

**Minutes of the meeting of the Board of Directors held on
29th November 2017 – 9.30 am to 1.30 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
Chris Grindal	Non-Executive Director	CG
Jonathan Guppy	Non-Executive Director	JG
Sylvia Hamilton	Non-Executive Director	SH
Dr Rita Harris	Non-Executive Director	RH
Tracey Moore	Acting Chief Operating Officer	TM
Joan Mulcahy	Non-Executive Director	JM
Ann Radmore	Chief Executive	AR
Jane Wilson	Medical Director	JKW
Apologies:		
None		
In attendance:		
Susan Simpson	Director of Corporate Governance	SS
Abu Suleiman	Inspector, Care Quality Commission	
Stella Davey	For ED Presentation	
Kevin Fitzgerald	Director of IM&T	KF
Lindy-Lea Folscher	For ED Presentation	
Jayne Gwynne	For Patient Story	
Lindsey Maouhoub	For ED Presentation	
Dr Susannah McMorro	Guardian of Safe Working	SMM
Caroline Moulton	For ED Presentation	
Jamie Patel	For Patient Story	
Reverend Susan Van Beveren	Lead Chaplain	SvB
Governors:		
Richard Allen	Public Governor - Kingston and Lead Governor	RA
Marita Brown	Public Governor - Kingston	
Marilyn Frampton	Public Governor - Merton	
Bonnie Green	Public Governor - Richmond	BG
Helen Haywood	Public Governor - Kingston	
Frances Kitson	Public Governor - Kingston	
Jack Saltman	Public Governor - Elmbridge	
Nicola Urquhart	Appointed Governor - Richmond	
Members of the public:		
Erica Farmer		
Simon Pearce		
Staff:		
Anne Brierley	Programme Director, SW London Acute Providers Collaborative	

Enclosure A

Amira Girgis	Associate Medical Director	
Lisa Ward	Head of Communications	
Susan Wheeler	Risk & Governance Administrator	

1.	The Chairman welcomed Sally Brittain and Cathy Warwick to their first meeting as members of the Board and thanked Tracey Moore for her contribution to the Trust as Acting Chief Operating Officer. The Chairman also welcomed Abu Suleiman who was attending to observe the Board at work on behalf of the CQC.	
2.	Patient Story	
2.1.	The Board heard the story of a young patient who had been diagnosed with Type 1 Diabetes at the age of 8 years old. His parents described the impact the diagnosis had had at the time and how they, and their son, had had to adapt to living life whilst managing the condition. The paediatric and diabetic support teams at the Hospital had been vital in helping them all to cope with the change and in assisting them to work with staff at Ollie's school and sports teams so that he could manage his own healthcare.	
2.2.	The Board was asked how hearing the story had made them feel. CW welcomed the story as a positive reminder of what the Trust Board was there to do. She had been reminded that relationships are critical to delivery of excellent healthcare. RH praised the parents, noting the value they added as a resource in their child's care, which not every child was lucky enough to have. She also highlighted a message for the wider system because it was the Hospital working closely with the school and the rugby team to provide patient-centred care that was at the centre of this story. SB highlighted the holistic care that the child had received, such as the emails and calls to catch up with how things were going even when all appeared to be going well. She noted how difficult it was to measure the value of that holistic patient experience which comes from relationships based on care and trust.	
2.3.	SBr asked how the Board might use the story, reflecting on the agenda ahead. SBr reflected that the story supported complaints data received in the papers for the meeting, in that complaints to the Trust indicated patients were predominantly concerned about car parking and communication. JG noted that successful care had come from a team uniting around the patient, but that the team had had to work at it and therefore it was right for the Trust to work with other agencies around a condition which is on the increase in the population, such as Diabetes. RH highlighted that having special needs had also complicated the position and that the wider system, especially Education where young patients spend the bulk of their time, needs to be sensitive to the needs of each individual. JKW asked the Board to remember that care in all its aspects is very complicated, particularly when the system is not always in a position to support what needs to be done. SB thanked the family for contributing to the Board's learning.	
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 27 th September 2017 were confirmed as a correct record. Progress on matters arising was reviewed via the action log. It was noted that the February 2018 date was the date the integrated report would next be received and not when the data would start to be received from SECAMB.	

