Kingston Hospital NHS
NHS Foundation Trust

Draft Minutes of the Board of Directors meeting held on

September 24th 2014

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

Present voting:		
Sian Bates	Chairman	SB
Candace Imison	Deputy Chairman	CI
Michael Jennings	Non-Executive Director (SID)	MJ
Jacqueline Unsworth	Non-Executive Director	JU
Joan Mulcahy	Non-Executive Director	JMc
Martin Grazier	Non-Executive Director	MG
Chris Streather	Non-Executive Director	CS
Kate Grimes	Chief Executive	KG
Sarah Tedford	Deputy Chief Executive	ST
Nigel Baker	Acting Director of Finance	NB
Duncan Burton	Director of Nursing and Patient Experience	DB
Jane Wilson	Medical Director	JKW
Present non-voting:		
Terry Roberts	Director of Workforce	TR
Apologies:		
Simon Milligan	Director of Finance	SM
Nicola Hunt	Director of Productivity	NH
In attendance:		
Deborah Lawrenson	Company Secretary & Head of Corporate Affairs	DL
Lisa Ward	Head of Communications	LW
Laura Shalev Greene	Head of Volunteering	LSG
Governors:		
Dennis Doe (DD), Robert Markless (RM), Alison Tuck (AT), Frances Kitson (FK),		
Members of the public:		
Jane Stevenson		JS
Bonnie Green		BG
Erica Farmer		EF

Board training session – Equality and Diversity [see slides for detail]

	Details	**Actions**
1.	**Welcome and introductions**	
1.1	The chairman welcomed members of the public staff and governors. She noted that it was Sarah Tedford's last Board meeting and thanked her for her immense contribution; her calm reassuring approach and her leadership in ensuring performance had been consistently met.	
2.	**Apologies for absence**	

2.1 2.2	Apologies for absence were received from Simon Milligan who had taken unplanned leave for personal reasons and Nicola Hunt. The Chairman welcomed Nigel Baker as Acting Director of Finance and introduced Vicky Clark, who had joined the Trust that week as Deputy Director of Finance.	
3.	**Declarations of interest**	
3.1	None	
4.	**Minutes and Matters arising**	
4.1 4.2	<u>Minutes</u> The minutes of the meeting were approved as a True record however it was noted that the attendance list needed to be updated as JU, MJ and CI had been present and had been marked as absent. <u>Matters arising</u> The actions were noted as closed or in hand.	DL
5.	**Chairman's report**	
5.1	The Chairman noted the following • Monitor report on Foundation Trusts issued on September 19th. It detailed that NHS Foundation Trusts were providing more treatments to more patients with more complex care needs in tough financial times. She noted that the national context outlined within it regarding challenges particularly around caring for an ageing population with complex needs were reflected locally. She informed the Board that the Quality Assurance Committee had looked at frailty of patients on wards which had demonstrated an increasing age profile and level of frailty for patients accessing hospital services. It was noted the Chairman and Chief Executive had been invited to join a national FT quality reference group and feedback would be provided to the Board in due course. • The annual meeting between the Trust and Monitor had taken place and had been positive overall. Monitor had asked that the Trust pay attention to achievement of cancer targets and reduction in waiting times. She noted the Trust was currently retaining its green rating and COSSR of 3. She assured the Governors that the Board were keeping a close eye on actions in place to meet cancer targets going forward. • Her focus, as Chair of the Council of Governors was around the upcoming Governor elections. It was confirmed information was being shared widely and awareness raising events were taking place. • The Council of Governors were thanked for supporting the recommendation from the Nominations and Remuneration Committee to appoint Professor Derek MaCallan to the role of non-voting Associate NED for a trial period of six months. The Chairman welcomed the opportunity this would bring to further strengthen links	

