

**Minutes of the meeting of the Board of Directors held on
3rd October 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
Present non-voting:		
Alexandra Berry	Director of Integration	AB
Susan Simpson	Director of Corporate Governance	SS
In attendance:		
Dr Pallavi Bradshaw	Associate NED	
Staff:		
Nathanael Ahearn	Locum Orthopaedic Consultant	
Fran Brooke-Pearce	Infection Control Nurse Specialist	
Nichola Kane	Deputy Director of Nursing	
Nicola Kay	Interim Project Manager	
Sombith Maitra	Locum Consultant Anaesthetist	
Jane Suppiah	Patient Experience & Quality Improvement Lead	
Elizabeth Tsangaraki Wilding	Patient Experience & Quality Improvement Lead	
Shayimeera Vickneswaran	Patient Information Manager	
Governors:		
Richard Allen	Public Governor - Kingston, Lead Governor	RA
Dennis Doe	Public Governor - Kingston	DD
Marilyn Frampton	Public Governor - Merton	MF
Bonnie Green	Public Governor - Richmond	BG
Robert Markless	Public Governor - Kingston	RM
Felicity Merz	Public Governor - Wandsworth	FM
Jack Saltman	Public Governor - Elmbridge	JS
Terry Silverstone	Public Governor - Richmond	TS
Members of the public:		
Erica Farmer		EF
Kate Fitzsimmons		KF

1.	Welcome	
1.1.	The Chairman welcomed members of the public to the Board meeting and AB to her first meeting since joining the Trust on 1 st October 2018. There were no apologies for absence.	
2.	Patient Story	
2.1.	SBr introduced the patient story, setting the scene for the discussion. DPD joined the Board to talk about her experience of the Trust's Maternity services. She explained that she had had a traumatic first birth experience at a different Trust. Communication had been lacking and afterwards DPD had felt lonely and isolated. From the outset of her second pregnancy the experience was very different. Kingston's birth options team had listened, understood what had happened the first time, and were upbeat and positive in support of her second pregnancy. After initial anxiety and with the team's help, DPD made the decision to have a natural birth. Throughout the second birth DPD felt supported, listened to and looked after. She described every individual involved in her care as amazing. DPD felt proud at what she had achieved, felt well afterwards and went home very quickly. Her only suggestion for improvement was that there had been limited time to help with breastfeeding before she went home. Exceptional care had also continued at home, including support for DPD's husband. She would highly recommend the Hospital and the birth options team.	
2.2.	SBr asked the Board how the story had made them feel, how it related to the agenda ahead and whether there was anything to be followed up in quality walkabouts.	
2.3.	SB referred to the CQC's rating of outstanding for caring. DPD's reflections underpinned how important relationships are to feeling cared for. RH endorsed this view, and also drew out the importance of care extending beyond the birth. She noted that sharing information had been an important factor, and that DPD had used a potent word to describe the team's approach - vigilant.	
2.4.	CW thought the story demonstrated that quality of care and finance are interlinked; the availability of physical and human resource to support care had come through strongly. JF thanked DPD for her compelling story and noted a link to the agenda item on Charity fundraising.	
2.5.	JKW commented that, whilst continuity of care had been an important part of DPD's experience, it was not always possible to provide this and team communication and continuity of information were equally important. NC highlighted that joining up care in a network so everyone can respond appropriately would be at the heart of later discussion on integration.	
2.6.	SB had also linked the story to integration and thought it was also relevant to the Public and Patient Involvement Strategy and Maternity Strategy, which were both on the agenda for the day.	
2.7.	The Board thanked DPD, her mother and her daughter for attending the Board meeting to share their experience.	
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 11 th July 2018 were approved as a correct record, subject to clarification of paragraph 8.18, which related to front loading of therapies. The action log was reviewed and progress with actions noted.	

4.2.	CW asked whether there was any progress on reporting to the Board about learning from the Gosport report and it was confirmed that this would be on the agenda for the Quality Assurance Committee in December.	