4.2.	AR had circulated details on CAMHS investment separately as requested at the last meeting. She added that the Local Transformation Board had completed a review of mental health services and was to invest in an enhanced psychiatric liaison service on the wards from April 2018. RH welcomed this news and asked what progress had been made in introducing mental health first aid training. It was confirmed that this was under way, and would support staff with mental health issues as well as patients. An impact evaluation would be carried out in due course. In response to a question about issues around restraint SBr confirmed that all security personnel are trained and that she had no concerns around safeguarding.	
5.	Chairman's Report	
5.1.	SB gave a verbal report on principal activities undertaken since the last meeting. She had been invited by NHS Providers to lead a session for NHS Trust Board members and Company Secretaries sharing learning on how to create a compassionate, inclusive and effective Board. She had highlighted how the KHFT Board brought its strong interest in staff and patients into every aspect of its role to focus the Trust on achieving a holistic approach to care.	
5.2.	The Board had spent a whole day out of the Trust at Cerner UK's learning suite. SB reflected that, whilst this had been a significant investment of time, it had been one of the most the strategic things the Board had done in its development. All had seen the potential of technology for the Hospital, the system and population health. She believed the time spent would serve the Trust well going forward.	
5.3.	SB had attended the NHS Providers conference with the Chief Executive. The opportunity had also been taken to utilise two places offered for senior leadership development and they had been joined by one of the Associate Medical Directors and a Deputy Director of Nursing. SB noted that the conference had focused strongly on three areas: investment in staff for retention; compassionate leadership; and working to put a strong framework in place to cope with NHS challenges.	
5.4.	SB highlighted the key work of the Trust in building inclusive relationships with the local Korean Community. She also drew attention to the impact of the Festival of Culture Week, which had included activities across the whole Trust. This had facilitated engagement between staff from different cultures and had engendered pride. The opportunities provided to learn about the different cultures had been particularly impactful, for example the multi-cultural buffet where staff had brought traditional foods from their many different countries to share with each other; and a handout given to patients by the Endoscopy team which highlighted key elements important to the 18 different cultures represented in the team. In the context of a rise in reports of bullying of staff by patients, particularly relating to race, SB welcomed Festival of Culture Week as an opportunity for staff to understand and support each other better.	
5.5.	Council of Governors Elections had concluded, with many of the existing governors re-elected and 7 new members elected or appointed. SB noted that Pat O'Neil had not been re-elected. She was grateful to Pat for her contribution to the CoG and hoped that she would continue as a volunteer.	
5.6.	In terms of the Trust's organisational culture, SB highlighted the success of the Health & Wellbeing Conference and of the Annual Staff Awards Ceremony, for which there had been over 200 nominations, many from patients.	
5.7.	SB reported on her role in leadership succession and development. Mairead McCormick was due to join the Trust as Chief Operating Officer on 4 th December 2017. Mid-year reviews had taken place for all NEDs. SB had taken part in an appointment process for a consultant Orthodontist and was pleased to report that the Trust continued to attract high calibre doctors. CW	

	commented on evidence that looking after staff means looking after patients better. As a new Board member she had been really impressed as to how this Trust pays attention to looking after its staff.	
6.	Chief Executive's Report	
6.1.	The Board had received the Chief Executive's report on strategic and operational issues not covered elsewhere on the agenda.	
6.2.	AR drew the Board's attention to the section of her report on fire safety and other capital projects. The Urgent Treatment Centre had opened on 27 th November 2017; a number of residual safety issues had delayed the opening slightly but these had all been resolved successfully. A formal opening ceremony was being planned for February 2018.	
6.3.	The report had included reference to research on the value of Schwartz Rounds and AR related this to other elements available to support staff with the pressures of working in the NHS. Development of the Freedom to Speak Up Guardian role continued, alongside the introduction of a Chaplain specifically dedicated to working with staff. AR drew comparisons with recent stories in the media about bullying and harassment, and how important it was that staff knew how and where to access support. She identified a range of approaches taken to listen and be present where care is being delivered. AR was also working with senior leaders on mechanisms to bring her into closer working with them.	
6.4.	AR expressed thanks to the Operations team for their support in the interim period between Chief Operating Officer appointments. She was grateful to TM for carrying out the Acting COO role so ably.	
6.5.	AR's report had identified the key areas of focus for additional efficiency which had been re-emphasised at the NHS Providers Conference. She drew out learning from Sheffield where a learning set approach to DTOCs appeared to be bringing results.	
6.6.	Alongside the Trust's support to EU staff through the Brexit Group, AR reported that the Executive Management team was considering the implications of Brexit across all operations, including mitigating the risks around both retention and future supply of staff.	
6.7.	It was noted that the Sustainability and Transformation Partnership for SW London's refreshed plan would be released by the end of the day. The Board was pleased that there was now clarity on East Elmbridge definitely being included under the Local Transformation Board and that commissioners for Surrey Downs were entering into an arrangement with Kingston & Richmond commissioners. The intention was to develop a place based plan for Kingston, Richmond and East Elmbridge by June 2018.	
6.8.	AR had provided in her report a web link to the outcome of the engagement process on the strategic future of Epsom & St Helier Hospital. Detailed discussions on the results were taking place with the regulators. AR would keep the Board up to date as discussions progressed.	
6.9.	The Board Assurance Framework had been appended to the report. AR noted that this had been reviewed by the Executive Management Committee and that areas of risk identified were covered in a number of items on the agenda. The section on the whole system was shown as red RAG rated progress overall, which reflected the complexity of the situation leading to progress taking longer than might be desirable.	
6.10.	AR reported that the Trust had not won the national HSJ award in the Staff Engagement category for which it had been shortlisted, but the national recognition for work led by Roujin Ghamsari had been an excellent result nevertheless.	

