

**ANNUAL GENERAL MEETING AND ANNUAL MEMBERS MEETING
HELD IN LECTURE THEATRE 1, KINGSTON SURGICAL CENTRE
KINGSTON HOSPITAL
On Thursday 12th September 2019 at 3.00 pm**

Present:		
Trust Board		
Sian Bates	Chairman	SB
Jo Farrar	Chief Executive	JF
Susan Simpson	Director of Corporate Governance	SS
Kelvin Cheatle	Director of Workforce	KC
Tracey Cotterill	Interim Director of Finance	TC
Mairead McCormick	Chief Operating Officer	MM
Dame Cathy Warwick	Non-Executive Director	CW
Dr Rita Harris	Non-Executive Director	RH
Council of Governors		
Richard Allen	Lead Governor- Kingston	RA
Bonnie Green	Public Governor - Richmond	BG
Marilyn Frampton	Public Governor - Merton	MF
Prof Peter Tomkins	Public Governor – Greater London and Surrey	PT
Robert Markless	Public Governor - Kingston	RM
Jack Saltman	Public Governor - Elmbridge	JS
CJ Kim	Public Governor - Elmbridge	CJK
Frances Kitson	Public Governor- Kingston	FK
Members/public in attendance: 22		
Dennis Doe		DD
Staff in attendance:		
Olivia Frimpong	Service Improvement Lead - Dementia and Delirium	DD
Jennifer Kaye	Senior Physiotherapist	JK
Juliet Butler	Physiotherapist	JB

1.	Welcome by the Chairman
1.1	The Chairman opened the meeting by thanking members of staff and the public for attending. SB was delighted to welcome Jo Farrar as the newly appointed Chief Executive and introduced members of the Trust Board. In her opening remarks, the Chairman drew attention to the increasing numbers of people cared for by the Hospital and the way in which the Trust responded to the local community week in/week out, providing vital services and caring for the population. The Board was aware of the excellent patient feedback and information from the Friends and Family Test received and was proud of the Trust's staff who regularly demonstrate their willingness to learn and improve, and to continue to provide outstanding care for their patients.
2	Minutes of the last Annual General Meeting
2.1	Minutes of the last Annual General Meeting were approved by the Board of Directors.
3.	Spotlight presentation: KHFT's work on 'Aging Well'
3.1	MM introduced the presentation by setting the work in the context of the NHS Long Term plan, which includes the premise that keeping patients in hospital longer than they require is harmful. The Trust was working towards only keeping people in a hospital bed for the period required for medical intervention. The work was being carried out in partnership with other organisations and it was important for success that all are involved. Together they had been able to reduce Delayed Transfers of Care (DTOC). Three projects had been instrumental in achieving this: getting people home early; helping the public understand why this is a good thing; and giving people the right information to support them in their own environment.

3.2	<p>OF outlined the work that had been done to create dementia-friendly environments within the Hospital as part of the strategy for delivering consistently excellent dementia care. OF explained how the plan had been developed and what it encompassed. A video was played to show the refurbished Derwent Ward, the narrative explaining how the design worked to support patients with a dementia diagnosis or delirium.</p> <p>OF emphasised the beneficial outcomes for patients and staff from the Derwent Ward refurbishment. Learning had been taken forward into the design for Blythe Ward and into the Emergency Department. Kennet Ward refurbishment was now underway and this would include multi-sensory equipment using advice from Kingston University.</p> <p>OF was pleased to report that KHFT was the most improved Trust in London for PLACE and a finalist in the latest awards.</p> <p>BG asked whether patients were admitted for dementia and OF explained that patients with dementia are admitted for other medical reasons, and that the dementia-friendly environment also benefits patients with delirium.</p> <p>SB noted that of the cost of £1M per ward, approximately three-quarters had come from NHS funds and the rest from Kingston Hospital Charity. She was delighted to be able to showcase the development to demonstrate to those who had given money to the charity the use to which their money was being put.</p> <p>DD had been amused to see the picture of the telephone box sculpture in Kingston as a reminder to patients of their location as the sculpture had been controversial when first installed. He agreed it was an excellent landmark for familiarisation.</p> <p>DD was interested to know how long a stay MM would define as too long. MM answered that inpatient stays should only be for as long as acute medical intervention was needed. There were average times for certain conditions and it was difficult to be specific but she indicated that over 6 days was the first national measurement point, followed by over 21 days.</p> <p>DD asked whether there were any methods available to help people with dementia who became lost once they left the house. OF explained some of the technology available to support dementia patients to live in the community.</p>
3.3	<p>JK gave a presentation on Discharge and Homeward Bound, explaining that the Homeward Bound project had resulted from a Multi-Agency Discharge Event and had received grant funding from the Health Innovation Network. It had been a Quality Improvement project to resolve a problem that some discharges were delayed because the patients and family were not ready to take that step.</p> <p>JK had been proud that the project included wide participation, working with different groups to understand the issues and creating videos to communicate key messages. This had also been a student collaborative project with the University for the Creative Arts in Epsom. There had also been commercial sector support from Sky to showcase the films in the ODEON VIP screen and this had been a great way to celebrate the achievements of those who had been involved. JK hoped that the project Hope set an example about co-production - making decisions together - and she felt it was really important to demonstrate that. She emphasised the importance of having had senior sponsorship as well as grass roots involvement and thanked the Board and the Chairman for allowing space and time to be invested.</p>
3.4	<p>Juliet Butler gave a presentation on 'End PJ Paralysis', a national improvement drive to get patients out of bed as soon as they are able. She stressed the importance of keeping active, especially later in life, and how this impacts on both recovery and quality of life. A video was shown indicating the importance of the campaign.</p> <p>JB outlined the QI approach taken and how the project was developed and delivered. She described the learning from the project, including the importance of having senior support. Her vision was for the whole of the Hospital to take up this project, emphasising that it we put the patients at the heart of what we do. If it's right for the patients we make it happen.</p> <p>SB feel the passion. QI needs passionate leadership</p>
3.5	<p>SB thanked all of the speakers for their inspiring and informative presentations. She could sense the passion they felt about their work and was delighted to have seen what could be achieved through QI methodology with their passionate leadership.</p>
4.	<p>Celebrating the achievements of 2018/19 and looking forward</p>
4.1	<p>JF presented highlights from the previous year, noting that they very much picked up the theme of the presentations just seen. It had been an extremely positive year for patients, for staff performance, the Trust's financial position and the estate. These achievements demonstrated outstanding performance from a listening and learning organisation.</p>