5.	Chairman's Report	
5.1.	The Chairman gave a verbal report on her activities since the last meeting.	
5.2.	The highlight had been celebrating the CQC result. Recognition of staff and what they had achieved had been a fantastic outcome and a source of joy and pride. SB had attended the presentation of certificates to the first cohort of Quality Improvement yellow belt training. This had led to reflection on the importance of providing conditions conducive to staff achieving equivalent success and making this prevalent across the organisation. Where improvement crossed a system, a bedrock of relationships had to be in place before those projects could be successful. She looked forward to a visit to Western Sussex to see how they had embedded QI work. SB had also attended the recent Volunteer awards, meetings with governors, and recruitment for consultants.	
5.3.	External events included meetings with MPs Ed Davey and Vince Cable. SB had also taken part in the recruitment of the Chair of a mental health trust and, in support of the Aspiring Chairs programme, had been linked with a prospective Chair by NHSI. SB noted the changing landscape of the NHS and that the ten year plan would tackle health in a different way. The Chair had been involved in discussion with the SW London STP team about how NED and Chair involvement in the STP could be increased and how this would relate back to individual Boards to share progress and decisions.	
5.4.	With regard to training and development, SB had attended a helpful NHSI training session with SS on risk management. She had also attended a conference on integration at which NC had been speaking about integrated care systems.	
5.5.	SB had taken part in Governor training on effective questioning, as well as attending two information sessions for prospective governors supported by two of the current governors.	
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 commented that the report was testament to the enormous variety of activity. The CQC report had been a momentous point in the period since the last meeting in July, and she was still receiving congratulations on the outcome.	
6.2.	The Board had been provided with detail on winter planning and discussion on this would continue over the next few weeks. Operationally, this was where the Executives were spending most of their time. The previous winter had been particularly challenging and the strands of learning had been brought together gradually over the past six months. In her role as Chair of the A&E Delivery Board, AR was working towards agreeing a whole system response to address the peaks of winter pressure.	
6.3.	A formal internal group had been set up to plan for all potential implications for operation from January to Brexit and beyond. A report would be made to the next Board meeting.	
6.4.	The Executive Management Committee would be working towards a decision on blue badge holder parking, the formal review having been completed. The Chief Executive and Director of Nursing & Quality had accepted an invitation to	

	attend the Kingston Health Overview Panel in October.	
6.5.	AR highlighted a step change in care of patients with learning disabilities and welcomed the approach. She noted that the number of patients with learning disabilities attending the Hospital is very small but that raised expectations on systems and training would still apply. The Trust was already in a good place and would enhance the provision as required.	
6.6.	The Staff Survey had been launched and the aim was to surpass the previous year's engagement rate of 53% in order to get the best possible quality of conversation with the staff about their experience. AR described actions taken to address issues around bullying by patients of staff, which had been a theme from the 2017 survey.	
6.7.	Local health and care plans were being developed for each borough and the Trust was interacting with the emerging priorities through full day engagement events. She was optimistic that developing relationships across all boroughs, but particularly Merton and Wandsworth, would help closer working on patient discharges. AR welcomed the arrival of the independent NED Chair of the SW London Health & Care Partnership and her helpful agenda to bring NED leadership into the partnership in a different way.	
6.8.	A bid to extend Mental Health facilities in A&E had been approved. The intention was to run a pilot psychiatric decision unit on site. The pilot would be used to evaluate outcomes for patients, discharges without Mental Health care, and the impact on non-Mental Health patient experience in A&E. AR acknowledged Mental Health as an emerging priority for the NHS and referred to joint working with the Mental Health Trust as a way of achieving holistic care. She outlined the concept of primary care home as being around a 40-50k population building block, supported by integrated care partnerships at borough level, an integrated care system at STP level and NHSE/NHSI planning at integrated regional level across London. Legislation would not necessarily keep pace and this could create some tensions. The Board would be thinking about what this was likely to mean and the extent to which the Trust should anticipate the changes or await guidance.	
6.9.	RH responded that it was clear the Trust does have Mental Health as one of its priorities and she would be looking to see how activity was integrated in support of this priority across the Trust, as well as nationally. She thought partnership with community providers would be crucial and that part of the Trust's role is to advocate for others to enable them to develop joint working. Some of this may be early stage prevention and recognition of unrelated conditions.	
