

**Minutes of the Board of Directors meeting held on**

**July 30<sup>th</sup> 2014**

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

<b>Present voting:</b>		
Sian Bates	Chairman	SB
Joan Mulcahy	Non-Executive Director	JM
Martin Grazier	Non-Executive Director	MG
Kate Grimes	Chief Executive	KG
Rachel Benton	Director of Strategic Development	RB
Simon Milligan	Director of Finance and Information	SM
Duncan Burton	Director of Nursing and Patient Experience	DB
<b>Present non-voting:</b>		
Nicola Hunt	Productivity Director	NH
Terry Roberts	Director of Workforce	TR
<b>In attendance:</b>		
Deborah Lawrenson	Company Secretary & Head of Corporate Affairs	DL
<b>Apologies:</b>		
Apologies were received from Sarah Tedford and Chris Streater		
<b>Members of staff in attendance:</b>		
Tammy Moorcroft	Corporate Risk Manager	
Lisa Ward	Head of Communications	
Berenice Constable	Matron, General Surgery and Urology	
<b>Governors:</b>		
Bob Firman		BF
Kate Fitzsimmons		KF
Dennis Doe		DD
Nicki Urquhart		NU
Alison Tuck		AT
Derrick Renshaw		DR
Peter Tompkins		PT
Marilyn Frampton		MF
Frances Kitson		FK
Robert Markless		RM
Richard Allen		RA
<b>Members of the public:</b>		
Mrs Fuller		
Bonnie Green		
Maurice McCullough		
Erica Farmer		
<b>Board Training Session – Manual Handling and Infection Control awareness raising</b>		
	<b>Details</b>	<b>Actions</b>
1.	The Chairman welcomed governors, the public and members of staff in attendance. She also welcomed new Director of Workforce, Terry Roberts to his first Board meeting.	

2.	<b>Apologies for absence</b>	
2.1	Apologies for absence were received from Chris Streater and Sarah Tedford	
3.	<b>Declarations of interest</b>	
3.1	There were no declarations of interest	
4.	<b>Minutes</b>	
4.1	The minutes from the meeting held in May 2014 were agreed as an accurate record.	
5.	<b>Matters arising - action log</b>	
5.1	All noted were noted as closed	
6.	<b>Chairman's Report</b>	
6.1	<p>The Chairman noted she had attended the following:</p> <ul style="list-style-type: none"> <li>• Meetings with colleagues in the boroughs of Richmond, Kingston and Merton</li> <li>• Meetings with Kingston and Richmond CCGs</li> <li>• Participating in the bid presentation team for the Nelson tender</li> <li>• Meetings around collaborative commissioning</li> <li>• Attendance at the Clinical Audit and Improvement day which had been an excellent demonstration of improvement work underway across the trust</li> <li>• Attendance at the HSJ awards at which the Trust had won the patient safety award for its work on supporting patients with dementia</li> <li>• Attendance at a McKinsey facilitated day at which David Dalton had outlined potential models for hospitals in the future.</li> <li>• Presentation of long service awards for staff which had been sponsored by Warren House</li> <li>• She noted that consideration was being given as to how the Trust could participate in the honours process by putting forward nominations</li> </ul>	
7.	<b>Chief Executive's Report</b>	
7.1	<p>The Chief Executive drew attention to the following items in her report:</p> <ul style="list-style-type: none"> <li>• Arrangements for the LETB's noting that the main concern, locally, was around ensuring engagement is not lost through the process</li> <li>• Confirmation that the Trust application for a loan has been successful. A paper will go to the next Board meeting for formal acceptance of the terms of the loan. <b>Note for forward plan</b></li> <li>• Agreement was given to extend the Risk Management Strategy to January 2015 to allow time for it to reflect learning from the introduction of SLM and governance changes put in place.</li> </ul>	
7.2	SB noted that the Healthwatch report which had been appended to the CEO report was balanced and extremely helpful.	
7.3	SB asked KG to keep the board up to date on changes and developments with the LETB which was noted.	

