Kingston Hospital
NHS Foundation Trust

Minutes of the meeting of the Board of Directors held on
27th March 2019 – 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
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
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
Present non-voting:		
Alexandra Berry	Director of Integration	AB
Susan Simpson	Director of Corporate Governance	SS
Apologies:		
Rachel Benton	Director of Strategic Development	RB
Jonathan Guppy	Non-Executive Director	JG
Jane Wilson	Medical Director	JKW
In attendance:		
Lauren Castledine-Wolfe	Physiotherapist (Staff story item only)	LCW
Jo Duffin	MindBody Practitioner (Staff story item only)	JD
Roujin Ghamsari	Head of HR Business Partnering (Staff story item only)	RG
Georgina Mabey	HR Business Partner (Staff story item only)	GM
Diana Steadman	Staff Chaplain (Staff story item only)	DS
Rev Susan Van Beveren	Lead Chaplain (Organ Donation item only)	SVB
Helen O'Connor	GMB Union item only	HO
Paul Maloney	GMB Union item only	PM
Michelle Gordon	GMB Union item only	MG
Frances Cordier	GMB Union item only	FC
Governors:		
Richard Allen	Public Governor - Kingston, Lead Governor	RA
Marilyn Frampton	Public Governor - Merton	MF
Jane Keep	Public Governor - Richmond	JK
Frances Kitson	Public Governor - Kingston	FK
Felicity Merz	Public Governor - Wandsworth	FM
Terry Silverstone	Public Governor - Richmond	TS
Members of the public:		
Kate Fitzsimmons		
Aamir Ali		

1.	Staff Story	Action
1.1.	KC introduced the Health and Wellbeing team, who would be presenting a trio of stories to explain the impact of the Trust's focus on supporting the health and wellbeing of staff. SB was delighted that this story was at the start of today's meeting as she believed the investment in the team had been so important for staff morale, as well as for cost-effectiveness.	
1.2.	DS began by setting the context of working in the NHS and some of the challenges faced by staff. She described the Trust's work on health and wellbeing as ground-breaking and explained some of the initiatives introduced to help support staff with the emotional side to the work. She read feedback from staff in the Emergency Department about how the support had helped them with their mental health.	
1.3.	DS had introduced a four-hour session on resilience that would be delivered to all nursing staff on adult wards. Feedback on early sessions had indicated the value of this exercise as a way of speaking up without fear of judgement. DS drew to the attention of the Board that it would be difficult to meet demand without further resource.	
1.4.	LCW presented the case study of an HCA working full-time at KHFT. LCW had a holistic approach to health and wellbeing and thought it crucial to discuss mental and emotional health, sleep and diet, together with physical health. She described the elements of support available within the Trust and in the community that she had been able to signpost for this HCA and the impact this had had on the individual.	
1.5.	JD described the work she did in the Trust as a MindBody practitioner. The Board, governors and public took part in an interactive demonstration of the sensation of feeling supported.	
1.6.	KC asked the Board how the individual stories about interaction and relationship with staff had made them feel about their role in the Hospital. SB described her joy at chairing the Health and Wellbeing Committee and the connection it had brought to the members of the team present today, as well as to staff. The stories today had demonstrated the importance of this approach to the Hospital. RH thought the approach was essential, given how busy the Hospital is and how staff can feel; if staff are not resilient and being looked after then clinical care may suffer.	
1.7.	NC commented on the importance of building great teams and the amount of effort it takes to do that. The sense of common purpose, non-hierarchical working and spending time together had been an important lesson in terms of productivity and patient safety. CW echoed this and asked where the emerging issues from these staff interactions were gathered for discussion at a strategic level. KC explained that the Health & Wellbeing Board would be where the intelligence was drawn together, but the information would also permeate through all line manager/staff relationships in the organisation. The Board would also gain insight through the Staff Survey.	
1.8.	AR added that she thought it was very important to have two way communication with the top of the organisation, and active listening at that level, so as to demonstrate a genuine focus on the holistic care of staff. That conversation enabled the senior team to test ideas, take feedback from staff and evaluate what works in practice. She was proud of the Trust's investment in	

	keeping staff healthy and well, which would support staff to work effectively at the top of their capability.	