	with St Georges University.	
6.	**Chief Executive's report**	
6.1	The Chief Executive drew attention to the following items in her report: • Discussions which had taken place with Kingston and Richmond on their respective Better Care Fund plans. It was noted that Richmond's plan included proposals to introduce a community geriatrician role which the Trust welcomed and supported as this would have a potential impact on admission to the Hospital. It was noted that further discussions are taking place with Kingston with regard to their plans which were still being worked through in terms of elements which may have a positive impact on admissions to the Hospital, but that the Trust had given its support to them in terms of their ambition. • Health Education England – would be putting in place geographic directors who would come from each of the LETBs. It was noted there had been some disquiet following the announcement and that the Chief Executive would continue on the Board to ensure the employers voice is heard as part of the thinking and decision making going forward. • Updates provided from Monitor • External Reviews – Kingston Safeguarding which had been generally very positive for the Trust. JAG accreditation for endoscopy had been received which would enable further expansion of services. • The Trust had been successful in securing its bid to Nesta for £100 k for volunteering support. • Good progress is being made with nurse recruitment with over 90 nurses due to join the Trust shortly. • PLACE results had been generally positive however the Trust was in the bottom quartile for food. Plans in place to address this were outlined and it was noted that new menus would be in place within the next couple of months. • The Trust had been successful in securing a diabetes tender for work due to commence in November, which had been led by the service line • Audiology had been one of first in the country to receive accreditation. • It was noted the Trust was working with the Challenge Initiative which was supporting young people to understand about leadership and a number of local young people would be working with the Trust in its dementia work. • The roll out of clinical documentation has been going well with five wards up and running and others due to come on line before Christmas. • The communications update provided was noted.	
7.	**Volunteers story**	
7.1	DB reminded the Board of the purpose of hearing patient stories: • To connect with patients, relatives, frontline staff and volunteers on an emotional level • To understand the impact of the experience on the patient and	

	their perspectives on why it happened and how it could be avoided in the future • To appreciate the human aspects of harm and errors and develop an open culture to learn from errors • To make the experience of the patient staff member or volunteer personal to the Trust at all levels, recognising that 'this experience happened here'.	
7.2	The Chairman welcomed Volunteer Jane Stevenson to the meeting. JS joined the Trust as a Volunteer in May 2014.	
7.3	JS described her story as 'dispensing empathy, thoughts from a patient experience volunteer'. She outlined her reasons for becoming a volunteer following her experiences supporting a friend receiving services and noted the value advocacy roles play in helping patients who may feel vulnerable. She talked through her experiences as a research volunteer which had enabled her to connect with a range of patients and their families and how humbling this experience had been. JS outlined the benefits of volunteering for the Trust including the potential for volunteers to raise issues and be heard. It was noted that a key issue which had been raised with her was around the difficulty for patients in terms of noise at night particularly from patients with dementia, which other patients had found distressing. She suggested addressing this issue sensitively and creatively would make a significant difference. In terms of benefits to patients she explained these were wide ranging from providing practical support to reassuring and calming patients, to helping patients with their next steps on leaving hospital. She stressed that there is a huge need for warmth and empathy to be dispensed, with some patients indicating to her that she had been the first person to really ask them how they were feeling.	
7.4	The Board thanked JS for her examples and noted the following: • ST noted how powerful the story was in terms of the number of lives she had touched • JU asked how well supported by the Trust she felt. JS explained that whilst she felt low on leaving the hospital on some days, there was good support in place in the volunteering team and through structured sharing opportunities • MJ asked if there were any areas which would benefit from increased volunteering focus. JS suggested that reinstating the trolley around the hospital to provide snacks, free papers and reading materials would be of great benefit. • TR asked if it would be helpful for volunteers to be given access to the Trust in-house counselling service. It was agreed this would be helpful.	

