing about change.	
BOARD COMMITTEE REPORTS		
16.	Audit Committee	
16.1.	JM presented the report from the Audit Committee meeting on 22 nd March 2018 and drew out the key issues for the Board to note. JM gave assurance to the Board on the external audit and year end process. As Chair of the Committee she was comfortable that the work taking place on the annual financial statements was on track.	
16.2.	On Internal Audit, JM gave a summary of the position on the audit plan for 2017/18. There remained two outstanding audits to be completed and the auditors had been urged to complete these for the next meeting, in time for the annual report to be finalised.	
16.3.	JM gave an overview of the outcomes of the internal audit reports received to date. JM noted that the work to address recommendations made on the REU was largely completed and there was evidence of positive impact. The number of reports giving partial assurance had increased but the auditors were content with management response to the recommendations made and there were no significant concerns to bring to the attention of the Board in this regard. It was anticipated that the audit opinion on the overall governance and control framework would give significant assurance.	
16.4.	JM noted that an internal audit on IT Disaster Recovery had taken place during the year from which some recommendations were already implemented and some were being taken forward, with more to be completed before the year end.	
17.	Quality Assurance Committee	
17.1.	NC presented the report on the main areas of discussion at the QAC meeting held on 1 st March 2018, highlighting that the Committee had reviewed the content of meetings and volume of reporting to rebalance the structure of the meeting. He thanked JKW and SBr for their support in achieving what now felt like the right balance between reporting and discussion/analysis.	
17.2.	In terms of quality assurance, NC highlighted the following: <ul style="list-style-type: none"> • The report demonstrated how the Committee closes the loop - how issues are identified, how processes are looked at and how outcomes are followed up. • How, as a result of reviewing clinical risks from the Corporate Risk Register, quality issues are fed into the QAC workplan. • How the QAC had refined clinical audit and effectiveness reporting. 	
17.3.	NC noted that deep dives in clinical areas were as a result of issues highlighted but that the Committee was also taking a systematic view, particularly from departments not heard from for a while. NC explained how the QAC had approached a deep dive on complaints by taking an example from the Radiology department to follow the process through. The Committee had felt assured that processes are robust. Similarly, for antibiotic stewardship there was real assurance that prescription remained appropriate in high pressure areas.	
18.	Finance & Investment Committee	

18.1.	JG presented the report on key issues discussed at the meetings of FIC held on 1 st and 29 th March 2018. He added that the main focus in both meetings had been to shift attention to planning for 2018/19 and the steps taken to gain assurance on the process of forecasting for the year head. It was evident that this was an integrated approach, including discussion with partners, and that from an internal perspective the underlying assumptions had stood up to scrutiny. There was confidence that the plan was deliverable, recognising that there would be challenges in doing so.	
CHARITY TRUSTEE		
19.	Charitable Funds Committee	
19.1.	The Board had received a report on the meeting of the Committee held on 20 th March 2018. JM drew attention to funds collected towards funding the Dementia Strategy. The Board welcomed the difference the Charity's funds had made on dementia.	
19.2.	JM was pleased to report that the impact of the relaunch of the Charity was beginning to be evident. She noted that improvements had been made in terms of governance, including a root and branch review of the process for Gift aid. Stronger processes had been put in place to make maximum use of the opportunity and to say thank you to those who added to their contribution in this way. A quarterly claim would be made to HMRC.	
GOVERNANCE		
20.	Register of Interests - Trust Board	
20.1.	The Board noted that the Register of Interests had been updated for publication and that the annual signing of fit and proper persons declarations by Board members had been completed.	
20.2.	SS advised that two further declarations would be added to the published version of the Register of Interests: <ul style="list-style-type: none"> • CW as Chair of the British Pregnancy Advisory Service. • SB declared that her son in law is an Associate Director of Gardiner & Theobald, an Independent Construction and Property Consultancy. 	
21.	Board Assurance Framework and Corporate Risk Register	
21.1.	The Board had received the BAF for month 11. SS noted for clarity that the red progress rating under Corporate Objective 1 related to achievement of target savings. The improvement programme would have clearer definition in the 2018/19 BAF through two separate corporate objectives: one to support transformation of patient administration and one to deliver the improvement programme to support patient flow in emergency and planned care.	
21.2.	Under Corporate Objective 10, SS highlighted that three of the six red rated risks were fire safety related, making fire safety one of the Trust's top three corporate risks. The Board had received regular reports on the extensive fire safety programme agreed with the London Fire Brigade and would continue to do so. The other two top corporate risks were around Workforce and Financial Sustainability.	
21.3.	A question was asked about Risk 30 (ENT and Bronchoscopes) and what the process would be for fast tracking orders for essential equipment. JF explained the role of the Medical Devices Committee. JKW provided information on the detail of the risk explaining that the equipment referred to had been ordered and the need for it was rare. This was not an ongoing risk and JKW was happy to give assurance on patient safety in this area.	
22.	Items discussed in Private	

22.1.	The Board noted in the public domain an outline of the matters covered in private at the last meeting. An amplified description of what had taken place had been provided in response to the enhanced governance arrangements agreed with the Council of Governors. SB noted that much of the information had been discussed in public at this meeting, thereby demonstrating the movement between embargoed information and release into the public domain.	
23.	Committee Membership, Terms of Reference and Non-Executive Responsibilities	
23.1.	The Board confirmed membership for the Board's Committees and special responsibilities of the Non-Executive Directors with effect from 1 st April 2018, noting that terms of reference were unchanged. SB reminded the Board that this may be subject to change following annual appraisals in May 2018.	
24.	Forward Plan	
24.1.	Content of the forward plan was noted.	
QUESTIONS FROM THE PUBLIC		
25.	JS had been interested in KC's report on WRES and NC's comment on questions and how they are put. He asked how much concern there was that staff may not understand the patients. It was explained that there is a statutory responsibility for the responsible officer to ensure that English is communicated effectively, many medical training exams include oral communication and this is frequently assessed. SBr explained that for nurses there is an English language exam to be passed at a high standard, skills are assessed during induction and any concerns are picked up then. AR noted that this was not an issue evident from complaints. NC added that his comment had been about selection processes rather than performance.	
26.	RM referred to the patient story and noted the comments made by the Board about staff training. He asked whether volunteers could also have listening included within their training programme.	SBr
27.	RM thanked AR for confirmation in her note that Kingston Hospital had a future in the STP. AR reiterated the message from her latest note that commissioners require four A&E departments and have defined 6 services sitting behind this. Three of the A&E departments would be at Croydon, St George's and KHFT, with discussion remaining on how to deliver the fourth across Epsom & St Helier. AR asked the governors to confirm this message to members and the local population.	
28.	TS commented that the patient story on safeguarding had been outstanding and he felt proud of the organisation. He gave his own example of how the Trust had gone beyond what might be expected. The patient story had emphasised this aspect of staff living the Hospital's values.	
29.	RESOLUTION TO MOVE TO CLOSED SESSION	
29.1.	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".	
29.2.	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.	

Enclosure A