Kingston Hospital NHS
NHS Foundation Trust

Minutes of the meeting of the Board of Directors held on

29th July 2015

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

Present voting:		
Sian Bates	Chairman	SB
Candace Imison	Deputy Chairman	CI
Michael Jennings	Non-Executive Director (SID)	MJ
Joan Mulcahy	Non-Executive Director	JM
Martin Grazier	Non-Executive Director	MG
Jo Farrar	Director of Finance	JF
Rachel Benton	Acting CEO/Director of Strategic Development	RB
Duncan Burton	Acting COO/Director of Nursing and Patient Experience	DB
Jane Wilson	Medical Director	JKW
Present non-voting:		
Terry Roberts	Director of Workforce	TR
Florence Wilcock	Divisional Director – Specialist Services	FW
John Wong	Divisional Director – Clinical Support Services	JW
Apologies:		
Kate Grimes	Chief Executive	KG
Chris Streather	Non-Executive Director	CS
Jacqueline Unsworth	Non-Executive Director	JU
In attendance:		
Anne Boatman	Named Nurse Child Protection, attending for item 10.1	AB
Kevin Fitzgerald	Director of IT, attending for item 8.1	KF
Fergus Keegan	Deputy Director of Nursing, attending for item 10.2	FK
Sam Lord	Attending for the Patient Story	SL
Susan Simpson	Company Secretary & Head of Corporate Affairs	SS
Lisa Ward	Head of Communications	LW
Governors:		
Richard Allen	Public Governor – Kingston	RA
Kate Fitzsimmons	Public Governor – Kingston	KaF
CJ Kim	Public Governor - Elmbridge	CJK
Frances Kitson	Lead Governor	FK
Robert Markless	Public Governor - Kingston	RM
Margaret Thompson	Appointed Governor - Kingston	MT
Alison Tuck	Staff Governor	AT
Members of the public:		
Erica Farmer		
Bob Firman		BF
Rashad Paracha		
Suman Biswas		

		Actions
1.	**Welcome and introductions**	
	The Chairman welcomed members of the public, staff and governors.	
2.	**Apologies for absence**	
	Apologies noted as above.	
3.	**Declarations of interest**	
	None.	
4.	**Minutes and Matters arising**	
	The minutes of the meeting held on 3rd June 2015 were approved as a correct record. The Board reviewed progress with the action log and there were no matters arising.	
5.	**Chairman's Report**	
5.1	The Chairman gave a verbal report, explaining that the Chief Executive had been taken ill and would be absent for some months. She thanked the Executive team for their support in the CEO's absence, particularly RB and DB who were Acting CEO and Acting COO respectively in addition to their substantive posts.	
5.2	SB explained that recruitment of an Interim CEO would conclude by the end of the week with a recommendation to the Council of Governors. The arrival of an Interim COO was imminent and the process for recruitment to the substantive post was under way.	
5.3	CI had tendered her resignation to take up a Non-Executive Director post in Sheffield and SB thanked her for the quality of her contribution to the Board at Kingston, particularly with regard to strategy and policy. The Nominations & Remuneration Committee would commence the search for a new NED.	
5.	**Chief Executive's Report**	
6.1	The Board had received the Chief Executive's report, which provided information on strategic and operational issues. RB highlighted key points to note.	
6.2	An update on a number of integration projects was given and the Board was pleased to note the progress being made.	
6.2	The intensive support being given to improve A&E performance was explained and it was noted that results for July 2015 were showing a positive impact on the 4 hour performance target. Further detail was provided in the presentation on performance later in the meeting.	
6.3	National priorities on cancer performance were outlined, with new requirements on progress reporting required from August 2015. RB reported that may of the priorities were already delivered but self-assessment was taking place, with results to be shared with the Trust Board and progress reported through the Quality Assurance Committee in future.	
6.4	JKW gave an update on the CQC maternity outlier alert for perinatal mortality at KHFT, saying that Q1 performance was now back in line with the historic position (better than sector and nationally). The alert had highlighted reporting issues that may have resulted in the Trust appearing to have a higher rate than was the case. The Board would be kept informed through the Quality Assurance Committee.	

6.	**Quality and Performance**	
7.1	Patient Story for discussion DB reminded the Board of the purpose of hearing patient and staff 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'.	
7.1.1	Sam Lord explained her personal experience as a patient using services of A&E, Astor Ward and ENT services. As well as some very positive aspects she also highlighted issues of poor treatment of staff by patients and the emotional impact that delays in receiving in-patient treatment from ENT had had on her recovery.	
7.1.2	The Board thanked Sam for her powerful story and discussed how the story related to the agenda to be considered at this meeting, in particular: • a determination to rely less on temporary staff and to equip staff to deal with unacceptable behaviour from patients. • the importance of Sepsis management and the good work that was already being done to make this a priority. • the need to reinforce the Trust's values on equality and diversity, with agency staff as well as permanent. • how falls are sometimes the result of a patient's refusal to heed advice, despite best efforts by staff. • An important spotlight on the speed of response from ENT.	
7.2 7.2.1	Clinical Quality Report The Board had received the report for June 2015 (month 3). JKW highlighted key points from the Executive Summary, noting that attention remained focused on controlling hospital-acquired pressure ulcers and falls.	
	Response rates for complaints had deteriorated. JKW explained that some complaints were complex and crossed a number of service lines, making management more difficult, but that Divisional Directors were taking action to ensure performance improved.	
7.2.2	CI asked a number of questions focusing on falls and why it was apparently so difficult to bring performance under the NPSA Benchmark. JKW explained that the 'focus on falls' programme in August would give greater visibility to action within the hospital to contain falls and would reinforce the messages for staff. She explained how the SWARM project had developed and was now being used on Hardy Ward. JKW also noted that the NPSA falls benchmark is dated but is the only benchmark available; it must be treated cautiously.	