	• SB noted that the feedback given about noise at night resonated with feedback received at the Patient Experience Committee. She suggested ensuring that feedback from volunteers be given at PEC meetings. • CS asked how the Trust provides support to volunteers around the issue of maintaining confidentiality. JS explained that some further training around this and around managing 'boundaries' would be helpful. She noted that she had ensured she did not keep information around a safeguarding issue she had escalated, but she had not received feedback and she felt that would be helpful for volunteers. • MG noted that he had been struck by the number of young people involved in the volunteering programme. He asked if the Trust had links with local sixth forms. LS confirmed this is in place and that the Trust had attended freshers fairs and had an online portal but stressed that more could be done about targeting people on particular courses. She added that they aim to guide young people into roles appropriate for their age group	
7.5	SB noted that many patients feel vulnerable in hospital and conversations with volunteers could go a long way to helping someone to feel better and to have an avenue to release emotion which in turn helped patients to get better more quickly and this had come across very powerfully in her stories. On behalf of the Board she thanked JS for her work as a volunteer and her support to the Trust.	
8.	**Clinical Quality Report**	
8.1	JKW talked through the Clinical Quality Report. She noted in particular: • There had been a small rise in the number of Grade 2 pressure ulcers but there was a much improved process about identifying them at an earlier stage. • Falls remains a difficult issue given the demographic of the patient population. There is a need to focus on what can be done before winter to ensure a rise in falls does not take place. Key issues were around staffing, putting alarms into all bathrooms and continually focussing on the environment so changes could be made appropriately to minimise the risk of falls. • There had been a slight improvement in FFT scores • VTE remains under target. Action is being taken to encourage completion and a change is being made to CRS to ensure recording is captured as a mandatory field. • The maternity scorecard shows a higher incidence of post-partum haemorrhage. All are tracked as part of on-going governance processes and nothing has significantly changed in terms of care.	
8.2 8.2.1	CI noted these issues had been discussed in detail at QAC, this had revealed that issues were magnified in some cases at ward level. She asked how those areas were being targeted. JKW suggested that comparison between for example elderly care wards and gynaecology would show up differing issues.	

8.2.2	DB added that the 'SWARM' work had been targeted on care of the elderly and orthopaedic wards as these had the highest falls rates, but stressed that rates did vary month to month.	
8.2.3	CI stressed that there were a number of ward areas where issues were coming up repeatedly at QAC.	
8.2.4	JKW explained that through the SWARM approach a group of people would visit a ward after a fall to look at the environmental factors and that this was being done through a ward to ward buddying system.	
8.3	JMC asked when the mandatory field for completing VTE assessments would go live on CRS. KG explained it would begin on November 7th. JMC asked when improvement would be seen. KG felt this would be clear from November 7th. ST added that it would begin then on inpatient wards with all being in place by Christmas and other areas rolled out in the New Year.	
9.	**Corporate Performance Report**	
9.1	ST provided an overview of the corporate performance including achievements and areas of development. She drew attention to the following: • Performance remains strong overall, sickness absence remains quite low, the financial position is currently £600 k variance • There had been issues around income for non-elective activity • 99% of the CIP had been achieved in month. • Complaints response times have improved but remain under focus • The Trust has failed cancer targets for two quarters. Significant work is underway and action plans in place. The London Cancer Alliance were asked, by the Trust, to provide their views on the plan and any further action required. LCA have confirmed they are content with the direction of travel and suggestions made were being taken forward. Discussions are also taking place with the Royal Marsden and St Georges around pathways. It was noted that whilst current figures were not known the position appears to have improved. • RTT - 96% of patients are waiting under 18 weeks. 14,700 were on the waiting list at end of June 2014, this has reduced by 400 patients and extra activity was in place throughout September. It was noted that the one red area related to urology and had been due to patient choice. • VTE is being monitored on a daily basis • The area significantly below plan is around non-elective activity which has been a trend over the last couple of months.	
9.2	KG suggested reviewing activity against last year's plan to ensure it has been captured correctly. It was agreed that ST should share figures outside of the meeting. **Action** • Plans are in place to make up the deficit in outpatient plans. The deficit was due mainly to impact of medical vacancies. • Monitor governance risk ratings - 3 for COSSR, if the cancer	