8.	Patient Story	
8.1	DB reminded the Board of the purpose of bringing ' <i>patient stories</i> ' to the Board as they enabled a connection with patients, carers, families and staff at an emotional level and a greater understanding by the Board of the impact on experience and perspective of patients. He introduced Mrs Fuller, a parent of a young man who had recently received care at the Hospital. She outlined a number of issues they had experienced in terms of not feeling adequately listened to, difficult attitude and lack of compassion from staff, caring and positive support from other staff and issues at times with timely access to medication.	
8.2	JU asked how staff had been given feedback and how they had responded to this. Mrs Fuller confirmed positive discussion was taking place with the sister in charge of the unit.	
8.3	KG felt that issues with getting timely access to medication was common across the Trust and was not unusual to Kingston. However she suggested improvements could be made with this and consideration would be given as to the best way of doing so.	
8.4	SB asked if issues raised about the opening time of the pharmacy over the lunchtime period would be addressed through the tender for an outpatient pharmacy. NH confirmed that there would be some impact on inpatient pharmacy as pressure would be relieved but that focus on that work was around outpatient services.	
8.5	JMc noted there seemed to be a large gap between the young man being admitted and being seen by a consultant and asked if this was the case. Mrs Fuller reassured her that he had been seen by a consultant on the Sunday having been admitted on the Friday, but that the attitude of the consultant had not been positive although it was in terms of the input of the consultant seen on the Monday.	
8.6	KG explained that there had been a paediatric review which was due to be presented to the confidential Board later that day. She noted that plans were in place to restructure the service to ensure consultants were present for longer hours across seven days of the week. She further noted that the issues raised about the importance of listening to patients and how this was being addressed would be picked up with the paediatric team that day.	
8.7	SB expressed concern for Mrs Fuller in terms of the attitude of some staff in thinking that her son did not require her support overnight given his age.	
8.8	CI noted that anyone experiencing the type of critical illness situation described by Mrs Fuller was going to be frightened and it was important this was recognised as part of induction and as part of ongoing training to ensure staff respond appropriately.	
8.9	JKW noted there were times when it was more difficult to access medication and so on but that it was important culturally that staff recognised that despite the difficulties there may it was still important to do so.	
8.10	SB thanked Mrs Fuller for her open feedback which she assured her would not be lost and she conveyed the Board's best wishes to her son wishing him well with his future plans.	

9.	<b>Clinical Quality Report</b>	
9.1	<p>DB outlined the clinical quality report which provided an overview of clinical quality and outlined areas of improvement and concern. He drew attention to:</p> <ul style="list-style-type: none"> <li>• Mortality figures which remained low</li> <li>• An upward rise in falls, one resulting in harm which was being investigated, the Trust has been participating in work with NHS Quest to identify an effective rapid response approach which is being piloted on two wards and will be rolled out if successful</li> <li>• A rise in grade 2 pressure ulcers and 1 grade three which are being investigated</li> <li>• No c.diff or MRSA cases in June</li> <li>• VTE rates which remains below the expected level of 95 % and are currently at slightly above 90 % and therefore the Trust was receiving financial penalties. It was confirmed daily reviews of compliance are taking place.</li> <li>• An improvement on complaints response times. Positive feedback had been received on the new approach which will be discussed at the next complaints committee</li> <li>• FFT scores remain static. The Trust will be launching a 'You said, we did' campaign to provide feedback which it is hoped will encourage more take up.</li> <li>• It was confirmed safer staffing information will be included in each report and that as requested by the Board citations for staff awards had been included.</li> <li>• The latest CQC latest intelligent monitoring report which showed the Trust in band 4. The dip in performance is due to VTE, an audit around secondary prevention of medicine and issues related to staff turnover and historic data being used on MRSA from the previous financial year which is still showing on the report.</li> <li>• He confirmed the Trust is not in the next round of CQC inspections but the Trust was continuing with its preparation programme.</li> </ul>	
9.2	<p>CI drew attention to triangulation of information about Hamble ward which demonstrated issues around pressure ulcers and staff turnover/vacancy levels which she suggested was a underlying issue in terms of their performance. She suggested that this did not come across strongly enough in the report given the high level of agency usage and the potential impact on quality and asked how this was being addressed on the ward.</p>	
9.2.1	<p>DB explained that there had been a reduction in beds and the ward sister had been recruiting in. Spain and Portugal, with new staff due to start in September. CI asked if, as a Board, more attention should be paid to agency usage information given that detailed workforce information was only received quarterly.</p>	
9.2.2	<p>TR confirmed he could provide information at each meeting if required but noted that the recruitment had gone extremely well.</p>	
9.2.3	<p>SB noted ST was working with partners, through the whole systems transformation work, to identify models for whole system care to ensure discharges take place to appropriate places in the community. She added that with the Better Care Fund this should see the fruition of a different model of care.</p>	
9.2.4	<p>KG assured the Board that the Executive look at staffing data on a daily basis and risk assessments were taking place. She asked what more assurance the Board required.</p>	