6.10.	CW had seen reference to a learning disabilities passport and asked whether there was awareness of these at the Trust. SBr confirmed that she and NK were meeting with community providers to develop the Trust's work in this area, and that the passports are already used to support patients' needs. In response to a question from JM, SBr explained that there was no compliance date to be met on learning disabilities requirements. A gap analysis would be developed with community providers and a proportionate response agreed.	
6.11.	SH had been pleased to hear that the CQC result had been well received by staff. Noting the report on winter planning and the challenges ahead, she asked what plans there were to support staff resilience and well being. AR noted that there was a judgement to be made about how best to use people's time when thinking about events such as the Annual Awards. Experience of Winter 2017/18 had shown that pressure should be regarded as a marathon and not a sprint. The Executives had been considering what to do about staff resilience, moving non-urgent activities into April/May and pursuing the health and wellbeing agenda. AR believed that small things such as these would make a difference to staff resilience.	

6.12.	SB reported that the family of former NED and Senior Independent Director, Michael Jennings, had agreed to a leadership award being named in his memory at the Annual Staff Awards ceremony. She believed this was a fitting tribute.	
QUALITY AND PERFORMANCE		
7.	CQC Inspection Report	
7.1.	The Board had received a report summarising the outcome of the CQC inspection of the Trust which had taken place in May 2018.	
7.2.	SBr noted that achieving an Outstanding rating presented opportunities for the staff to develop services and to develop themselves. It was good to note that the very small group of Trusts rated Outstanding overall now included the Royal Marsden, and therefore cancer patients could be assured that care would be outstanding throughout their journey.	
7.3.	SBr linked the report to the patient story. Throughout, the report showed that the patient is at the heart of what we do, that staff work creatively, care about each other, and live the values. The one remaining 'Requires Improvement' area on the grid was not about quality of care but about the environment in ITU and only investment could resolve this. SBr highlighted that, even though the ITU is a challenging environment, there are no safety or quality issues.	
7.4.	The Board noted that the CQC had identified no must do actions, and only a small number of should dos. An action plan had been developed which would be monitored at divisional level and reported to the Quality Improvement Committee and Nursing & Midwifery Board.	
7.5.	NC asked how achievable the 'should do' action was on recruiting middle grade doctors in ED given the national position. AR observed that the CQC does not need to define must or should dos in terms of being achievable, only to note the gap for the Trust to resolve. MM described this as a 10 year national problem, for which continuing with the same approach could not be the solution. A multiple profession approach was needed and work had started in ED on this. JKW added that, as well as looking at other professions to fill the gap, variation of medical roles was also being looked at.	
7.6.	JF was asked to comment on the Use of Resources judgement of Requires Improvement and highlighted non-achievement of the control total as the key issue. Other areas within the report were performing well. The Board emphasised the commitment to achieving the control total for the current year, noting that this appeared to be on track. AR had sought guidance from NHSI to see if it was possible to look again at Use of Resources and in isolation. Use of Resources assessments were a new regulatory approach and there was a willingness to consider this, however the discussion was still to reach an outcome and she would keep the Board informed.	
8.	Integrated Quality & Operational Performance Report	
8.1.	The Board had received the integrated report for August 2018. Executive Directors presented key messages under each of the CQC domains.	
8.2.	JKW presented the safety KPIs, noting new definitions on Pressure Ulcers which meant that lapses in care were deemed to be avoidable. JG asked if this was a change in language or that the standards were less stringent. JKW emphasised that there was the same level of scrutiny as before and SBr described the activities of the PUMP (pressure ulcer management) group, which actively investigates each incident to learn lessons and change procedures.	

8.3.	An increase in Falls had been noted and Swarm (a form of post-incident huddle that allows rapid investigation and learning) was being used to look closely at the environment for each fall immediately afterwards. CW was concerned about falls in non-ward areas and requested a report to QAC on this.	SBr
8.4.	Discussion took place regarding the data shown in graph k1.10 Completed Patient Observations - Paediatric Inpatients (NEWS). JKW explained that the measure required every observation to have been done in order to be able to record as completed but for Paediatric patients blood pressure tended not to be taken. All gaps were audited and looked at in the NEWS (National Early Warning Score) group chaired by Deputy Medical Director.	