	position improves in the quarter the Trust should retain its green rating. • Safer staffing - DB noted there has been slight dip of registered numbers in August which had been offset by use of nursing assistants and this would be further addressed through the overseas recruitment taking place. • Vacancy levels are expected to reduce in the coming month	
9.3	TR explained there had been an increase in nursing assistant vacancies, and therefore they were over establishing, vacancies in qualified nurses remained high but would be addressed through the current recruitment. Turnover remained high and is a specific issue in some areas. Data has been broken down by service line and staff group and templates provided to support managers in addressing specific issues through development of intervention plans. It was noted that retention questionnaires had been introduced. DB added that there was always a higher turnover for HCAs at that time of year as the Trust supported a number of HCA s to train as nurses and midwives, which was extremely positive as they would return to the Trust in 2 – 3 years' time as registered nurses/midwives.	
9.4	With regard to the financial position ST noted the adverse variance of £633 k related to income and over spend on non- pay. Contingency had been deployed to support the position.	
9.4.1	NB added that the Trust would need to watch the liquidity ratio but the plans in place to secure the loan should address this.	
9.5	JU asked when will the Trust would know if admission avoidance schemes were working or if there was an internal planning issues, KG suggested there was a need to understand this in more detail before this would be known. ST explained that the throughput was currently the same and numbers through A & E were slightly up so there was a need to understand if it was a planning issue.	
9.5.1	MJ added that FIC had looked at this issue and would be discussing it in more detail at the next meeting.	
9.6	CS asked with regard to the 18 week performance if the national picture is worse than the Trust and if there was an opportunity to take on more work. ST confirmed that whilst there was a potential opportunity in some areas it was important to remember that as the Trust moved into the winter there would be a hike in income expectations already planned which needed to be managed.	
9.7	MG noted that there were a number of discussions taking place around finances and stressed the importance of ensuring there is sufficient grip. KG assured the Board that the EMC were devoting at least an hour of its weekly meeting to get underneath the issues and to ensure plans are in place to address them.	
9.8	MG asked for an update on introduction of the new car parking charging approach. ST confirmed it would be in place by the end of October 2014 and it was noted that details on the plans had been shared at a recent Health Talk.	
9.9	CI asked for detail to be provided in the next report on the three service	**ST**

	lines with financial challenges (cardiology, respiratory and trauma and orthopaedics). She also asked for agency spend to be provided split by service line as a percentage of spend, which would demonstrate their reliance on agency usage. **Action ST**	
9.10	SB informed the Board that the Workforce Committee had begun and would meet every six weeks. She suggested there was much improved data available and she expected to see levels of assurance improve.	
9.11	JMC suggested, in terms of managing liquidity, that forecasting be included in financial reporting, she added that it was also important to see how the non-elective gap would be filled. **Action NB**	**NB**
9.12	CI noted the importance of the impact of length of stay noting there had been a lot of escalation beds and the trend was not reducing. ST explained that it had in fact gone down slightly, noting that there had been some movement around wards to accommodate the planned pipework and that the overall the Trust had been running on eight beds less.	
9.13	RB noted that the Board had requested more benchmarking information in the corporate performance report and drew attention to the inclusion of information related to the upper quartile where data was available. She noted this was not possible for complaints or c.difficile or where the advice was that benchmarking should not take place as methodologies being used differed.	
9.14 9.14.1 9.14.2	<u>Finance Report</u> The detailed finance report was noted MJ noted with regard to the finance report that there had been a push to improve the debtor and creditor position and the Trust as close to being able to forecast liquidity and interplays with the capital programme.	
9.15 9.15.1	<u>Productivity update</u> The detailed productivity report was noted	
10.	**Business Planning process**	
10.1	RB asked the board to note the approach outlined in the paper and added that horizon scanning would take place at the November Board Development Day which would support development of the draft Corporate Objectives due for discussion at November Board.	
10.2	She reminded the Board that business planning and budget setting had been brought forward by months with a view to signing off in December.	
10.3	An interactive planning workshop is due to take place in November with the service lines to support that process.	
10.4	It was noted that the Trust was still awaiting feedback on the Annual Plan for the current financial year, and the timetable from Monitor for business planning for 2015/16 had not yet been received and therefore the plan remained to bring a near final draft to the March 2015 Board meeting.	