9.3 Action	It was agreed that CI, DB and TR would discuss this outside of the meeting.	TR
10.	<b>Corporate Performance Report (see slides for full detail)</b>	
10.1	<p>SM provided an overview of the corporate performance including achievements and areas of development. He drew attention to the following:</p> <ul style="list-style-type: none"> <li>• Performance on pressure ulcers, falls and VTE and Choose and Book</li> <li>• An improved position improved position on complaints response times since the last report however this is still below the required level</li> <li>• An improving position on incident reporting</li> <li>• A need to improve the performance on cancer – work is underway to ensure targets are hit and escalation processes are in place. This is expected to be on track in July</li> <li>• RTT overall score is 95 percent. There are two specialities underperforming and action plans are in place</li> <li>• Overall activity - day case, elective and non-elective are all slightly below plan. Maternity is slightly above plan and A &amp; E has been busy. Work is therefore underway to understand why this is given that non-elective activity is down. Outcomes however are broadly on target.</li> </ul>	
10.2	SM explained that with regard to the Monitor Governance risk rating as the Trust had issues with some cancer targets in Q4 and again in Q1 if this continued into Q2 this would be an issue. However he re-iterated his assurance that this was expected to improve in July following action which has taken place.	
10.3	<p>With regard to vacancies and turnover TR explained that sickness absence levels were good at 8 % but agency usage was high and had increased to nearly 9% and temporary staffing usage went up to 14.2%. He noted that this was mainly due to escalated beds, special nurse usage and vacancies that were created as a result of the increase in budgets for nursing in April. These posts were currently being recruited to.</p> <p>Turnover has been increasing with the highest levels in qualified nursing staff with 33% leaving within a year of joining and therefore efforts were going into improving retention. The most common reasons cited for leaving have been relocation followed by work/life balance and they would be trying to delve further into this through the exit questionnaires. In terms of data he noted that redundancies and apprentice roles had also been included which may not be appropriate.</p>	
10.4	SM noted with regard to financial performance that the in-month position was on plan with a slight surplus but year to date was slightly behind overall which would need to be retrieved over the remainder of the year. He noted this would be challenging given that a large number of CIP plans did not kick in until the second part of the year. He gave an overview of divisional performance and work underway to support specific service lines.	
10.5	<p>NH noted that the CIP achievement was underperforming slightly at 92% in-month, but plans are in place to identify additional schemes where required.</p> <p>She noted issues with delivering the expected CIPs associated with SWL Pathology but that work to finalise financial flows had now been completed and the Trust had identified ways of managing the shortfall internally.</p> <p>She explained that the biggest areas of risk were around the income generation schemes which are being closely monitored through the Commercial and Productivity group.</p>	

10.6	<p>SM informed the Board that with regard to the COSSR the Trust had retained a level of 3 for debt service cover and liquidity which would be reported to Monitor in the Q1 return.</p> <p>He stressed there was a need to ensure income targets are met which would become more challenging and that there would be a need to ensure a tight grip on pay and non-pay to remain on target for the end of year position.</p>	
10.7	<p>MG asked what the fines were cumulatively and in comparison with the previous financial year. SM explained that the cumulative fine for VTE to date was £100k and for the new to follow up ratio £80 k worse than the previous year. It was noted this had been discussed in detail at FIC and MJ noted that the Trust would be seeking for this to be recalibrated. SM confirmed all penalties are passed down to service lines as appropriate.</p>	
10.8	<p>SB asked with regard to the performance on cancer services for assurance around actions being taken and when this would be back on track. JKW confirmed it was expected to be back on track in July through work led by ST. She noted that patients were not at risk adding that for the breast symptomatic target to see a patient within two weeks it was the patient's choice to come in for the appointment offered and they did not always choose to do so. With regard to more complex patients it was more complicated to map out but she was confident it would be back on track shortly.</p>	
10.9	<p>SB asked for explanation on variations on VTE and action being taken. JKW explained that ironically it would be some of the Trusts better performing areas which would be at risk of fine but that the area which required the most focus was AAU and performance on this was being reviewed daily. She acknowledged that some patients may be missed on the report but there would be no clinical impact. She noted that for example on maternity it was straightforward for all staff to assess and it was less so for medical wards where it was more complex. She confirmed however there were specific actions in place on wards to identify patients requiring VTE assessment.</p>	
<b>11.</b>	<b>Finance report</b>	
11.1	The Finance report was noted	
<b>12.</b>	<b>Productivity report</b>	
12.1	The Productivity report was noted	
<b>13.</b>	<b>Nursing Establishment update</b>	
13.1	<p>DB outlined the detail in the report which provided an update on progress with requirements of the safe staffing guidance, current recruitment activities (including recruitment from Spain and Portugal) which will result in 150 new nurses joining the Trust in the next few months and progress with the development of the aspiring ward sister programme.</p> <p>He noted that post September the rules were changing to enable recruitment outside of the EU and a proposal for doing so was being developed. The Trust is working with local partners to provide accommodation for nurses coming from overseas and plans for induction and acclimatisation were well underway. It was noted a bid had gone into HESL for some additional funding to support this.</p> <p>With regard to safer staffing information he informed the Board that a safe staffing group had been established and data was provided by ward and published on the website and on NHS Choices. It was noted that plans were in</p>	