Enclosure A

6.11.	AR invited questions on her report. JM asked whether there were any lessons to be learned from having completed the UTC. AR reflected that the timeline for completion of the UTC had been imposed as a condition of funding, with the result that surveys had not been fully complete by the time work had started. As parts of the site are very old, some services were not documented and the construction site had been more complex than anticipated. There was not much that the Trust could have done to avoid the timeline extending and the opportunity had been taken to document services fully during the construction work to ensure that any future development in the same place would not face similar difficulties.	
6.12.	SB asked whether there was a common understanding on issues around London Health and Care Devolution. AR commented that JF would be meeting with the Department of Health and NHS Improvement to discuss capital and estates planning in the context of announcements on devolution and what this might mean for receipts from estates.	
6.13.	RH commented on the dementia friendly format being rolled out across the Trust in conjunction with the fire safety works. The Quality Assurance Committee had received a presentation on the impact of the dementia friendly format in Derwent Ward on staff wellbeing and clinical quality, including shorter stays in hospital. CW had been interested that one of the findings identified a reduction in the need for 1:1 care. This meant that the format had delivered a far better experience for patients whilst also contributing to reduced agency costs, evidencing that driving up clinical quality can also impact on the bottom line. SBr added to this excellent outcome, that pressure damage had reduced, as had medication. SB noted very positive comments made about Derwent Ward at a recent Healthwatch Forum meeting.	
6.14.	NC observed that take up of the Flu vaccine amongst staff was good but asked whether there were any priority groups where take up had been below expectations. KC thought that, at 60% for frontline staff, the Trust was doing well in comparison with others. To achieve the CQUIN target of 70% the next step was to demonstrate that those staff who had declined the vaccine had been asked why they had not taken it up. He believed Occupational Health staff had done a great job in achieving the result to date and confirmed that they were willing to give the vaccination anywhere and at any time convenient for staff. AR highlighted that the national focus was on reaching the under 5s and suggested that consideration be given to whether there was anything further to be done for children going through Hospital.	
6.15.	JG had attended the Schwartz Round on health and wellbeing and reported the many references made to the Health & Wellbeing Conference; this underlined the value many staff placed on the conference run in October 2017. He believed it had been an excellent investment. SB and AR had signed the Time to Change pledge at the conference. It was suggested that the Board, or one of its Committees, review the Time to Change Action Plan, which was aimed at ensuring the culture of the organisation was an environment in which it was acceptable to talk about mental health and supportive of staff having time to recover.	KC
QUALITY AND PERFORMANCE		
7.	Integrated Quality and Operational Compliance Report - October 2017	
7.1.	JKW presented the integrated compliance report, which included an appendix providing an assessment of progress towards achieving the Quality Goals for 2017-18 at the six month point.	

	<u>Safe</u>	
7.2.	JKW noted rigorous attention to care around pressure ulcers. It had been recognised that patients coming into the Hospital with pressure ulcers had increased and some whole system work was needed on how to prevent this. NC confirmed that the QAC had looked for evidence that the Hospital is doing all it can with regard to pressure damage and had been assured that this was the case. The Board acknowledged the impact on patients, and also on staff, and discussed what more could be done to support colleagues in the community. SBr would be meeting colleagues from the CCGs later that week to discuss further actions.	
7.3.	It was reported that the Falls Group had been reinvigorated and was now headed by the Head of Emergency Nursing. Pharmacy representatives had also been added to the group.	
7.4.	Anonymised details of an MRSA case had been included in the commentary to highlight how complex these cases can be.	
7.5.	In relation to Maternity, national data would now be fully analysed and conclusions for KHFT drawn to the attention of the Board. JKW would also report back on a revised strategy for Maternity. CW looked forward to that report and asked whether it could include what is happening in the local Maternity system and ambitions for the local area.	JKW
	<u>Effective</u>	
7.6.	JKW reported on the indicators for the Effective domain, drawing the Board's attention to the commentary on mortality, sepsis screening, readmissions, hand hygiene and open incidents.	
7.7.	JKW had provided the Board with a detailed account of work to develop improvement capability within the Trust. This demonstrated how the small improvement team is having a big impact. JM reflected that the Board's Away Day at Cerner UK had highlighted how use of information can make a difference. Noting that the Trust has good quality data, she asked whether Cerner could help the Trust to use information for improvement. JKW agreed that use of information was vital and explained that there were lots of ways in which this was already happening. RB reminded the Board that investment in the information team to support the improvement work had been agreed for this reason.	
7.8.	NC drew on his experience of visits to other trusts where it seemed to him that performing well is focused on having a culture of continuous improvement which was owned and led on the ground. NC had welcomed bringing a QI focus to the QAC agenda, as seen at the last meeting, which he thought would support Ward to Board communication flow. SH welcomed the combination of an improvement faculty and integration with leadership development in support of developing the right behaviours across the organisation.	
	<u>Caring</u>	
7.9.	SBr presented the section on caring, referring back to the patient story in considering the commentary on complaints. She reported that the electronic option for Friends and Family Test was to be rolled out to Maternity; a deep dive at Patient Experience Committee had shown that the level of responses skew the data.	
7.10.	Acknowledging that complaints about car parking amounted to a significant proportion of the overall number, JF explained the process of switching to a new car parking operator. Recent work on the UTC had necessitated closing some parking bays temporarily and this had exacerbated the usual issues. However, it was hoped to be able to clear the A&E part of the site shortly and	