4.2	JF praised the attention to detail shown by staff, their commitment to listening and to doing the right thing for patients in collaboration with others. It was a truly holistic approach to patient care and delivered by staff who consistently go above and beyond expectations.
4.3	The presentation included positive feedback from a number of sources on the quality of patient services, which JF described as a continuing and improving story. The Trust performed well against most operational targets and achieved strong safety metrics. The Trust had been chosen as a pilot site for testing new cancer standards and this was an endorsement of the Hospital's focus on keeping patients safe and moving through the system.
4.4	JF drew attention to excellent outcomes for staff. 74% had indicated in the staff survey that they would recommend the organisation as a good place to work and 82% would recommend the Hospital if a friend or relative needed care or treatment.
4.5	The extent of achievement of Quality Priorities in 2018/19 was noted; in general there was positive progress although there were some areas where there was more to do. Those areas which had been partially achieved, for example patient administration, had been carried forward as objectives for the current year.
4.6	Financial performance for 2018/19 had been strong, with control totals met and the £12M cost improvement plan delivered. The external auditors had signed off the accounts as giving a true and fair view of the Trust's position on finance and on quality. JF thanked the Council of Governors for their assistance in producing the Quality Report.
4.7	JF presented the Trust's objectives for 2019/20, based around the commitment to Patient First and quality priorities to improve safety, patient experience and clinical effectiveness. The five year goal was for the Hospital to be a vibrant organisation, providing a core range of acute care and specialist services. The management team was working on refreshing the organisational strategy so that patients receive the right care, at the right time, in the right place. Staff were working with GPs, the community and others to deliver outstanding care across a collective group of health and care organisations.
4.8	It was noted that 2019/20 had so far given little respite and that Staff were working very hard to deliver that care. The Board was focusing on support for staff health and wellbeing so as to enable staff to keep giving of their best. JF recognised the importance of Volunteers to supporting staff.
4.9	JF concluded by saying how proud he was to have been appointed as Chief Executive. He described the Trust as being built on strong foundations and he would continue to progress work with local partners, refreshing the Trust's strategy and the values that frame the way we work. He believed there was much to look forward to.
4.10	SB thanked all who had been involved in the achievements described in the presentations given to the meeting. It had been an opportunity to showcase the type of work that made her proud to be associated with the organisation. The Board was not complacent about the future and would continue to ensure that the organisation went from strength to strength.
5.	Questions from governors, members and the public
5.1.	<i>Q: This was the third year in which outpatient administration had been highlighted and yet the objective remained partially achieved. When would improvement be achieved?</i> A: MM agreed that it was right to point out that improvement had not achieved the desired pace. She explained that a new refreshed programme of change was under way which addressed not only the basics but also the digital enablers that would result in administration being slicker. She thought it was really important to involve patients in the design of these processes and to put in place a firm set of metrics to measure impact of the programme. This would look at the whole pathway from point of referral and was expected to take 18 months - 2 years to complete.
5.2	<i>Q: How is the Hospital dealing with bills for patients from abroad? Is there a problem with debt recovery and will EU Exit make this worse?</i> A: MM explained that where urgent and emergency treatment is required, overseas patients will receive it. For planned care, the Trust was linked into the overseas team at NHSI to review policies which will change with EU Exit. It was acknowledged that bills for overseas patients were not always paid, although the Trust did not have a particular problem with bad debt of this kind.
5.3	<i>Q: What percentage of staff are EU nationals and how does that compare with and National average?</i> A: KC advised that the proportion at KHFT is 12%, whereas the average for the NHS is 10%. There had been a spike in turnover after the EU Exit referendum but the Trust had worked hard to make staff feel welcome and this had now stabilised.
5.4	<i>Q: What is the Trust doing to try to entice staff to work at KHFT?</i> A: SB had noted in consultant interviews the number of doctors coming forward who had trained at the Hospital. Their feedback was that they value the culture and values of KHFT. She highlighted the