8.5.	It was noted that the Trust no longer routinely used the Patient Safety Thermometer, although it remained in the report. It had been agreed with the CCG to collect the information for this measure twice yearly.	
8.6.	JKW reported a change in governance for Sepsis, alongside deteriorating patient and NEWS. She had no doubt that KHFT is effective in delivering Sepsis 6. SB was pleased that the Deputy Medical Director was taking the Sepsis work forward; huge effort had already achieved great progress and this would help to focus on the final steps.	
8.7.	The Board noted that learning from deaths is well embedded, with a standardised process across the Trust. She also noted that the Trust continued to perform well on the stroke service audit, Kingston Hospital having achieved an 'A' rating for overall performance continuously since August 2017.	
8.8.	RH asked a question about audit of Structured Judgement Reviews. JKW explained that Trust was continuously auditing reviews and numbers and planned to look at consistency as part of that process. RH noted that an Audit Committee action had been to identify how the Trust would keep on top of the numbers of people to be trained. JKW reported that 15 people were now trained. She was keen to increase the numbers of nurses and therapists trained to carry out these reviews as it had been recognised they brought a different perspective.	
8.9.	SBr highlighted work around reviewing the deaths of patients with a learning disability, for which training was taking place that day. She supported JKW's views on having a wider investigation team. Learning from external sources was also beneficial in broadening knowledge.	
8.10.	Under 'Caring' SBr reported that formal complaints for August 2018 were in line with the previous year. She took from the themes identified the need to link transformation of outpatients with improvements in patient administration. RH asked whether there was any correlation between the increased complaints response rate and the number of reopened complaints. SBr had checked and was confident that the number reopened was not due to poorer responses.	
8.11.	The Board was pleased to note that the FFT rate was increasing. CW thought it interesting that staff attitude appeared as the top theme in both positive and negative responses, which reinforced that getting attitude right makes a huge difference.	
8.12.	SB noted that the Board would receive a mid-year progress report on achievement of the Quality Goals for 2018/19 at the next meeting, which would give a more detailed stocktake on some of these issues.	SBr
8.13.	Under 'Responsive' MM reported good performance on cancer. She highlighted continued pressure nationally on diagnostics and challenges around 2 week referrals. There had been a step change since e-referrals went live. Although this had been anticipated and investment had been made, capacity	

	was still under pressure and a different approach was required. 38 day reporting was showing a slight slippage, and it was noted that this would have an impact on performance. MM emphasised that there was no complacency around this position.	
8.14.	The referral to treatment measures had been challenging due to increase in demand but was still above 92%. Some specialities with capacity were helping neighbouring trusts and this was behind an increase in 52 week waits. This was the right thing to do as patients would have waited a lot longer had KHFT not provided assistance.	
8.15.	MM was pleased to report that A&E had been the best in London but remained challenging, despite a reduction in average length of stay. She explained that 8-10% of patients required resuscitation and take longer than 4 hours to stabilise. Work was taking place to look at measuring outcomes rather than %.	
8.16.	SB asked what could be done to support Radiology. MM explained there was national recognition that investment in diagnostics is needed and the Trust would continue to do what can be done locally. She highlighted that the Radiology service was very responsive in balancing priorities and resourcing.	
8.17.	JKW thought standardisation of pathways across the system was recognised as a solution, for example in developing the cancer strategy for SW London. CW asked whether there would be merit in doing a Deep Dive to understand pressures at different parts of the cancer pathway and would consider this with NK.	CW/NK
8.18.	Under 'Well Led' KC reflected that vacancies, turnover and absence had reduced since the CQC inspection and noted that the improvement was a result of the focus of the past two years. KC highlighted interventions that appeared to be reducing turnover. The rate for September was 14.45%, the lowest for five years. The Board welcomed the move in the right direction.	