	longer term JF was looking to increase car parking capacity.	
7.11.	SB had recently reviewed a report by Healthwatch Kingston on appointments and communication. The report drew together responses from 137 people interviewed and provided real assurance on general satisfaction about care and responsiveness of staff, amongst other areas. The report indicated that there was still work to do but it had provided more positive assurance than might be expected given the complaints data. Her conclusion had been that the Appointments system on the whole was holding up well.	
	<u>Responsive</u>	
7.12.	TM reported on the responsive domain, giving a summary of the purpose of the Urgent Treatment Centre and how it is supported using a range of clinical workforce roles. All members of the Board were encouraged to visit the UTC to see at first hand the excellent facility that had been delivered in a very short space of time. The expanded Majors and Resus facility was on track to be opened in January 2018.	
7.13.	TM reported that the Emergency Care Programme Board continued to make progress. An integrated model for the frailty team had been agreed and therapists were now in post. The model ward programme was being trialled and evaluated on different wards.	
7.14.	The RTT standard continued to be met and TM was gratified that the targeted work in Ophthalmology had brought real improvement. Cancer performance also remained good and for Q2 all targets had been met. The Trust was an active participant within RM Partners and had made a significant contribution to achievement of targets overall.	
7.15.	TM reported that additional funding would be received through RM partners for more work on prostate and colorectal cancers. AR emphasised the immense value this Trust's contribution made to leadership and performance within the SW London Alliance area.	
	<u>Well Led</u>	
7.16.	KC presented the report on the Well Led domain, highlighting vacancies, turnover, sickness, mandatory training and appraisals in the summary narrative. He described progress on three of these as 'green' and two as 'amber/red'. The TRAC system used by the Trust for recruitment offered the opportunity for benchmarking on fill rates and recruitment times, and it was pleasing that the Trust ranked 3 rd of 150 providers using the system. CW asked about the recruitment pipeline and how much flexibility there was to overfill at some points. SBr confirmed active encouragement to over recruit in nursing and that this was a successful strategy.	
7.17.	Turnover remained higher than was desirable and the Workforce Committee had had robust debates around understanding the reasons for this. It was notable that 1% of the turnover figure was attributable to the EU staff group and reflected concern within that group about security of their future within the UK. JM asked whether the deep dive had included focus on Elderly Care, where she knew retention had been a particular concern. It was confirmed that KC, SBr and TM had reviewed this group and had a good understanding of the issues.	
7.18.	KC highlighted additional measures introduced to understand why staff leave, including enhanced exit interviews and 100 day surveys. The Workforce team was looking at linking completion of Mandatory training to a six month probation period. KC reported on development workshops that had taken place, for which evaluations had been good. The Board welcomed this type of opportunity as it supported progression. RH commented positively on the change, emphasising	