	improvement in staff survey results since 2014. She believed the Trust has a good reputation as a place to work and that the organisation's approach to caring for staff was paying dividends. SB also noted the impact of having increased the profile of research and working with the Universities.
	Annual Members Meeting
6.	Report of the Council of Governors
6.1	SB introduced the Council of Governors Committees explaining how lucky the Hospital is to be supported by this group of people. She outlined some of the work that the CoG does to support the Hospital and the Trust Board, noting that they are an influential group. She explained the role of the Council of Governors in representing the interests of the public and Foundation Trust members and holding the Non-Executive Directors to account for the performance of the Board. She also outlined the way the Council of Governors are supported by various committees and thanked the governors for their commitment beyond the attendance to meetings.
6.2	<p>BG was introduced as Chair of the Governor Quality Scrutiny Committee (GQSC) and elected public governor in Richmond. BG explained the activities of the governors in representing the interests of members and the public in 2018/19 with regard to quality. The GQSC had reviewed the 2018/19 Quality Account and provided a formal response on behalf of the CoG; had received updates on progress of 2018/19 quality goals and had contributed to identification of quality goals for 2019/20.</p> <p>During the year the Committee had worked towards achieving greater clarity on how the GQSC can robustly gain the required scrutiny of the Board's Quality Assurance Committee (QAC). There had been an increased focus on reviewing patient/public feedback through production of a 12 month analysis of Governor Desk patient feedback. A more formal process for dissemination and triangulation of Governor feedback had been agreed to report to Patient Experience Committee and QAC.</p> <p>There had been regular GQSC representation at PEC and Healthwatch Fora to gain wider understanding of patient experience and quality issues, and the Committee had followed quality themes and sought assurance through presentations and assurance reports from QAC.</p>
6.3	RA explained that he was in his fourth year as Lead Governor and was very proud that the Trust had achieved CQC Outstanding. The AGM/AMM meeting had been an excellent opportunity to hear all about how the Trust will continue to work on achieving even greater improvement.
6.4	RA outlined the activities of the Membership Recruitment and Engagement Committee in engaging with members and the public in 2018/19. The Committee had looked at the profile of the Trust's FT membership and planned to increase the numbers of members whilst also aiming to change the age profile. Governors were keen to see more young people involved and to improve the effectiveness of communication with members and the local population generally. A new Communication and Engagement Strategy had been approved by the Board and RA was encouraged the new Chief Executive had taken communication under his wing.
6.5	Governor desks had been an important opportunity for governors to learn how patients see the Hospital and RA believed that much useful feedback was gathered that way. He encouraged the public attending this meeting to speak to governors to give their views on the Hospital. General trends were discussed with the Non-Executive Directors of the Board.
6.6	Monthly walkabouts led by an Executive Director and attended by NEDs and governors had continued and were an important way for NEDs and governors to understand what was happening in the Hospital. These were opportunities to talk to staff, patients and relatives to get impressions about how the Hospital is doing and any learning that came from these events was fed back to the teams concerned and acted upon.
6.7	RA concluded by saying that the Council of Governors contributes to the strategy for the Hospital, working closely with the Board, who welcomed their input. He believed the Patient First approach was significant and an important focus for the next five years.
6.8	Another important governor role was to be involved in appointments of the NEDs, looking to make sure they had the right skills for cohesive Board working and bringing together the expertise that the organisation needs. The Council of Governors sought assurance from the NEDs on how well the Hospital was doing and on the effective operation of the Trust Board. RA commended the role of governor to those listening, saying that it was a rewarding and worthwhile role.
7	Questions from Governors, Members and the Public
7.1	DD commented that he had been attending AGMs for years and had found this meeting to have been the most encouraging and exciting since his first attendance. He thanked the Chairman for all she and the Trust Board had been doing.

8	Chairman's Closing Remarks
8.1	SB thanked everyone for attending the meeting. She had found it uplifting and a fitting tribute to all the staff who had worked so hard to achieve outstanding care for patients. She also thanked the governors for their contribution to the Trust during the year and their time given so willingly.

Signed

Sian Bates
Chairman

Date