	Discussions will also take place at the Council of Governors (COG) meeting and the COG Strategy Group.	
11.	**Volunteering update**	
11.1	DB outlined progress which had been made in delivering the Volunteering Strategy. He highlighted in particular: • The Trust had secured funding from NESTA which is supporting appointment to roles to support evaluation • The Trust would be working with Barts Health in a buddying system • The range of roles available to volunteers had been expanded and included a range of therapeutic activities • There had been significant focus on training and induction of volunteers • The Trust had been announced as the first NHS hospital volunteer service to be accredited by the Alzheimer's society for its dementia friends training • The Trust had increased the number of partnerships including John Lewis and Kingston Community who were working with the Trust to develop borough wide standards • Processes around monitoring impact of volunteering was being strengthened • A major conference would be taking place next year	
11.2	CI congratulated the team on progress which had been made noting that the Trust was increasingly gaining a national reputation for its volunteering work. She noted how powerful volunteering could be in taking forward cultural change by sharing stories more widely. DB confirmed more focus was needed around this area.	
11.3	SB commended the progress being made and the demonstrable impact there had been on patient care. She noted that as a major employer the Trust had a responsibility to strengthen community links and the community as a whole. She noted that the increased professionalism of the approach and the training support in place coupled with the feedback mechanisms and approach to evaluation would support this goal.	
11.4	CS noted that the volunteering programme provided a significant opportunity for young people to have exposure to the NHS and suggested this be highlighted more explicitly.	
11.5	DB thanked Laura Shalev Greene, Head of Volunteering for her leadership, vision and oversight of the volunteering programme.	
11.6	LSG thanked the Board for their support and recognition of volunteering	
12.	**Board Assurance Framework**	
12.1	DL outlined the updates provided in the Board Assurance Framework in respect of objectives which were either red or amber against their planned trajectories.	

12.2	JKW explained that with regard to the milestone which had been failed in respect of doctor's appraisals a better system had been put in place and Divisional Directors were much more involved in the process which had been of benefit. She confirmed re-validation was under control.	
12.3 12.4	CI asked what the view of Doctors was in terms of finding the appraisal process positive. JKW explained that feedback received had suggested the Quality Assurance element was not yet fully developed and it was viewed as a must do rather than of career enhancing benefit but keeping the process within specialties had been well received and was perceived more positively in terms of career development. MG asked with regard to pathology, what the likely impact of the delays outlined in the paper would be on the Trust and asked how this could be brought back on track. KG explained the plan had been ambitious with no contingency build in but that the gap could be filled through other plans and she suspected the majority of the delivery of the savings would take place in the next financial year and forward planning for this would be required.	
13.	**Register of interest and Code of Conduct**	
13.1	The Register of Interest was received. It was confirmed it would be updated following the meeting with the declarations from TR and NB, and uploaded to the website.	
13.2	It was noted that Board members would be asked to sign the new Code of Conduct after the Board meeting after receiving the updated copy and the updated Standing Orders and SFIs due for discussion at that meeting.	
14.	**Terms of loan for approval**	
14.1	MJ as Chair of the Finance Investment Committee (FIC), reminded the Board of previous discussions in which the Board had agreed to the loan in principle. He confirmed the interest rate would be fixed at the point at which the Secretary of State signs off the loan, and given expected interest rate rises proposed that the Trust should move towards signing as quickly as possible.	
14.2	He confirmed issues raised by the Chairman of the Audit Committee had been raised with the Trusts legal advisors, who had also been asked if further due diligence was required. He confirmed it was the recommendation of the FIC that delegation to approve the final stage should be given as outlined in the paper.	
14.3	JMc, as Chair of the Audit Committee, noted that it was a significant vote of confidence in the management team that the loan had been secured, however she stressed that in her view the Trust should not go beyond the £10 m borrowing level, and should be cautious in terms of the timing of the phased expenditure. She suggested an incubator fund be used, with clear line of sight of individual elements to manage liquidity levels.	
14.4	MJ confirmed these issues had been discussed at FIC and he was in agreement with JMc's observations. He reminded the Board that	