	the importance of mandatory training to the ability to run a safe and effective organisation. KC added that the E-learning being introduced also gave the opportunity to test that the learning was embedded.	
7.19.	JKW reported on progress with Quality Goals for 2017/18; progress had been made against each of the Goals, demonstrating that they are well-embedded within the organisation. SB asked whether any of the Goals needed increased focus to achieve the full outcomes for the remainder of the year. JKW thought there was more work to be done on learning from incidents. She was confident on achieving the Quality Goals in relation to infection control and the dementia strategy. E-prescribing may not be fully complete by the end of the year but solid foundation work will have been done.	
7.20.	Human Factors training was being rolled out across the organisation and SB commented on assurance received around human factors training in Maternity. JKW emphasised the importance of this type of training in non-clinical settings too.	
8.	Finance Report	
8.1.	The Board had received the Finance Report for October 2017 and JF gave a summary of highlights. FIC had discussed the report in detail the previous week.	
8.2.	JF outlined the position on capital, saying that he was expecting to hear imminently on receipt of PDC funding. The key focus remained on cash and this continued to be reviewed daily.	
8.3.	JM asked what assurance there was that equipment in the Hospital had been kept up to date and in good order. JF summarised an extensive piece of work carried out recently to survey all equipment and put RFID tags on them. In the next few weeks a new system would go live which would allow real time identification of the location of each piece of equipment. This would enable a much more effective maintenance programme to be delivered.	
8.4.	JG asked what steps were being taken to make up for the shortfall in CIP and to learn from underperformance this year in planning for next. AR explained the role of the Productivity & Improvement Board, of which she was Chair. Executives had been tasked with identifying possible improvements and JF was also looking at elements of contract management to deliver benefit, both in the current year and also with lasting impact. Lessons had been learned, as they were every year.	
8.5.	SH noted that the Finance team must be stretched with managing the range of issues outlined in the report. She asked whether staff understood who to approach if they felt patient safety was likely to be compromised over a decision made for financial prudence. SBr believed staff were resourceful and fully aware, giving examples from her own experience. NC and RB commented on the quality and equality impact assessment process which had been discussed at QAC recently.	
9.	Surge Planning	
9.1.	TM presented an update on the management of emergency adult and paediatric patients during periods of high levels of activity. The 2016 surge plan had been developed further to support the Winter Plan (previously discussed at Trust Board) for 2017/18. The Board was asked to approve the principles upon which the surge plan is based. The plan included interaction with mental health providers, local community trusts and other providers and had been tested to iron out minor glitches.	
9.2.	RH noted reliance of the plan on close collaboration with other organisations and asked how confident TM was that they were prepared to respond. TM	

	noted that the situation had greatly improved since the previous year and daily contact was much better. She took assurance from the fact that community colleagues had also provided their action plans. TM also noted that the pillars within the Local A&E Delivery Board's action plan were very clear on where colleagues were working on workstreams to support surge planning. TM was confident that the Trust was in a reasonable position.	
9.3.	JM observed that there was a complex relationship between the Winter Plan and the Fire Safety capital programme. She asked whether there was a fallback plan in the event of any unforeseen Estates issues. TM confirmed there was a finely tuned plan utilising the Christmas period to move into elective areas, such as Theatres, due to the ability to contain and control the elective programme.	
10.	Accident & Emergency Department	
<u>CQC Emergency Department Survey 2016</u>		
10.1.	The Board received the final report for Kingston Hospital, having considered the initial draft report at a previous Part 2 meeting, together with a summary of the key findings and areas for focus. An action plan had been produced with support from Picker and staff members. Implementation of the plan would be monitored through the Patient Experience Committee and the Quality Assurance Committee.	
<u>Staffing Establishment</u>		
10.2.	Members of the Emergency Department team attended to present an update on the Department's response to workforce issues. The presentation explained the issues faced in June 2016, the innovative workforce model developed to overcome these issues, action taken and the current position. An overview was also given of the Estates work that had taken place to create the Clinical Decisions Unit, opened in November 2016, the Urgent Treatment Centre and expansion of Resus and Majors.	
10.3.	The Board praised the work that had taken place and thanked the staff for achieving this whilst the new environment was under development. SBr highlighted evidence that looking after staff resulted in better patient care. The achievements described in the presentation demonstrated progress towards the Trust's ambition to be outstanding.	
10.4.	CW commended the team for having looked at flexible working; saying that bringing about such change takes real leadership and time to deliver. NC asked how much thought had gone into developing the model further into the future, given the limited supply of those able to carry out the new roles and many providers competing for the same pool of staff. It was confirmed that talks were taking place internally on rotation and a variety of placement experience, which gave scope for development of staff and supported retention. The intention was to embed the structure first and then to introduce this gradually, partly because ED was ahead of other teams and therefore needed others to catch up to ensure parity of experience. AR noted earlier reluctance from the ambulance trusts to look at shared models for paramedics, which was understandable due to shortage of supply. She was hopeful that this position would change in time.	
10.5.	SB acknowledged the quality of leadership evident from the presentation, and the step change this indicated since the last CQC inspection. Leadership had come from within the department and the Emergency Care Programme Board's support had enabled the team to meet the ambition, leading the way in development of new workforce roles in the process.	
STRATEGY AND POLICY		