	place to record mitigation where staffing may vary from plan. NICE guidelines will be reviewed at the group to identify action required.	
13.2	SB asked if DB had experience of inducting European staff in supporting them to feel at home in London. He confirmed he had at ward level from a number of countries and he had sought advice from other Trusts about the best approaches to take.	
13.3	JU asked with regard to the ward leadership programme, and referring back to the patient story heard that day, what was being done to address issues raised in terms of behaviour and culture. DB explained that the 'feel' on the wards had improved through the changes made in leadership but that there was more work to do for deputy ward sisters.	
13.4	CI thanked DB for the work which had taken place on recruitment and leadership development. She asked for more detail on tools being used to align higher staffing levels to areas with higher acuity. DB explained that information was being collated using the safer nursing care tool recommended for adult areas. They were looking to see what that tells us as well as what professional judgement suggests is needed. He confirmed the Trust was looking at a safer care tool for paediatrics which is being piloted in some other Trusts and he would include triangulation in the next nursing establishment report to the Board.	
13.5	JMC asked if the Trust was seeing a reduction in the quality of staff recruited given the national shortages. DB assured her this was not happening as the Trust is using assessment centre processes as well as interviews.	
13.6	DB noted that thanks were due not only to his team but to the whole hospital in working together to bring forward improvements around recruitment and leadership development.	
<b>14.</b>	<b>Quarterly workforce update</b>	
14.1	<p>TR provided an update on activities to deliver workforce priorities and performance against agreed workforce related targets in the first quarter. He drew attention to:</p> <ul style="list-style-type: none"> <li>• strengthening people management – through the coaching strategy and by focusing on supporting staff to carry out effective 1:1s and PDRs for which all managers would receive mandatory training</li> <li>• the Leadership Development Programme</li> <li>• the employee assistance programme for which positive feedback was being received</li> <li>• Performance against KPIs</li> <li>• The first Staff Friends and Family test 204 responses were received which is a 19 % return rate. Of those 58 % said they would recommend the Trust as a good place to work and a much higher rate in terms of recommending it as a place for treatment.</li> <li>• Key workforce risks <ul style="list-style-type: none"> <li>- DBS recording which had emerged as an issue with a number of staff. An action plan had been put in place and good progress being made to ensure outstanding checks are in place.</li> <li>- The length of time it takes to get staff into post – an SLA will be put in place for HR to engage with the service lines</li> <li>- Statutory and mandatory training – a new approach will be put in place from September</li> </ul> </li> </ul>	

14.2	JU commended the report and the granularity of data now being provided. She noted that the turnover rate of 33% within a year of joining, particularly on medical wards, was extremely worrying and worthy of a deep dive to understand the root cause.	
14.2.1	KG proposed that all elements of the work taking place to address issues should be pulled together and discussed at the new workforce committee which she had asked to be established by September 2014.	
14.3	SB added that it was concerning that the reasons given for leaving were very general and that she would like to understand the 'why' in more detail for those leaving within the year.	
14.3.1	TR explained that the new retention questionnaire and reinvigoration of exit interviews would support this.	
14.4	CI suggested that given feedback she had received visiting wards; the 'why' related to intensity of workload and staffing levels which was why measuring staffing levels against acuity was important. She added that it was worrying that only 58% of staff said they were likely or very likely to recommend the Trust as a place of work.	
14.5	With regard to the length of time taken to recruit someone (21 weeks) CI asked for more detail on this. TR explained that there were capacity issues and the systems needed significant work to streamline them. CI suggested that further discussion on the timeline would be helpful in a future report to help the Board understand progress made.	
14.6	KG suggested that given that most elements were in place to improve staff retention, development programmes and staff engagement, there was a need to understand causes more and to see improvement in recruitment and she would prefer this to be pulled together into an overarching document for the Board to collectively see the progress made.	
14.6.1	CI asked that it include the reference of staffing to acuity, and interplay between clinicians by ward, as this was vital as the plan would need to recognise that there may be differing approaches in each ward.	
14.6.2	JU suggested that the data was demonstrating there are a range of issues in a specific part of the hospital and asked that consideration be given to a deep dive across these on the medical wards as the issues went beyond levels of turnover. It was agreed this would be a subset of the report outlined by KG. Action KG and TR to take forward.	
<b>14.7 Action</b>	TR to pull together an overarching document for the Board to demonstrate all actions in place to improve turnover including a specific focus on the medical wards. A progress update will be given in September and the full report in November	<b>TR</b>
<b>15.</b>	<b>Staff survey actions</b>	
15.1	KG provided an update on work to strengthen staff engagement and to progress actions required following the staff survey. She noted the following: <ul style="list-style-type: none"> <li>• A proposal to develop a staff engagement strategy and plan which would require project management support.</li> <li>• Establishment of a workforce steering group to be in place by September</li> <li>• Creation of a monthly safety newsletter</li> <li>• Work to improve data on handwashing being led clinically by DB and non-</li> </ul>	