1.9.	KC asked the Board how what had been heard would help them reflect on the agenda ahead. SB thought the thread would run throughout the day as the Trust's greatest resource is its staff, delivering outstanding care day in, day out.	
1.10.	KC asked if there was anything the Board would want to focus on to inform walkabouts going forward. RH noted that SBr had led a Walkabout in the previous week where the focus had been on care for staff who are not as vocal as they might be due to their cultural upbringing. It was important for the Board to remind themselves to ask whether we really know what staff are thinking.	
1.11.	SB thanked the Health and Wellbeing team for an inspiring and invigorating staff story.	
2.	**Apologies for absence**	
	Noted as above.	
3.	**Declarations of interest**	
	None.	
4.	**Minutes of the last meeting and matters arising**	
4.1.	Minutes of the meeting held on 30th January 2019 were approved as a correct record, subject to addition of a missing word in paragraph 7.11. All actions were noted as completed or on track.	SS
5.	**Chairman's Report**	
5.1.	As this was JM's last formal public Board meeting after many years of service, SB thanked JM for her enormously valuable contribution to the Board and as Audit Committee Chairman. It was no surprise that, thanks to JM's expertise and relentless focus, the Trust had received excellent audit reports from both internal and external auditors.	
5.2.	This was also the last Board meeting for the Chief Executive after 3.5 years leading the Hospital. SB acknowledged the difference that AR had made to the health systems of SW London, the wider London area and to KHFT. AR was leaving the Hospital with a strong Executive team and the organisation well-placed to go forward. The Hospital had gone from strength to strength in terms of staff engagement and strategic partnerships, had achieved CQC 'outstanding' for quality, caring and leadership, and now had a strong reputation in the eyes of patients and staff. SB thanked AR for all she had done for the population, patients, staff and Hospital. SB was delighted to report that JF would be Interim Chief Executive from 1st April 2019.	
5.3.	In terms of highlights since the last meeting, SB had attended the graduation ceremony for Nursing Associates and noted how this encapsulated the aspiration of the Trust to promote the development of people and helping them to reach their potential.	
5.4.	The 'Time to Talk' day, during which she had toured the Hospital encouraging people to talk and discuss their mental health, had also been a highlight.	
5.5.	SB recommended the Board to visit the recently opened Maxwell Thorne Haematology Day Unit if they had not done so already. It was an excellent example of how charitable funds - a single benefactor in this case - can be used to great effect, and what a difference this can make to patient care.	

6.	**Chief Executive's Report**	
6.1.	AR began by thanking the Board and all of the Executive and Non-Executive Directors she had worked with during her time at KHFT. She was grateful for what they had all achieved together and she had benefited greatly from the blend of challenge and support they provided. AR also acknowledged the active contribution of the Council of Governors; they are passionate about the Hospital and key to what the Trust does. She extended a special thanks to all staff working in the Hospital as without them what the Hospital achieves would not be possible.	
6.2.	AR drew out a number of elements of the report received by the Board for particular attention. She thanked SS for leading preparations for EU Exit and said that she thought the Trust was as well-prepared as possible. The Executive Management Committee had met earlier in the week to review planning and had noted detailed plans around people, scenarios, goods and services. She asked the Board to be aware that if 'no deal' becomes a reality then management focus would turn to managing any impact.	
6.3.	The Trust's response to an independent review into allegations of bullying and harassment within Theatres had been summarised within the report. AR emphasised that the Executives were fully behind the work taking place to support staff to work through the issues identified.	
6.4.	It was noted that MM would now be the Executive lead for the Private Patients Unit (PPU), with the new contractual arrangement commencing from 1st April 2019. The Unit would be managed as an integral part of the Hospital delivering high quality private practice and maximum benefit to the Hospital alongside a private partner.	
6.5.	A report on Clinical Excellence Awards had been provided to the Board for the first time. AR was pleased to see that the number of female candidates had increased and this was the result of a strategy to encourage female doctors to apply, particularly from the younger age groups.	