11.	Information Technology Strategy Progress - Year 1	
11.1.	KF presented a report on progress against the IT Strategy in Year 1 of the plan. The strategy had been approved in January 2017 and he believed good progress had been made to date.	
11.2.	<p>In his report KF focused on the five key themes of the strategy:</p> <ul style="list-style-type: none"> • An Electronic Patient Record (EPR) • Integration of systems to ensure appropriate data is available to staff at the point of care • People – an effective IT resource pool to support the Trust • Technology for staff and patients • Service Delivery...maintaining business as usual and keeping us secure <p>The EPR journey had begun in 2008/9 with the implementation of Cerner Millennium and through subsequent iterations of the IT strategy and senior level discussion that vision had been maintained. In the year since January 2017 a programme of optimisation had been resourced to improve the look and feel of the system, for example clinicians within the Trust had developed the patient handover list to support continuity of care and patient safety.</p>	
11.3.	KF was pleased to report that the Trust had been awarded Stage 6 of the international HIMSS Electronic Medical Record Adoption Model, one of only four Trusts in the UK to have achieved this level and highlighting increasing digital maturity. Achieving this award demonstrated the degree to which clinicians use and obtain clinical and safety benefits from the EPR through medicines administration and clinical decision-making.	
11.4.	KF explained plans to complete the e-Prescribing journey with outpatients and Paediatrics in 2018. The Trust would also be embarking on a major organisational transformation programme with Electronic Document Management. Development of clinical noting and documentation in the EPR had commenced so that clinicians can write directly into the record. With the deployment of an Electronic Document Management system, paper medical records would be digitalised, and these two programmes of work would converge towards the target of being paperless by 2020.	
11.5.	The Trust continued to work with all STP colleagues across SW London to share information safely across different settings; this required an information governance and information sharing framework to protect patient data and ensure appropriate patient consent. At the Development Day, the Board had seen a view of the potential of Population Health to proactively manage cohorts of patients across healthcare systems. This model used data and information from multiple sources to identify where to focus resources to have the greatest impact and to shift the healthcare model from treatment to prevention. KF reminded the Board that Population Health is in its infancy in the UK, but there was potential to use this approach across the local health economy.	
11.6.	KF updated the Board on strategies to recruit and retain IT specialists. Turnover within the team was low and KF was pleased to report two of his team had won awards at the recent Annual Staff Awards Ceremony, including one for a safety project.	
11.7.	Cyber security continued to be a prime focus. KF reported that a cyber strategy had been agreed, IT systems continued to be patched regularly and capital investment had been secured to invest in technical countermeasures against malware. The response of external suppliers to threats such as Wannacry had been variable and concerns had been raised with NHS Improvement and NHS Digital to put greater central pressure on larger suppliers to conform to NHS security standards. Within the Trust, all new supplier contracts now have cyber	

	security requirements and responsibilities clearly defined.	
11.8.	KF noted that demand for IT developments and resources generally outweighs supply and envisaged 2018/19 being no different. There would need to be a balance between IT developments and maintaining business continuity.	
11.9.	NC welcomed the update as it gave the opportunity to triangulate with progress on e-prescribing described in the paper on Quality Goals. KF noted that there had been concerns that e-prescribing would increase clinical time or create problems with doses in Paediatrics. However, the pilot had provided evidence that the system does work and could be rolled out further.	
11.10.	RB asked what it would take to get to Population Health. KF explained that there were a number of possible approaches, each with different benefits and all very expensive. SB asked whether it was possible to develop incrementally, building towards it. JKW explained that the system was working on data sources and sharing to enable the analytics to deliver Population Health but there was a data conflict around social care data. All agreed that this was a strategic conversation to be continued and that it was essential to achieve buy in across the system.	
11.11.	AR reported that a letter had been received from NHS Improvement on Cyber Security, to which she had responded. Jonathan Guppy had been nominated as NED lead for Cyber Security, as part of his Emergency Preparedness remit. AR had confirmed that executive responsibility for Cyber Security was with the Director of IM&T, reporting to the Chief Executive, and in responding she had encouraged NHSI to consider specialist training and support for NED leads who were unlikely to have the skills and experience to pick this up without it.	
12.	Workforce Strategy Progress - Year 1	
12.1.	KF presented a review of progress in implementing the Workforce Strategy one year on from its inception. He selected three areas, identified in the staff survey as the areas of greatest deficit, to highlight to the Board: health and wellbeing; training and development; and diversity. He was grateful to Ellie Knight for her contribution to development of the health and wellbeing strand.	
12.2.	At the last meeting the Board had noted that progress with the Diversity agenda had been disappointing and an external specialist had been asked to Chair the MEGA Group. KC was pleased to report that this appointment had provided new energy and impetus. RH had taken over the Chair of the Equality & Diversity Committee for 2018 and had met with CW and KC to review progress with the strategy. The focus of the strategy had widened to include Brexit; Disability and LGBT issues, as well as Race.	
12.3.	Under the Learning & Development pillar, KC reported on strategies to improve quality and coverage of training. All managers now had a mandatory training programme to develop their leadership skills and programmes had been introduced to develop Senior Leaders and Deputy Directors. The coaching and mentoring scheme was to be refreshed for 2018. A new Deputy Director of Workforce was due to start imminently and would lead on staff development. An integrated approach to training was in the process of implementation, bringing together elements that had previously operated in silos. This integration would need to be worked through but would be key to delivering a cohesive learning and development strategy.	
12.4.	SH added that the use of more granular data should not be forgotten; the data received by the Workforce Committee was now very good and allowed the group to collect further targeted information. Action could be taken on the few things that would bring real change.	
ANNUAL REPORTS		