	developments would also be funded through a combination of charitable funds and internal resources.	
14.5	The Board agreed that the Trust should proceed to sign the loan agreement with the Department of Health for £10 m, over 20 years, on the terms detailed in the report and in Appendix 1. The Board agreed to authorise the Chairman of the Board, the Chairman of the Finance Investment Committee, the Chief Executive and Director of Finance to agree or otherwise, that the loan remains affordable before the agreement is signed by the Trust in light of the prevailing interest rate and delegates authority to the Chief Executive or the Director of Finance to implement the actions agreed, including signing and dispatching all appropriate documents.	
15.	**Board forward plan**	
15.1	Noted	
16.	**Standing Orders and SFIs**	
16.1	NB outlined changes to the Standing Orders and SFIs noting that the documents had been updated to address slight inconsistencies in the levels of authority.	
16.2	The changes were approved.	
17.	**Fundraising appeal update**	
17.1	The Board was asked to move into its role acting as the Board as Corporate Trustee, to receive the fundraising appeal update.	
17.2	MJ outlined fundraising plans drawing attention to the planned launch of the dementia appeal in November 2014. He noted that a brand had been developed for Fundraising to differentiate it as having an arms length relationship with the Hospital.	
17.3	He noted that an additional post of fundraising assistant had been built into the plans and that a presentation on the dementia appeal would be given at the AGM that day.	
17.4	The fundraising update was noted.	
18.	**Questions**	
	1. Governor Dennis Doe asked if the Trust had any concerns about language ability of the nurses being recruited from overseas. DB explained that candidates had been tested and they were interviewed either in person or via Skype. He added that providing an understanding of local expressions was being addressed in induction. The nurses being recruited from the Philippines will be provided with additional support from the existing staff from the Philippines and additional English language training is available where required. 2. Bonnie Green asked with regard to the development plans for cancer services that note is taken of activity in primary care for early identification. ST confirmed this would be picked up as part	

	of planning. **3.** Bonnie Green asked what actions had been taken forward following the patient story received at the July Board. DB explained that the medication issues had been raised with pharmacy, that a children and young person's Board was being established which he would chair and this would support the Trust to identify areas to focus on. **Action it was agreed an update on the pharmacy element would be provided at the next Board meeting in the CEO report.** 4. Bonnie Green asked if there was process in place for closing the loop on issues raised through patient stories. SB explained that she sees the letters back to complainants for all complaints copied to her and she was very happy with the process in place. She stressed that stories were not brought to the Board to solve issues but to help the Board to feel connected with issues. She suggested that when stories come to the Board following a formal complaint this needed to be made clear as it would be going through due process and learning outcomes were discussed at the Complaints committee and throughout the hospital.	
19.	**FIC report**	
19,1	The FIC report was noted.	
20.	**QAC report**	
20.1	CI informed the Board that the committee had received a deep dive on care of the elderly which had given considerable assurance. Discussion had also taken place on the impact of the planned loan on improving outpatients through a presentation which had given the committee a virtual walk through the new layout.	
21.	**Audit Committee Report**	
21.1	JMc informed the Board the committee received a deep dive on governance around introduction of Service Line Management. The Committee had felt this demonstrated considerable work had taken place and provided considerable assurance.	
21.2	She noted that the committee had discussed the Board Assurance Framework and the progress with pathology in particular and asked it be red rated, which had been taken forward in the BAF reported to the Board.	
21.3	The committee had received and approved their Terms of Reference for recommendation to the Board for final approval. The Board approved the terms of reference.	
22.	**Any other business**	
22.1	None	