6.6.	Thanks were expressed to the Estates and Finance teams for bringing the work on the contract for sale of Regent Wing to successful conclusion. AR also acknowledged the support provided by the Non-Executive Directors to ensure that the governance of the project was right. The contract would bring great financial benefit to the Trust as well as the opportunity to improve the estate for patients and for staff.	
6.7.	The fire safety programme of works was nearing completion and AR was pleased to confirm the return to horizontal evacuation in Esher Wing. She gave credit to the Estates and operational teams for maximising the investment in improving the overall environment as well as improving fire safety.	
6.8.	AR was particularly proud of the progress made in caring for patients who present in the Emergency Department with mental health issues. The Mental Health Assessment Unit had been key to this work.	
6.9.	CW asked in relation to the PPU whether the Medical Director and the Director of Nursing & Quality had been involved in the clinical governance arrangements. AR confirmed that they had both been involved; this had been central to making the decision as it affected how care is managed and staff are led and developed.	
6.10.	CW asked how the business case for Vera Brown House will support agile working. KC, as Executive lead for the project on agile working, described three departmental pilot projects under way: in Human Resources, Business	

	Intelligence and Maternity. He defined the difference between flexible working and agile working. KC described work to develop a recruitment hub across SW London as an example of opportunity to achieve efficiencies. Agile working was firmly on the agenda for 2019/20	
QUALITY AND PERFORMANCE		
7.	**Integrated Quality & Operational Compliance Report**	
7.1.	The Board had received the report for February 2019 and Executive leads presented the summaries under the CQC domains.	
	<u>Safe</u>	
7.2.	SBr presented the summary reports on Pressure Ulcers, Falls, Serious Incidents, Infection Control and Maternity. New guidance on Cdiff had been received for the coming year and further detail would be provided to the Board at a later date.	
7.3.	NC commented that if pressure ulcers at categories 3 and 4 had increased, yet were not attributable to the Trust, then these must be developing elsewhere. He asked for an update on work on pressure ulcers with CCG quality leads. SBr explained the mechanisms for this discussion taking place. It had been identified that KHFT has a higher proportion of elderly and frail patients admitted from their own homes than elsewhere, and often this is the first time they have become known to support services. There was work to be done on getting information into the community about pressure damage in a meaningful way.	
7.4.	CW asked how the Board might understand more about what pressure ulcers mean for the patient, and whether this could be discussed at QAC to get a perspective other than the overall numbers. SBr said that the process for review highlights the impact on the patient, for example in length of stay, medication, or destination on discharge, and that detail could be brought to QAC for a deep dive. AR thought there may be merit in looking at whether information could be disseminated through integrated working with small groups of GPs or the voluntary sector.	CW/SBr
	<u>Effective</u>	
7.5.	SBr presented the summary reports on Mortality, Dementia Screening, Prevention of DVT, and Clinical Audit and Effectiveness.	
7.6.	The Board welcomed the Trust's results in the national audit of heart failure, with the Trust's performance remaining at 100% for a second year for treatment; this compared with 44% of patients nationally. CW had appreciated the format of the report showing what makes this happen and saw this as a good example of collaborative work. SBr was asked to feed back to the Head of Clinical Audit and Effectiveness how useful this was in terms of spreading good practice through the learning.	SBr
7.7.	It was noted that the Sepsis data in the report was incomplete. SBr confirmed that the data had been collected but as CQUIN reporting was quarterly had not yet been analysed. She was asked to circulate the year-end position to the Board separately.	SBr
7.8.	RH had been pleased to see progression on mortality, which was another area where learning has been shared. She asked for assurance that multi-disciplinary team attendance at the review meetings continued. SBr confirmed this was the case.	

7.9.	SB asked what the Board should know about the changing rules around investigation of stillbirths. SBr explained the move to ask coroners to investigate some stillbirths, which would reflect what happens with adult patients, and was in line with work with the Healthcare Safety Investigation Branch (HSIB) around maternity care. SB requested more clarity on definitions on this, and on the Medical Examiner role. It was agreed to take a report at Quality Assurance Committee followed by a summary to the Board.	SBr
	<u>Caring</u>	
7.10.	SBr presented the summary reports on complaints and FFT, noting that she was monitoring the reopened complaints rate. Whilst the FFT was presenting a positive picture and feedback had increased, the number of complaints was lower than SBr would expect and she was looking into how best to facilitate complaints being made.	