13.	Organ Donation	
13.1.	JKW introduced the Annual Organ Donation Report, highlighting that the Trust's contribution to the national programme was small but saved and changed lives. The important lead roles played by staff were described within the report.	
13.2.	Reverend Susan van Beveren presented the report, expressing gratitude to the clinical leads in the Hospital and the specialist nurses shared across the region. She highlighted the awareness raising that had taken place, noting that it had led to an upswing in understanding and practice.	
13.3.	SvB would be attending a regional collaborative meeting the following day at which the move in England towards informed consent would be discussed. She believed there was some way to go to reach agreement on this. A soft opt out approach was being worked towards, with an option for families to opt out even if the patient had not.	
13.4.	RH drew out from the report a comment about the lack of proper facilities and asked what the plan was to address this. It was explained that ITU was one of the areas identified by the CQC as an environment in need of development. RB outlined the work that had taken place since the CQC's visit in January 2016, the output of which formed part of the development control plan. There was no easy solution but some short term amendments had already been made.	
13.5.	JG noted news coverage about the number of times families override the wishes of a donor, asking how much experience there was of that at Kingston Hospital and what could be done to help the families. SvB agreed there was some education to be done and it was helpful for this to have been highlighted in the media. She explained the careful consideration of cultural and spiritual issues that needed to go into the education process alongside a complex range of integration and community support mechanisms. SB noted that many of the themes in this report aligned to discussions in the End of Life Group.	
13.6.	The Board thanked SvB for her leadership that had resulted in the small increase in organ donation during the year but which would have such significant impact on the lives of the recipients.	
14.	Guardian of Safe Working	
14.1.	Dr Susannah McMorro attended to present the second quarterly report of the Guardian of Safe Working to the Board following the introduction of the 2016 terms and conditions of service for doctors and dentists in training. The Board was asked to note the assurances provided that the Guardian is comfortable with the overall safety of working hours in the organisation.	
14.2.	SMM explained that all contracts were now compliant and that this provided the opportunity to utilise the exception data more usefully.	
14.3.	Trainee rota gaps were running at 5% and SMM believed this to be quite high compared with information from other Guardians. SMM explained how this was being mitigated.	
14.4.	SMM reported that engagement with the Trust's Junior Doctors is good and that their understanding of the processes under the new contract has improved. Engagement with educational supervisors was also better. Evidence that this was working was shown by the quicker response to exception reporting, an issue that had previously been reported to the Board. Although the amount of exception reporting had gone up, this was seen as evidence of better engagement and had helped to highlight areas where pressure is greater. Examples were given of improvements made to help relieve the pressure.	
14.5.	NC noted that the data highlighted issues for F1 doctors in Medicine and asked	

	whether SMM had picked up any suggestion that induction could be better. SMM noted that this had been the first August when all new joiners were on the new contract and the new recruits had taken to exception reporting well. She believed the data supported the view that Junior Doctors need as much support as possible when they first arrive and specialities should accept there is a necessary learning curve that needs to be addressed in planning.	
14.6.	CW asked whether there were any lessons learned that could be applied across other staff groups. SBr explained that peer reviews on the wards were starting to produce similarly rich data. The Board thanked SMM for her excellent report and the assurances given on the overall safety of Junior Doctor working hours in the organisation.	
15.	Learning from Deaths (Mortality) Report	
15.1.	JKW presented information on the Learning from Deaths policy and the processes that are followed in Kingston Hospital. The report was a reminder of the processes involved and a description of how this is being managed. The Board noted that JKW is the Executive Lead and RH the NED lead.	
15.2.	JKW explained the structured process that is gone through to consider the different elements of care and highlighted information on the SHMI (March 2016-2017). This showed that, based on the Trust's population and those conditions, 221 fewer deaths happened than might have been expected from the data.	
15.3.	RH outlined the sources of assurance available to her in her role as NED Lead for Learning from Deaths. She had been impressed with the culture of openness and learning with the Trust, and the cyclical nature of it. RH had asked questions based on the national training she had attended and all had been answered strongly. It had been agreed that twice a year she would sample Morbidity and Mortality meetings for assurance. JM suggested including this on the Audit Committee workplan to test whether the processes were working in practice. RH and JKW were asked to discuss the best route to assure the Board on this.	RH/JKW
15.4.	A question was asked about how nursing and allied health professionals fed into the process. The Mortality Group included a Deputy Director of Nursing and the Head of Complaints, Litigation and PALS to give wider insight. JKW added that training on reviewing cases was multi-disciplinary. There was also an extension to the benefit in that learning to undertake systematic reviews helped staff to think about learning from other incidents.	
16.	Safe Staffing	
16.1.	SBr presented an update on progress with meeting the safe staffing guidance, including published nursing, midwifery and care assistant staffing data and how the Trust ensure the best use of its staffing resources. SBr had found this report to be good assurance on taking up her new role. She would be using the report as she developed a new strategy for the nursing workforce over the coming year.	
16.2.	SBr was pleased to report that some of the issues she might have expected with international recruitment were not a problem at Kingston Hospital due to the quality of support provided within the Trust. Every Philippino nurse had passed their OSCKI and there had been no deportation issues to resolve.	
16.3.	It was noted that HCA recruitment was not easy. An uplift to pay had been linked to synchronised bank rates but there was also a need to offer career development and work on initiatives to retain staff at this level.	