	<p>clinically by ST working with the Estates team.</p> <ul style="list-style-type: none"> <li>• Re-invigoration of the Equality and Diversity Group</li> <li>• Work with service lines to improve the response rates for FFT, to monitor the impact of staff FFT scores</li> </ul>	
15.2	SB commended the report. CI also commended the approach noting that the Trust had a growing reputation nationally around staff engagement.	
<b>15.3 Action</b>	CI asked that engagement with junior doctors be made more explicit in the report which was agreed.	<b>TR</b>
<b>16.</b>	<b>Progress report on the Francis Gap Analysis</b>	
16.1	DB outlined the report which provided the Board with an update on progress since approval of the Francis Gap Analysis action plan in July 2013. He noted in particular that of the 37 areas identified for action, 34 were closed, two had changed which was noted, and the action related to recruitment of a continence nurse had not been possible and therefore further measures were being put into place which and hourly rounding was yet to be fully embedded.	
16.2	The board noted the progress and agreed that given the additional monitoring arrangements in place and progress which had been made the action plan could be formally closed.	
	<b>STRATEGY, POLICY AND IMPLEMENTATION</b>	
<b>17.</b>	<b>Progress report on implementation of the Public and Patient Involvement Strategy</b>	
17.1	DB provided an update on delivery of the objectives in the Public and Patient Involvement Strategy and outlined priorities for the coming year. He noted that further work was needed to respond to feedback which had been received more generally.	
17.2	It was acknowledged that good progress had been made with volunteering and from creation and embedding of the Governing body. He noted examples where work patients and carers had a direct impact on patient care and planning such as the work to support Dementia which had received an HSJ award in which the involvement of carers had been commended.	
17.3	<p>DB explained that with regards to the future of the Patient Assembly proposals had come forward which were being explored and the Trust would be submitting a bid for financial support to take this work forward.</p> <p>An update on this will be provided in the November CEO report.</p>	
17.4	JU noted that with regard to responding to feedback received this had been discussed at length at the Patient Experience Committee and that the initiative which had been launched around 'You Said, We Did' would be very helpful in demonstrating changes which had been made, particularly around service re-design.	
17.5	SB asked how this would happen working with service lines. DB confirmed that there were a number of good examples but this area needed more focus in the coming year in terms of identifying support required. Partly this would be about demonstrating to service lines the benefit of involvement and where it had made a marked difference such as through the creation of the dining companions programme.	

17.6	<p>CI commended the progress which had been made in clarifying Patient and Public Involvement.</p> <p>[Frances Kitson left]</p>	
	<b>GOVERNANCE AND ASSURANCE</b>	
<b>18.</b>	<b>Update on Service Line Management</b>	
18.1	<p>KG provided the Board with a progress report since introduction of service line management including development of:</p> <ul style="list-style-type: none"> <li>• leadership and management support</li> <li>• governance and performance management frameworks</li> <li>• support to develop service line strategies/plans</li> </ul>	
18.2	<p>KG noted that as a result of introducing SLM, the nursing body had a stronger leadership voice, more than 10% of the Trusts doctors were now in leadership roles, a number of quality improvement projects had been identified, there was a growing culture of innovation and entrepreneurialism and that there was a stronger understanding of risk at a local level and more ownership of local risk registers.</p>	
18.3	<p>It was acknowledged that through the introduction of SLM there had been some difficult issues which had emerged and bespoke support was going into service lines as required. Key risks which were currently being actively managed included:</p> <ul style="list-style-type: none"> <li>• Addressing examples of silo working, where too much focus is given to the service line without thinking through impact on other areas</li> <li>• Addressing a fall in performance in some areas resulting in a drop in response times to complaints and in quality of response which is felt to be a temporary issue, a mechanism of escalation has been created to involve directors in ensuring that recovery plans are in place for those service lines who are require support. More intensive work will be taking place in A &amp; E and AAU as took place in Paediatrics earlier in the year to good effect.</li> <li>• Being alive to behavioural changes required both corporately and in service lines</li> <li>• Difficulties in recruiting to some of the service line manager posts</li> <li>• The need to review the roles of Divisional Directors and Associate Directors and their relationship with the Deputy Chief Executive</li> <li>• Difficulties corporate services are experiencing in supporting 18 service lines, this has resulted in some investment going into the finance team.</li> </ul>	
18.4	<p>KG confirmed that overall she was pleased with the progress which had been made since the introduction of SLM in October 2013, and the considerable difference SLM was having on the organisation and how it functions.</p>	
18.5	<p>CI noted she and MG had attended the Compliance and Risk Committee the previous week and had been impressed with the presentations made by service lines. However she noted it was clear there was a risk around lack of engagement from service lines and asked what was being done to address this.</p>	
18.5.1	<p>KG confirmed there was a risk that some service lines were not taking responsibility in making use of the support available from the Risk Managers. SM added that some had struggled more than others but that he was following up with individuals himself. He commended the work of the Corporate Risk Manager in going out and working with the Service Lines to help them with</p>	