	<u>Responsive</u>	
7.11.	MM presented the summary reports on cancer, RTT and A&E performance. She explained that the Outpatients transformation work would release capacity for new 2 week wait referrals, and so was key to performance on this. It was also noted that the new approach to breach allocation for Cancer would affect KHFT due to patients who move outside KHFT for interventions but that MM was working with partners to manage the position. The Trust had benefited from being a trial site for the 28 day target and diagnostics remained key to achieving what was required for 7 day.	
7.12.	A&E performance in February 2019 had been 86.68%, despite activity being 16% up on last year. MM reported that mechanisms for dealing with high pressure are strong and robust and the whole system response excellent. SB asked what the position was likely to be at the end of Q4 and whether the trajectory would be achieved. MM was confident that the whole system trajectory would be achieved at the year end. This was now a cumulative figure, no longer quarterly.	
7.13.	Significant work had been undertaken on moving towards the 15 minute ambulance handover target. An explanation was given on the numbers within the LAS conveyances table, which showed the percentage within month.	
7.14.	AR suggested identifying the number of cancer diagnoses as part of non-elective caseload. Historically this had been an issue in SW London and could potentially lead to unanticipated growth. MM explained that this work is in train as part of Outpatients Transformation Programme. NC noted that the enhanced service for Primary Care Networks on early detection of cancer requires a more collaborative approach.	
7.15.	SB triangulated the increase in activity with the heartening feedback received on how staff in ED are coping. She reflected on low turnover and high morale and how different this was to the position only a few years ago. She commended this achievement noting that when a department is under so much pressure it is very easy not to prioritise staff development.	
	<u>Well Led</u>	
7.16.	KC focused on three of the KPIs in his summary report. The Statutory and Mandatory Training rate was 78% for the month, a significant uplift from 68% two months ago, although still below target. He credited the operational managers who had focused on compliance for the improvement.	

7.17.	Infrastructure work for the introduction of the ESR system which would underpin compliance in future had now been completed. He also identified that all new staff, or those promoted, will be subject to new progression arrangements for pay and will earn increments. A fuller report would be made to the Board on the introduction of this new appraisal/pay step process.	KC
7.18.	Turnover had reduced by over 5% during the year and would need to reduce further to achieve the Trust's ambitions for excellence. A stability target of 90% had been set for the year ahead and was currently averaging 85%. The Workforce Committee had discussed specific areas to target for support and development.	
7.19.	RH was pleased to hear progress had been made on training. She asked what plans were in place to warn staff about the process and mechanism for new sanctions available through pay linked to completion of required training. KC had planned communication for the following month, which would follow national communications around the pay award. The EMC was clear that the Trust's processes should be fair and balanced and the Executives were keen to have a moderation panel in place to achieve this.	
7.20.	RH envisaged there may be unanticipated consequences from collapsing the Agenda for Change payscale which, although out of the Trust's control, could impact on turnover. KC agreed that staff will arrive at top of band more quickly than before and that it would be prudent to equip managers to deliver high quality appraisals to support staff motivation through development. As the speed of career progression may increase, reviewing career paths, particularly in non-clinical areas, will be important.	
7.21.	SB observed that increasing compliance with statutory and mandatory training had taken significant focus and asked MM whether she was assured that the ESR system will improve matters. MM estimated that rigorous monitoring of the process would still be needed for the next three months until there is assurance that the system change has achieved what it needs to do.	
7.22.	JM noted that Ophthalmology was an outlier for turnover and retention and asked whether there were any risks arising from staff shortages as a result. MM replied that turnover was mostly within the junior administration team and recognised that there had also been a substantial increase in activity in this area. However, investment had been put into Ophthalmology to support the administrative workload and there were positive signs of improvement. This would be kept at view.	