16.4.	Midwifery posts were fully recruited and Paediatrics was also a good story. Robust management of staffing was evident from the report. SBr explained how bed closures would also be considered in keeping staffing safe. There was evidence that escalation was quickly undertaken and robustly documented. She was, however, working with staff to ensure that they understood the difference between optimum and safe staffing as this sometimes led to misunderstandings about staffing levels. CW thought this was a valid point and asked whether the Board should look at how often there is a gap between the two. It was suggested that QAC look at this in more detail.	SBr
16.5.	SBr explained the implementation of NICE red flags, which record unmitigated risk, in the Trust. This was a very rare occurrence but would be reviewed at the weekly Safe Staffing meeting if an incident occurred.	
16.6.	The Board noted a new process for validation of Unify data. SBr observed that, where there is a shortfall in the day, this is boosted by use of HCAs and that compliance for trained staff is better at night. She assured the Board this was the right balance.	
16.7.	Discussion took place on Appendix 2, which presented current ratios on the wards. SBr thought a different ratio may be needed for Blyth Ward and would be talking to the regional Nursing Director for advice on this. She had no concerns about current staffing on that ward or about recruitment of nurses in time for winter. TM explained arrangements made around nurse staffing in the plan for Winter 2017/18. The Surge Plan allowed the opportunity to move staff and make flexible adjustments.	
16.8.	It was agreed that a further report be made at the next meeting, in which SBr would make proposals on the threshold of trained nurses to beds by day and by night.	SBr
BOARD COMMITTEE CHAIR REPORTS		
17.	Quality Assurance Committee	
17.1.	NC highlighted key issues from the last QAC meeting, noting that many of these had been discussed in the context of this meeting. He drew to the Board's attention the areas of discussion covered by QAC and the assurance received.	
17.2.	The Committee had been particularly impressed by the Quality Improvement presentation on Productive Endoscopy, especially the impact this had on patient flow and staff satisfaction. It had been an excellent example of team based working and how learning can be applied.	
18.	Finance Investment Committee	
18.1.	CG reported that there had been two FIC meetings since the last Board meeting. He highlighted the key points from the discussions and referred to learning from this year's CIP programme and the implications this had for business planning for future years.	
19.	Workforce Committee	
19.1.	SH presented a report on the main areas of discussion at the October 2017 Workforce Committee meeting. The Committee's concern about turnover had been such that a deep dive on further analysis of turnover data had been undertaken.	

CHARITABLE FUNDS	
20.	Charitable Funds Committee
20.1.	The Committee was due to meet next on 12 th December 2017. It was agreed to delegate authority to the Audit Committee to approve the Charity's Final Report and Accounts for 2016/17 and the Charity Committee's Terms of Reference (as revised November 2017) which would be agreed at that meeting.
GOVERNANCE	
21.	Items Discussed in Private
21.1.	The Board noted in the public domain an outline of the matters covered in private since the last meeting in public.
22.	Forward Plan
22.1.	Content was noted.
QUESTIONS FROM THE PUBLIC	
23.	RA asked whether slippage in mandatory training compliance carried liability issues that might need to be addressed. KC explained the development of a new approach, due to be introduced in January 2018, which would free up resource for face to face training. This would enhance quality of training and provided greater evidence of learning. He believed mandatory training compliance would improve as a result but pointed to the ability to achieve high volume training on specific issues if needed, as evidenced by delivery of the Responding to Emergencies programme over the summer to 2,480 staff. AR observed that there was a shared risk between employee and employer. Staff would have had the initial training and part of the issue was in supporting staff to update it. The focus was on getting this right from January 2018 and managing the risk at the current time.
24.	BG thanked the Board for the Quality Account update. This was not quite in the form she had been expecting and she asked whether there were plans to include KPIs in the integrated report for the remainder of the year. SBr explained that the Quality Goals for 2017/18 had proven difficult to include in the integrated report because the measures were difficult to quantify. The intention was to bear this in mind whilst setting Quality Goals for 2018/19 and integrate the reporting as far as possible at that time.
25.	RESOLUTION TO MOVE TO CLOSED SESSION
25.1.	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".
25.2.	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.