8.19.	KC explained that the Executive Management Committee had conducted a Deep Dive into statutory and mandatory training, the conclusions being that the systems and offer are good but that compliance remains an issue. There had been a major push over the summer and corporate departments had been given a target close to 100%. The issue now would be for Managers to keep on top of knowing when staff have slipped into non-compliance so that they can push for completion.	
9.	Finance Report	
9.1.	The Board had received the Finance Report for Month 5. JF presented a summary of the main headlines, highlighting income received for the pay award. The underlying position on income was slightly behind the plan.	
9.2.	It was noted that the pay position was encouragingly below plan, despite continued pressure around middle grades. Non-pay and capital were both broadly on plan.	
9.3.	JF reported that the Finance & Investment Committee (FIC) had focused on the remainder of the financial year and hitting the control total. The challenge of winter would have a bearing on the financial position, as would the continued level of performance on non-elective activity.	
9.4.	AR elaborated on JF's reference to whole system working on winter, noting financial pressures on CCGs in SW London and Surrey. It was difficult to judge where discussion on managing the pressures would land, but evident that the discussion was about the whole system and not just the Trust's position.	
9.5.	JF highlighted that PSF (Provider Sustainability Fund) funding relates to A&E performance and that M6 has been challenging in that respect.	

9.6.	JG underlined that the FIC had looked at the financial risks in detail, including the worst case/best case scenarios in order that the NED cohort had an understanding of the totality of risks around winter. He sensed that planning and forecasting with system partners had improved but there was more work to be done and winter remained a concern.	
STRATEGY AND POLICY		
10.	Patient & Public Involvement Strategy	
10.1.	SBr presented the revised PPI Strategy for approval by the Trust Board. She thanked all who had contributed to the revision. The high level strategy would be supported by detailed plans and would take involvement and engagement to a new level.	
10.2.	A new pledge (8) had been added - 'We will actively support all members of our staff to fully involve patients (or those speaking on their behalf) in decisions about their care and treatment.' SBr noted that the patient story supported the value of this pledge, which would bring about a broader engagement approach incorporating a variety of views, not just those that are easy to reach. The patient story had also talked about the community in the care of the patient, not just the Trust.	
10.3.	RH agreed that Pledge 8 was a valuable addition. She was conscious that 'involving' could be interpreted as 'have they understood what we're saying' rather than understanding the impact on individuals. RH was pleased the Trust would be ensuring a sufficiently diverse group of people was used to help shape and inform practice and asked SBr to think about whether the Equality & Diversity (E&D) Committee might have some input.	SBr
10.4.	CW asked about Pledge 3 - 'We will develop capability to support staff, patients and members of the public to work together' - and what it would mean in terms of resourcing. SBr explained that this would require training and support to empower staff to have confidence to act in this way.	
10.5.	SB observed that the E&D Committee had shifted its focus in order to look equally at workforce and patients. She thought there was an interesting discussion to be had about how to ensure the Patient Experience Committee (PEC) and E&D Committee do not duplicate but achieve cross-fertilisation. This agenda item had prompted SB to consider that an annual report on Patient Experience in a holistic sense would be beneficial to the Board. All agreed this would be a valuable addition to the forward plan.	SBr/SS
10.6.	The Board approved the Patient and Public Involvement Strategy 2019-22, commending it as readable and a good communication tool.	
ANNUAL REPORTS		
11.	Infection Prevention & Control (IPC)	
11.1.	SBr presented the annual IPC report for 2017/18, and explained changes in the line management of IPC and the decontamination lead. There were now more IC nurses on the wards and supporting the service, and the change in governance from working group to committee had been beneficial for IPC.	
11.2.	SBr drew out a number of key points for the Board to note, including point of care testing for flu making a difference in being able to manage admissions and also discharge from A&E. CDiff had been prioritised in-year and learning had led to hand hygiene improving significantly.	
11.3.	RH asked for clarification on a statement that MRSA screening to Astor Ward should cease. It was explained that national guidance had changed and it had taken time to get the message out.	