8.	**Finance Report**	
8.1.	JF presented the report for February 2019. He envisaged that the Trust will meet its control total and was confident that the stretch control total related to Regent Wing would also be achieved.	
8.2.	The report indicated an unprecedented level of delivery of Financial Improvement Plans (FIP) during the year and JF noted the importance of transformation activity and shifting the balance of elective vs. non-elective work.	
8.3.	There was a favourable cash balance at the end of month 11 and the risk rating of 1 had been maintained.	
8.4.	The Board welcomed the report, which indicated the Trust was in a good position financially and this was not something that was reflected generally across the NHS. The strategic transformational nature of the FIP, as well as increased activity to support other providers had been pivotal in changing some	

	of the recurring challenges of the organisation.	
9.	**Staff survey**	
9.1.	KC set the context for the report received by the Board, reminding that in 2014 the Trust had been in the bottom 20% with poor rates of response, engagement and advocacy. This position had been transformed on a sustainable basis over the past three years and was opposite to the national trend. The Trust's ranking was now 7th overall and sat just below a cluster of exemplar trusts.	
9.2.	KC's believed that the results presented a positive picture with work to do in critical areas. Priorities for improvement had been identified as: pay and benefits; bullying and harassment; managerial skills. KC outlined the caveats attached to each of these areas. The results presented a contradictory picture around managerial skills and it was proposed to focus on compassionate leadership as an area for development.	
9.3.	The Board discussed the plan to address bullying and harassment, which related to the behaviour of patients and relatives towards staff. SBr was looking at how to improve information for patients and relatives, and thought that the issue was also reflective of staff being more tolerant of behaviour inside the Hospital than they would accept outside the organisation. The process of escalation was now very robust and it was hoped this would demonstrate that senior staff will help with management of cases. A quarterly report was being received by the Nursing & Midwifery Board about occasions when patients and relatives have not behaved as expected and what has been done as a result.	
9.4.	NC asked whether there were scenarios of bullying and harassment experienced by staff from patients that could be worked with to improve elements within the Trust's control. SBr agreed that this was beneficial and this had been the approach taken with the Nursing & Midwifery Board.	
9.5.	RH had been struck by the range of engagement scores by department and asked whether there was to be targeted work with those in the lower range. KC responded that the Trust intended to engage with Senior Leaders at the more granular level, with input from Picker as had been done before. Triangulation with other KPIs also helped identify a pattern of support for areas where leadership and management could be better.	
9.6.	SH noted a direct correlation between communicating the response to what was said in the last survey at the right time for completion of the next. KC intended to repeat the 'you said we did' approach in time for the next survey. The Board noted that the timelag between completion and reporting presented particular difficulties in terms of moving priority areas forward in time to report by the next completion period. Pace was important in this case.	
9.7.	SB asked whether reverse mentoring for senior leaders had been considered. She had heard a presentation which had indicated this was a powerful tool. KC replied that this had been discussed as an option around diversity but could be used more generically and would be considered further	
	ANNUAL REPORTS	
10.	**Organ Donation**	
10.1.	SVB gave a presentation summarising the headlines of the annual report for 2017/18, together with the latest results for the current year. She was delighted to report that KHFT has been commended by NHSBT, helping to provide a world class service in Organ Donation giving life-saving hope to transplant patients.	

	KHFT had been upgraded to a Level 3 Trust (3-5 donors per annum).	
10.2.	SVB described the context for organ donation across London, the considerations involved in the referral for donation and the role of the Specialist Organ Donation Nurse. She summarised the success of KHFT as being as a result of effective referral processes and good support for donor families. All opportunities for donation had been referred in 2017/18.	
10.3.	SVB described the membership of the team of the staff involved in organ donation, how they raise awareness across the Trust and the training and development of the team in place.	
10.4.	The update on current activity in 2018/19 indicated that the 100% referral rate had continued. SVB reported that there were some lovely stories for the families supported through the organ donation process and the impact on the staff and the family. The process had given a traumatic and sad time in their lives a meaning and a purpose it might not otherwise have had.	