	taking ownership of their risk registers.	
18.5.2	NH noted that there would inevitably some service lines who gripped the whole process more than others and this had become more apparent with the introduction of SLM and some of these issues were played into the performance management meetings taking place.	
18.6	MJ felt the greater granularity of information available had been beneficial, and there was a growing sense of ownership of their business at service line level which was positive. He noted there were areas where it would be important for service lines to work together to develop their thinking and asked if this happened at a clinical division level.	
18.6.1	KG confirmed this was still a key role for the divisional directors in leading their divisions and there were some common issues where service lines did not think about the impact of decisions on support services. She noted that a dedicated session had been created in August, for the Executive Management Committee to discuss these issues collectively.	
18.6.2	SM noted that he was aware that a number of service lines had met outside of working hours to explore joint working and that there was a growing understanding of the need to engage with other service lines which was positive. RB added that work to develop the service line strategies was highlighting where that joint working needed to take place. SB noted there had been involvement from service lines in the development of the Nelson Bid which had worked well.	
18.7	SB informed the Board that Monitor had approached the Trust to ask the Chief Executive and a clinician to speak at an event about the introduction of Service Line Management at District General Hospitals. It was confirmed this would take place in September.	
<b>19.</b>	<b>Q1 submission to Monitor</b>	
19.1	The Q1 submission to Monitor was approved. It was noted that the financial elements had been discussed in detail at FIC.	
<b>20.</b>	<b>Revised Corporate Objectives and updated Board Assurance Framework</b>	
20.1	KG informed the Board that the Corporate Objectives had required some updating following the arrival of the new Director of Workforce. She outlined the proposed changes. SB confirmed her support to the changes which more accurately reflected priorities  Approved	
20.2	SM talked through the structure of the Board Assurance Framework (BAF) and progress against corporate objectives and reasons for slippage against some of the milestones. He confirmed that: <ul style="list-style-type: none"> <li>• The peer reviews in preparation for CQC would be completed by the first week in August.</li> <li>• There had been delays with financial elements of the Pathology work, which impacted on delivery of planned CIPs and full implications were being worked through</li> <li>• The self-assessments by the Council of Governors sub committees would take place over the next few months and would be reported to the COG in either October or December.</li> </ul>	

	MJ added that the Finance Investment Committee would be looking to develop financial risk based KPIs at its next meeting which would be reflected in the next update.	
20.3	SB noted that she had attended the Compliance and Risk Committee when the BAF was in its early stages of development and commended the progress which had been made. CI also commended the presentation of the BAF which she felt was the most intuitive she had seen.	
20.4	SM thanked Lucy Carter and the CRC working group for their work in supporting the development of the new approach to the BAF.	
<b>21.</b>	<b>Corporate Risk Register</b>	
21.1	<p>SM updated the Board on the content of the Corporate Risk Register. Board members were asked to confirm that the register provided sufficient assurance risk were being appropriately identified and managed. He drew attention to risks for escalation to CRR and talked through each risk in detail and noted those proposed for removal. (See paper for detail) SM explained the process for review of risk registers as part of the accreditation processes and thanked the Corporate Risk Manager for her work with the service lines.</p> <p>The risk register and changes proposed were approved.</p> <p>KG informed the Board that the local Better Care Fund was being reviewed and she would provide an update in the September. <b>Note for forward plan – CEO report</b></p>	
<b>21.2 Actions</b>	<ul style="list-style-type: none"> <li>• CI asked if a risk should be included on turnover and high use of agency staff. SM suggested this may already be reflected. Action SM to email the Board with detail on where this was already covered and if it was not clear to add it as a separate risk.</li> <li>• MJ noted an error on the diagram which referred to ITF – SM to update</li> </ul>	<p><b>SM</b></p> <p><b>SM</b></p>
<b>22.</b>	<b>Review of working capital facility</b>	
22.1	<p>SM explained Monitor requirements on Foundation Trusts, around demonstrating that sufficient working capital is in place. It was noted that a change was needed to the working capital facility previously agreed by the Board as Monitor had rebased the thresholds of the liquidity measure for Foundation Trusts. It was confirmed the Finance Investment Committee had considered the options and proposed a reduction of the facility to between £5 and £7.5 m. After consideration of potential risks the Director of Finance recommended a figure of £6 m which is the equivalent to the level of monthly payroll expenditure. He advised that it would be too risky to have no 'overdraft' facility in place. He therefore asked for Board approval to reduce the working capital facility (overdraft) from £15 m to £6 m with an annual fee of £21 k per annum.</p> <p>Approved</p> <p>[FK joined the meeting]</p>	
<b>23.</b>	<b>E &amp; D Annual Report</b>	
23.1	<p>TR provided the Board with the E &amp; D Annual Report. He noted that there were a number of favourable movements since the last report to the Board, but that a key issue was around revitalising the E &amp; D committee.</p> <p>Approved</p>	