11.4.	Discussion took place on Graphs 1-4 within the report and the benchmarking messages conveyed. It was concluded that it was right to share this national data set but that there may be better ways of drawing conclusions on KHFT's position. SBr was asked to consider this point for the next annual report.	SBr
11.5.	SB asked about E.coli and underlying causes for a worsened position. SBr explained that this was difficult to resolve and the Trust was working closely with GPs to reverse the position. The infections were predominantly UTIs and often present on admission in ED. A new Urology CNS will work alongside matrons on catheter care and catheter passports to ensure the Trust communicates with the community, including nursing homes.	
12.	PALS, Complaints and Incidents	
12.1.	SBr presented the annual report providing an overview of the Patient Advice and Liaison Service (PALS) contacts, complaints, claims received, and inquests involving the Trust. She noted that complaints were down 17% but that reducing the rate was not the aim due to the value of the feedback. The Ombudsman rate was also low for the year and both outcomes were reflective of robust processes and the hard work of the PALS team. SB asked that the performance indicator reported to PEC - complaints as % of activity - be included in the annual report next time as this was a very useful measure.	SBr
12.2.	A thematic review indicated that Radiology and car parking were where the greatest issues are, followed by communication concerns and staff attitude. Complaints about appointments was lower than the previous year but remained an issue.	
12.3.	The rate of claims was static, against a rising picture nationally so this was a good result. Obstetrics & Gynaecology, A&E and Orthopaedics were the most common services to have claims and this was in line with other Trusts.	
12.4.	It was noted that an increase in CNST contributions was reflective of the national picture and was controlled by focusing on safety, especially in maternity. CW observed that the CNST contribution was confusing as the cost pressure appeared to be out of proportion to the percentage increase. JF clarified how CNST related to the tariff and how the resulting cost pressure had been addressed by varying the control total.	
12.5.	The number of inquest matters opened had risen against the previous year, which was attributed to better awareness of the process amongst the general public. The Coroner was reported to have been impressed with the Trust's risk management processes.	
12.6.	AR commented that this work was carried out by a very small team which contributes an enormous amount to the working of the Hospital and goes beyond expectations in order to help patients and families to resolve issues. The Board asked that their thanks be conveyed to the team.	SS
13.	Information Governance (IG)	
13.1.	SS presented the annual IG report for 2017/18. The Board noted the content and that the IG Toolkit remains satisfactory. This was the final year of that format and a new Data Security and Protection Toolkit would be completed for 2018/19; this would be more focused on cyber security than the IG Toolkit had been.	
13.2.	It was noted that the performance indicator for freedom of information requests had risen to 83% from 63% the previous year. The number of FOIs had remained relatively stable at 622 (618 last year).	

13.3.	There had been two serious incidents requiring investigation relating to IG during the year. Both had been reported to the Information Commissioners Office and neither required any further action.	
13.4.	The Trust was considered to be compliant with GDPR and an internal audit had been commissioned for independent verification, due to start later in the month. There had been an increase in the data protection notification fee to £2,900.	
BOARD COMMITTEE REPORTS		
14.	Audit Committee	
14.1.	JM presented the report from the Audit Committee meeting held on 27 th September 2018. The Committee had welcomed the work done to bring overdue actions on management recommendations under control. The Committee had also received assurance that there were strong processes overall in terms of fraud.	
14.2.	A report on Emergency Preparedness had demonstrated that there was good governance in place.	
15.	Quality Assurance Committee	
15.1.	CW presented the report on the main areas of discussion at the QAC meeting held on 6 th September 2018. The Hospital had been operating under Silver command that day, which had reduced attendance but had demonstrated the level of expectations on staff when the Hospital is under pressure.	
15.2.	The Committee brought to the attention of the Board the need to continue to keep an eye on quality indicators to make sure that attention is on the most important things, particularly as the Trust begins working towards excellence.	
16.	Finance & Investment Committee	
16.1.	JG presented the report on key issues discussed at the meetings of FIC held on 22 nd August and 27 th September 2018, noting that two meetings were reported but that his report would concentrate on the later meeting.	
16.2.	As JF had given a thorough exposition of the Committee's focus earlier in the meeting, JG summarised that the M5 numbers show the Trust tracking well towards a challenging target and that there is encouraging progress on financial improvement plans (FIPs).	