10.5.	There was more to come on the process for opt-out legislation being introduced in 2020. This would have ethical implications so would need work to ensure it was done well. The team was scoping awareness of Tissue Donation, which can take place up to 48 hours after death and so would require a different approach.	
10.6.	In terms of planning for the future, an improvement project would be developed on advance care planning, including tissue donation. KHFT had been chosen as a beacon site by NHSBT and an organ donation week in September 2019 was in the pipeline, to include a multi-cultural/faith perspective. SVB observed that there were often cultural and religious perspectives leading to patients or families declining to donate.	
10.7.	NC asked if it was the case that no faith forbids donation. SVB explained that people have a different perception of what their religion tells them. This can be different understandings around the wholeness of the body and what lies beyond death. Religious leaders can help people to understand and staff engaged in the conversations can receive information to help the discussion.	
10.8.	CW was concerned that the change in the law felt like a significant step change and was not far away, and asked what the timescale for planning was. SVB noted that there will be a national campaign around the change, with some amendment for local circumstances, and that fundamentally practice will not change much due to the very small number of people actually suitable for donation.	
10.9.	The Board noted excellent progress and successful outcomes from the annual report, which SB described as a great example of teams working together to provide holistic care for patients and families. She asked that the Board be kept informed as the deadline for the change in legislation approaches.	JKW
STRATEGY AND POLICY		
11.	**Operating Plan 2019/20**	
11.1.	JF reminded the Board that there had been a full discussion at the FIC meeting the previous week. He asked the Board to note the executive summary of the annual plan and the assumptions for budget setting, approve the recommendation to accept the control total and approve a capital plan of no more than £25m subject to further refinement.	

11.2.	JF proceeded to summarise activity undertaken since the FIC meeting and the latest position on agreements with Commissioners. He outlined the current position on FIP schemes for 2019/20 (more than £6m at the date of this meeting) and the importance again in the coming year of the transformational schemes in achieving financial improvement. It was confirmed that the FIP schemes identified would all be subject to a quality impact assessment.	
11.3.	Capital bids had been collated and an initial review undertaken to assess priorities. A risk based approach would be taken to finalising the capital programme.	
11.4.	The report included an assessment of risks that may have a significant financial implication for the Operating Plan, together with mitigating actions planned.	
11.5.	MM was asked how confident she was that the performance trajectories and operational elements included could be delivered. She responded that she was confident, albeit that the issues on constitutional standards remain same. However new constitutional standards are to be introduced in the Autumn.	
11.6.	SB highlighted that the move to a block contract, as discussed at length at FIC, would require a cultural shift and investment in time to educate and train people across the system to ensure it is embedded. The move would rely on system working and gave many different opportunities for this to develop. JF explained that during April work would be taking place to ensure priorities and incentives are aligned across the system. Most organisations would be looking to put in place block arrangement for 2019/20 and this indicated a significant change in approach.	
11.7.	AR noted that the Trust had made real progress on financial performance and she believed this had come from having a Productivity & Improvement Board chaired by the Chief Executive. The Board would need to reflect on whether this remained the right approach under a block contract and how to create the right Executive focus on money and transformation month by month under the new arrangements.	
11.8.	The Board noted the summary of the financial plan and the assumptions for budget setting, approved the recommendation to accept the control and approved a capital plan of no more than £25m subject to further refinement.	
12.	**Communications & Engagement Strategy 2019-21**	
12.1.	SS presented the new strategy which would take the Trust to March 2021. She thanked all who had contributed to development of the strategy, which had been discussed with the EMC, governors and directors across a number of different meetings. Priorities internal external and focus on members.	
12.2.	The key elements to be delivered focused on supporting change and improving quality, maintaining and improving staff satisfaction and morale, achieving an appropriate balance between internal and external engagement and building on external relationships. Plans to increase the resourcing of the Communications team would create the capacity to deliver the strategy, alongside more proactive management of the workload.	
12.3.	The Communications and Engagement Strategy 2019-21 was approved, acknowledging RH's request that communication and engagement with children and young people be emphasised in the action plan.	