<b>23.2 Action</b>	TR asked for a nomination of a Non – Executive Director to participate in the NEW E & D committee. It was agreed the Chairman would identify the NED outside of the meeting.	<b>SB</b>
<b>24.</b>	<b>H &amp; S Annual Report</b>	
24.1	The H & S Annual Report was received and noted.	
<b>25.</b>	<b>Safeguarding Adults Annual Report</b>	
25.1	The Safeguarding Adults Annual Report was received and noted.  DB drew attention to a recent supreme court judgement which would mean a significant number of patients will now meet the new thresholds for a DOLs assessment. He confirmed the Trust was looking at how to manage the risk and an update would be provided at the next Board. <b>Note for forward plan – CEO report [Note this will come to the November meeting]</b>  [Anne Boatman joined the meeting]	
<b>26.</b>	<b>Safeguarding children's Annual Report and declaration</b>	
26.1	The Safeguarding Children Annual Report was received and noted.	
26.2	DB noted that there had been a need to strengthen processes around DBS checking with the following wording included in the declaration:  <i>The Trust is required to regularly check staff records to ensure that statutory requirement in relation to DBS are maintained and updated as required and that all relevant staff employed at the Trust undergo an appropriate DBS check prior to employment. During a review in June 2014, some issues were identified in the systems and process put in place to ensure the Trust met this requirement. An action plan was immediate put in place to resolve these issues but the Trust Board does not have sufficient assurance to declare that prior to July 2014 it met this requirement. Going forward, the Trust Board is confident that it meets the following requirements and is therefore compliant with the safeguarding children regulations and can make the accompanying declaration from July 2014.</i>	
26.3	SB noted a reference on page 12 with regard to a reduction in referrals from the Trust about children at risk.	
26.3.1	DB explained that there had been changes at Borough level with more children being identified before coming into the Trust and therefore there had been a reduction in the need for referrals from the Trust to the Borough.	
26.4	The safeguarding declaration was agreed  [Anne Boatman left the meeting] [Derek Renshaw joined the meeting]	
<b>27.</b>	<b>Information Governance Annual Report</b>	
27.1	The Information Governance Annual Report was received and noted.	
27.2	SM informed the Board that the Trust had scored 82% in the Annual Toolkit assessment which was a good performance overall and gave positive assurance; that good progress had been made with data quality reporting; there had been a significant increase in FOI requests with most being dealt with within the required timeframe. He noted that the most significant risks around information governance related to Patient Identifiable Information and leakage via email confirming that considerable work is underway to look, practically, at	

	the level of risk which is acceptable. Focus would be on reducing the likelihood of PID leakage and around identifying the best approach to emailing and texting patients.	
28.	<b>PALs, complaints, claims and incidents Annual Report</b>	
28.1	The PALs, complaints, claims and incidents Annual Report was received and noted.	
28.2	DB informed the Board that the Trust was leading the way in triangulation of this information as it would appear that other organisations are not doing so formally. He confirmed that the Clinical Quality Improvement Committee was looking to put a new system in place to improve triangulation. He noted that there had been an increase in the number of PALs contacts, a slight increase in complaints and claims and a rise in reporting of incidents which was positive.	
28.3	DB reminded the Board that the complaints committee was in place and working well, a further review of the complaints process was underway and a new Serious Incident Group had been established.	
28.4	It was noted that the areas which consistently appeared in complaints were communication, care and treatment, appointments, admission and discharge concerns, and concerns around diagnoses.	
29.	<b>Tissue and Organ donation annual report</b>	
29.1	The Tissue and Organ donation Annual Report was received and noted.	
30.	<b>Board Forward Plan</b>	
30.1	The Board Forward Plan was received and noted	
30.2	Kg asked that an update on SLM be added in six months and a discussion would take place outside of the meeting to agree when an item on turnover should be brought back to the Board. <b>Note for forward plan</b>	
31.	<b>Charitable Funds Committee Report</b>	
31.1	The Charitable Funds Committee report was received and noted. MJ drew attention to the following – The committee: <ul style="list-style-type: none"> <li>• Had discussed the approved charitable fund plan and decided it should be concentrated for the next year around supporting the enlarged dementia programme, the cancer unit and intensive care. As a result of this £150 k previously identified to support the Estates programme would need to be provided from within the estates programme.</li> <li>• Approved a timeline to be overseen by a working group chaired by the Director of Finance</li> <li>• Approved proposals to develop an appeals committee with a high profile chair</li> <li>• Agreed a revised budget which included the appointment of a fundraising officer</li> <li>• Agreed an approach to branding and was working on developing a strapline</li> <li>• Agreed a legacy leaflet</li> <li>• Made a grant of £50 k to end of life care programmes</li> <li>• Undertook a review if the effectiveness of the committee which had been generally positive with the only elements requiring work being administrative support and changes to the terms of reference.</li> </ul>	