16.3.	He believed that discussion at FIC had given NEDs a good insight in order to gain assurance on progress towards the control total this year and he was relatively confident of hitting the forecast deficit at this point.	
CHARITY TRUSTEE		
17.	Charitable Funds Committee	
17.1.	The Board had received a report on the meeting of the Committee held on 20 th September 2018 and JM highlighted that increased focus was bearing fruit. However, demand also remained high and the refurbishment of Blyth Ward would be completed in October. Kennet Ward would follow.	
17.2.	The Board was delighted to hear the Charity had been chosen as the Bentall Centre Charity of the Year 2018/19.	

GOVERNANCE		
18.	Governance Report	
18.1.	SS presented a report covering a number of actions for approval and items for information in relation to governance. The Board noted use of the Trust seal and that a review of terms of reference of the Executive Management Committee is taking place with a review planned for February 2019.	
18.2.	The Board approved changes to Committee structure and terms of reference as described and approved amendment of the Standing Orders to incorporate arrangements for deputising for Directors.	
18.3.	The Board endorsed the transfer of the Responsible Officer function from the Medical Director to the Deputy Medical Director with immediate effect.	
19.	Board Assurance Framework	
19.1.	The Board had received the BAF for month 5 (August) and reviewed the content of the report. SS presented the executive summary.	
19.2.	The Non-Executive Directors recognised the volume of work taking place and thanked the executive team for their outstanding commitment to achieving improvement and systems integration.	
20.	Items discussed in Private	
20.1.	The Board noted in the public domain an outline of the matters covered in private at the last meeting.	
21.	Forward Plan	
21.1.	Content of the forward plan was noted.	
QUESTIONS FROM THE PUBLIC		
22.	DD was thanked for his valued and respected contribution to the Council of Governors as he would be standing down in November 2018. DD commended the Trust for the amount of information contained in the last patient appointment letter he had received. He had been particularly impressed by the information on transport links. He asked whether the Trust would consider a very different approach, i.e. to dispense with providing parking at the Hospital. AR accepted that some Trusts had taken that route but that there was no single solution and reality versus expectation was complicated. However, she agreed that sometimes it was helpful to think about problems in the opposite way.	
23.	In the context of an excellent patient story and the very welcome CQC result, RA noted how much reputation matters. He believed governors were concerned about the blue badge holder parking issue and potential reputational damage. He thought the process of the review may potentially have alienated people. RA asked the Board to consider taking on board that there should be some preferential cost arrangements for blue badge holders on the basis that they are likely to visit the Hospital more frequently. AR noted the variety of people involved in the review, including governors, and took a different standpoint on whether this had been welcomed. The review had undertaken a structured series of reflections to reach a balanced view of the impact on protected groups, as was required by the Public Sector Equality Duty. She was confident that the EMC would have a considered discussion of the range of options the review had produced.	

24.	BG had been pleased to hear discussion on equality and diversity as part of the PPI Strategy item. She noted that the strategy did not include the Trust's E&D statement. The Board discussed whether reference all patients within the strategy was sufficient and it was agreed to look at attaching the E&D statement to the document.	SBr
25.	BG observed that the patient story presented a valuable PR opportunity, and that this reflected the many positive responses that governors receive when carrying out engagement in Maternity. She thought this was particularly relevant given financial underperformance of the service.	
26.	TS had been pleased to hear about the Mental Health pilot in A&E and asked, if the outcome shows this to be successful, whether resourcing would be funded afterwards. It was explained that this was a shared manpower model which was being piloted due to CCG concerns that it would be unaffordable. It was hoped that the outcome would be to reduce the number of admissions to the Mental Health service and thereby demonstrate value.	
27.	JS had read news stories about patients being restrained by Police using stun guns and asked whether this took place at KHFT. AR reported that when there was a police presence on site, (supported by our security guards) there was no evidence of such incidents at KHFT.	
28.	RESOLUTION TO MOVE TO CLOSED SESSION	
28.1.	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".	
28.2.	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.	