BOARD COMMITTEE REPORTS		
13.	**Quality Assurance Committee**	
13.1.	NC presented the report on discussion at the meeting held on 26th February 2019, highlighting assurance sought on clinical domains. Pressure Ulcers attributable to the Trust had increased in January 2019 and the Committee would take this item forward at its next meeting. Sepsis was also on the forward plan.	
13.2.	Outstanding work in the Maternity team had been acknowledged and a discussion on post-partum haemorrhage deferred to the next meeting so as to include CW.	
13.3.	A presentation had been received on changes to cancer performance targets and KPIs, which had been covered earlier in the meeting.	
14.	**Finance & Investment Committee**	
14.1.	CW presented the report on FIC meetings held on 26th February 2019 and 21st March 2019. She drew attention to the progress made this financial year on long running projects such as Theatre efficiency, DTOCs and inpatient flow, emphasising that all of these FIP transformation had also improved quality.	
14.2.	The Committee had approved a business case for e-rostering; a more detailed review of the risks will be provided to the EMC and the project will be monitored via FIC going forward.	
15.	**Audit Committee**	
15.1.	JM presented a report on the meeting of the Audit Committee held on 21st March 2019. Three internal audit reports had been received, including a report giving partial assurance on statutory and mandatory training. KC had attended the meeting to explain planned actions. The ESR system was key to improvement and the Committee had suggested testing the data prior to launch as it was imperative this was correct.	
15.2.	Although the report on GDPR had given significant assurance, the Committee had heard from the Internal Auditors that experience of Information Commissioners Office audits elsewhere had been draconian. She urged the Trust to take these very seriously.	
15.3.	JM thanked the Executives for progress being made on risk management processes. She said her work as Audit Committee Chairman had been helped by the responsive and open culture in terms of managing risks. Acute healthcare was a high risk area and it was so important that management accepts and implements recommendations in the way she had experienced.	
16.	**Workforce Committee**	
16.1.	SH presented the report on the main areas of discussion at the meeting held on 27th February 2019. KPIs for the year ahead had been debated and she commended the Trust's responsive deep dive approach to problem areas. A review of the Workforce Strategy had indicated that the Trust continues to focus on the right things.	
17.	**Equality & Diversity Committee**	
17.1.	RH presented the report on the main areas of discussion at the meeting held on 5th February 2019. She highlighted that the Committee had considered the amalgamated National and Local Workforce Race Equality standard data and	

	concluded that although the data showed positive improvements as a whole, the percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public had increased. It had been agreed to look at how the Trust compares with local neighbours and do a deep dive into what might be helpful. NHS Improvement would shortly be setting targets to improve ethnic representation but it was not yet clear what form that might take.	
	CHARITABLE FUNDS	
18.	**Charitable Funds Committee**	
18.1.	The Board had received a report on the meeting of the Charitable Funds Committee held on 20th March 2019. JM was pleased to report that the Charity had achieved the financial target for 2018/19. She had attended a reception to celebrate the opening of the new Maxwell Thorne Haematology Day Unit and 10 years of the Sir William Rous Unit on 21st March 2019 and had found the speeches enlightening. She suggested that the video be used to showcase the work the Hospital has been doing. The progress made on research and development was impressive and the way in which charitable funds can be used to enhance NHS care was inspiring.	
18.2.	SB thanked JM for strengthening the work of the Charity whilst she had been the Charitable Funds Committee Chairman.	
	GOVERNANCE	
19.	**GMB Union**	
19.1.	The agenda was paused to allow representatives from the GMB Union to speak to the Trust Board regarding concerns they were in discussion with ISS over. A demonstration was taking place outside the Hospital that day.	
19.2.	PM thanked the Chair for the opportunity to speak to the Trust Board. The concerns raised with ISS related to working hours and terms and conditions, and were not solely focused on staff at KHFT. PM provided the Chair with a copy of a recognition agreement which the Union believed was still applicable between the GMB and ISS.	
19.3.	HO believed that their members' primary concern was about sick pay and the impact the terms and conditions operated by ISS may have on staff working at the Hospital. She asked that the Trust Board discuss the issue with ISS.	