3.1 2	The updated terms of reference for the Charitable Funds Committee were received and approved.	
<b>32.</b>	<b>QUESTIONS FROM THE GOVERNORS AND MEMBERS OF THE PUBLIC</b>	
32.1	<p><b>Governor Dennis Doe</b> – noted that it was appalling the Trust had so little knowledge as to why staff were leaving within a year of joining the organisation. He suggested there was a common issue locally given the high cost of living. He asked if the Trust could do more in working with other local public sector organisations and Kingston First to see how others are managing this. He also asked what ‘Work Life balance’ meant.</p> <ul style="list-style-type: none"> <li>• TR – agreed to follow up on his suggestions. <b>Action</b></li> </ul>	<b>TR</b>
32.2	<p><b>Governor Richard Allen</b> noted there is a growing bank of anecdotal evidence that lack of remedial care is causing problems in the local health economy. It is clear the Board is on top of issues and looking ahead. He asked if any work had been done on using population trends.</p> <ul style="list-style-type: none"> <li>• RB explained the Trust looked at this information in developing its five year strategy and the issues around population trends were also discussed in a Board Development session earlier that week. She talked through some of the expected changes.</li> </ul> <p>Richard Allen asked if it was possible for the Trust to be more ahead of the curve.</p> <ul style="list-style-type: none"> <li>• KG stressed that this was sufficiently covered in the Five Year Strategic Plan.</li> </ul>	
32.3	<p><b>Governor Dennis Doe</b> asked if the Trust was able to use mosaic profiling.</p> <ul style="list-style-type: none"> <li>• RB confirmed the Trust had not done so and she would look into it. <b>Action</b></li> </ul>	<b>RB</b>
32.4	<p><b>Governor Richard Allen</b> asked, on behalf of the lead Governors Frances Kitson who had left the meeting if there was any flexibility in moving nursing staff between wards when it is busy or if the Trust always had to use bank and agency staff to cover busy wards.</p> <ul style="list-style-type: none"> <li>• DB confirmed there would be some movement but that the Trust tried to keep the same ward teams together and that wards were actively recruiting to minimise the need for movement and for using bank and agency staff.</li> </ul>	
32.5	<p><b>Governor Richard Allen</b> asked the Director of Finance how activity levels could be brought back on track in service lines</p> <ul style="list-style-type: none"> <li>• SM explained there was a need to make sure capacity is aligned, that the Trust has less influence on elective and non-elective activity but a diagnostic was taking place. He confirmed that in areas the Trust can control it needs to ensure there is clarity around capacity and that its marketed</li> </ul>	
32.6	<p><b>Governor Robert Markless</b> said he would welcome close liaison personally with the Non-Executive Director identified to join the E &amp; D Committee which was noted.</p>	

	<p>He asked when pay on exit would be in place in the car parks as it had been expected to be in place some months ago.</p> <ul style="list-style-type: none"> <li>• KG explained that it would be in place in September as there had been an issue the Trust had not been aware of in that it needed to set up a means for taking payment by card or mobile phone which had delayed implementation by three months but was now being rectified.</li> </ul>	
32.7	<p><b>Governor Peter Tompkins</b> noted that the patient story received at the Board had been a salutary lesson. He suggested the more that could be done to empower staff to 'own' problems outlined the more they could be resolved locally.</p> <p>He suggested the Trust had a lot of 'wild balls' in the air such as SWL changes, delivering CIPs, nurse recruitment, and said that the Trust should be under no illusion of the importance of bringing these into line or there could be a huge variance by the end of the financial year. He added that it was good to see innovation blossom. He asked if there was anything we should and should not be doing as an organisation to prepare for the general election.</p> <ul style="list-style-type: none"> <li>• SB thanked him for his points which were well made. She noted that the Medical Director had indicated, in the discussion about the patient story, that whilst the issues were difficult to resolve that that they still needed to be addressed and it was important staff understood that. She added that this would be a challenging year and the milestones in place would help the Trust to meet the challenges noting there had been an increase in solid project monitoring at the Trust which was also beneficial. In terms of the election more reflection is needed on what is required.</li> <li>• KG noted the Chairman had asked her a similar question the day before and the key for her was around having good strong relationships in place.</li> <li>• CI added that it was important for the Trust to be sensitive to what is happening around us and suggested including an update on the market environment to the Board</li> <li>• SB noted that Simon Stevens had put out a marker around expectations for local working which gave organisations 'permission' to start taking partnership discussions forward</li> <li>• MG noted that discussion had taken place at the Strategy Committee on market intelligence and it had been quite revealing. KG confirmed it had been part of the stakeholder strategy agreed last year.</li> </ul>	
	<b>Reports from Board Sub Committees</b>	
33.	<u>Finance Investment Committee report</u>	
33.1	The Finance Investment Committee report was received and noted. MJ informed the Board that key discussion had taken place on CQUIN, and on debtors and creditors and that all four of the Trusts major contracts were under tighter control and all others were being reviewed, EOC and SWL Pathology. He noted the committee had carried out its review of effectiveness and the only issues were around administration such as sharing papers at an earlier stage.	
33.2	The terms of reference for the Finance Investment Committee were received and approved.	
34.	<u>Quality Assurance Committee report</u>	

34.1	The Quality Assurance Committee report was received and noted. CI noted that the committee had given a lot of consideration to the importance of triangulation of information and that the approach being taken was going well. She commended the latest report received by the committee for its improvements in this. She informed the Board that a deep dive had taken place on food and nutrition and a way forward had been identified. She noted that the committee had wondered if pressure ulcers and VTE should be on the risk register and had asked the Clinical Quality Improvement Committee to have a stronger role in reviewing clinical risks on the risk register going forward.	
34.2	The Terms of Reference for the Quality Assurance Committee were received and approved.	
<b>35.</b>	<u>Audit Committee report</u>	
35.1	The Audit Committee report was received and noted. JMc informed the Board that discussions had taken place with auditors Grant Thornton with regard to the handling of the year end process and the Trust's expectations around improvements required in the coming financial year. She noted that the committee had deferred discussion on their Terms of Reference to their next meeting to enable more work to take place to ensure integrated governance is in place and therefore the revised document would be brought to the September Board for approval. <b>Note for forward plan.</b>	
<b>36.</b>	<b>Any other business</b>	
36.1	None	

**Signed Sian Bates, Chairman**

**Date**.....