19.4.	KC reminded the Board that he had been in a dialogue with ISS and the GMB Union for some time to try to facilitate reconciliation of the issues raised. However, the Trust was not the employer in this case and it was important to maintain the right boundaries.	
19.5.	The Chairman emphasised the value that the Board places on ISS staff who work in the Trust. She explained that the Board would consider the issues raised by the GMB Union in the private part of the Trust Board later in the day and would ask the Director of Workforce to write a formal response following that discussion. Will ask KC to write a formal response after that.	

20.	**Delegation of Approval**	
20.1.	The Board had received a report seeking approval for the delegation of authority to approve the Annual Report & Accounts 2018/19 and arrangements for signature of annual declarations on behalf of the Trust Board. SS explained the requirements and governance arrangements put in place. Delegated authority was approved as requested in the report.	
21.	**Register of Interests**	
21.1.	The Board had received the latest version of the Register of Interests declared by Board members and this would now be published on the Trust's website.	
22.	**Board Assurance Framework**	
22.1.	SS presented the latest Board Assurance Framework (BAF) aligned to the Trust's Risk Register as at 4th March 2019. Following feedback at the Trust Board meeting in January 2019, the information on risk had been expanded to show the risk description and risk score trend over the year. This information had been provided for the assurance of the Audit Committee and had been reviewed at the Audit Committee's meeting earlier in the month.	
23.	**Items discussed in Private**	
23.1.	The Board noted in the public domain an outline of the matters covered in private at the last meeting.	
24.	**Forward Plan**	
24.1.	Content of the forward plan was noted.	
	QUESTIONS FROM THE PUBLIC	
25.	RA referred to agenda items on budget planning and on education and training. He asked that the Trust be cautious in terms of cutting expenditure on Information Technology and asked whether training needs and capital planning were being looked at for IT as a whole. JF explained that that the Trust takes a risk-based approach to prioritising capital planning. He noted that there had been an unprecedented level of investment in IT recently, guided by the IM&T Steering Committee, and that this had included due consideration of the consequences of decision-making. AR added that Health Education England funding for education and training had been cut, which the Board had highlighted as a risk at the time, and that the Trust had tried to mitigate the risk as far as was possible. The Trust had set up a system for integrated review of training needs so as to balance need and investment. She believed the Hospital has a good track record of delivering IT projects and extracting business benefits. Capital planning for IT projects included building in delivery of training to help frontline staff build their skills.	
26.	FK had been saddened to read that a black or minority ethnic (BME) member of staff had a 36% chance of being abused by a patient or family member. In accordance with the Council of Governors' duty to represent the interests of members, she asked whether the CoG can be kept informed formally of what is put in place to try to tackle the problem and whether there is anything the CoG can do to assist. RH and SBr would consider how best to achieve this.	RH/SBr
27.	TS asked how often and at what stage a patient or family member would apologise when they had got it wrong. SBr reminded the meeting that people will sometimes react badly because they are upset or cross, and that this is part of looking after people who are scared, vulnerable, or unwell. She knew that	

	people did sometimes say sorry but that apologies did not always come from people who had received warnings. AR suggested that the Board give consideration to the extent to which the issue should be highlighted to the local community.	
28.	FK asked whether there had been a comparison between the experience of BME and non-BME staff in relation to bullying from patients and relatives to see whether it was different. SBr believed that it affected all staff and she referred to a case study that had been taken to the Nursing & Midwifery Board. Senior staff had been visibly upset to hear about what happened in this particular case.	
29.	FM congratulated the Board on the staff story about health and wellbeing. She asked whether consideration would be given to the introduction of the pay step in Agenda for Change and potential bullying and harassment. As there would be fewer steps and progression would be dependent on managers' review she wondered whether there were risks from that power shift. KC noted that the pay step was a nationally prescribed policy and that there had been Executive scrutiny around the mechanisms to be built into the Trust's policies to ensure fairness. The Trust was looking to introduce a moderation panel and to include training on the new arrangements in training for managers. He also reminded the meeting that staff would have a right of appeal	
30.	On behalf of the Council of Governors, RA expressed thanks to AR and to JM for their hard work and commitment to achieving the very best for the Trust.	