7.2.3	MG asked how the Trust maintained consistent focus on falls with rotation of agency staff. DB emphasised that, whilst control was more difficult with agency, falls was an expectation of competency of any qualified nurses. The CRS system was helpful for standardisation of approach.	
7.2.4	MJ observed that pressure ulcers on the head were now being reported and that this was a change from previous years. JKW explained the specific issues related to masks and the training being provided for staff on their use.	
7.3	**Corporate Performance Report including update on A&E Performance**	
7.3.1	The Board had received the Trust Board Performance Report for June 2015 (Month 3), DB introduced the agenda item with a summary presentation.	
7.3.2	DB estimated that performance on the A&E 4 hour target would be c.93% for July 2015. Board members welcomed the improvement, which reflected the intensive work taking place. DB provided detail on the actions and governance arrangements	
7.3.3	CI welcomed the evident link to ECIST recommendations made but asked about the impact of removing the observation unit to create ambulance space; was this a sustainable solution? DB responded that staff were supportive of the move and the impact had been minimal, although he was still hopeful that the observation unit could be relocated rather than removed. However, it was not a solution to capacity issues as wider health economy issues also needed to be solved.	
7.3.4	The benefit of having better speciality visibility of A&E breaches was discussed and JKW explained how recruitment of new consultant staff could help bring about a cultural shift and FW confirmed this view.	
7.3.5	SB asked whether a report on admissions analysis had been received. RB replied that the report was expected imminently. SB commented that DToC was still high and asked whether additional capacity in the community was forthcoming. DB commented that discussions were still ongoing on specific capacity. DB explained that extra leadership capacity had been added with the appointment of an Interim Deputy COO who would be working on patient flow, DToC and provision in the community.	
7.3.6	SB thanked the Executive team for the leadership on A&E performance issues.	
7.3.7	In his presentation, DB reported on 18 weeks and cancer performance, explaining how reporting on cancer will become more granular to tumour level. He highlighted concerns nationally that this will lead to the need for increased capacity. A team from NHS England would be visiting the Trust on a fact-finding visit regarding the 62 day performance target. He emphasised that cancer performance had greatly improved, and that all but one cancer target had been met in Q1.	
7.4	**Q1 Workforce Report**	
7.4.1	The Board had received a report on activities progressing the Trust's workforce strategy priorities in 2015-16 and performance against agreed workforce targets for the period April – June 2015. TR identified the key issues in the report.	
7.4.2	CI reported that the Workforce Committee had reviewed progress at the last meeting and had concluded that whilst there was greater transparency and insight into the issues, information on actions was insufficiently granular. The Committee had asked that the next Board meeting receive a more detailed report to give confidence on progress. The Committee had had some	**TR**

	nervousness about sickness absence, despite the apparently positive data coming through.	
7.4.3	MG asked for greater assurance that agency spending would reduce. It was explained that a working group would report weekly to EMC on how reduction to target was being achieved and an update would be provided to the next Board meeting.	
7.4.3	CI returned to the patient story theme, saying that agency spend reduction was as much about quality of patient experience as about finance. She commented on the impact that a change in leadership had had on turnover on Hamble Ward and this was an example of change achieved without adding to cost..	
7.4.4	In response to a question, DB explained the relationship between reduced bank usage and increased vacancy rates, or vice versa. The two rates were interlinked as most of the Trust's WSTG bank are substantive staff.	
	The Board noted that good progress was being made in medical recruitment and supported the development of leadership in a coaching style within the hospital. The need to tackle unacceptable behaviour, whether from patients or staff, was reinforced.	
7.5	**Finance Report**	
7.5.1	The Board had received the Finance Report for June 2015 (Month 3).	
7.5.2	JF introduced the headlines and explained the divisional positions in detail. Specialist Services was performing well and FW was asked what had made the difference. FW was proud of the way her teams had planned ahead and believed this was key to the current position, although some of the upside came from over-performance. JF highlighted that performance in Emergency Care was largely affected by usage of locum and temporary staff, and that the Finance team was rigorously pursuing cost control in this area. JM emphasised the importance of clear and accurate information at service line level.	
7.5.3	MJ noted the position on income, emphasising the importance of ensuring commissioners pay for the work carried out. He added that FIC had welcomed the strengthening of the Finance team in order to bring in cash.	
7.5.4	An income risk summary had been included as a new addition to the report and JF explained the income position in relation to the balance sheet.	
7.6	**Financial Recovery Plan**	
7.6.1	JF presented a Recovery Plan update and provided verbal feedback on the Monitor Challenge session that had taken place the previous day. He summarised the robust process undertaken to set the plan, the potential impact of recovery action, key assumptions and actions taken to date. A lengthy discussion took place on the content of the presentation and the direction of the Recovery Plan.	
7.6.2	JF outlined the focus of the Recovery Plan in relation to the work that PwC had carried out on income capture. An exercise to establish the validity of the report's findings was being carried out and the outcome would be reported to the Board once this work was completed.	
7.6.3	SB affirmed that Monitor was looking for the Trust to scrutinise the annual plan to reduce cost wherever possible and to identify deliverability. Monitor had been clear that the Trust should do all that could be done to avoid the need for cash support in the current financial year.	

7.6.4	JF confirmed that the Executive team had already begun the process of re-examining the annual plan and focusing on the actions within the Trust's control that would have a positive impact on the cash position. However, he emphasised the need for sustained focus as there was still significant risk that the upsides included in the budget might not be delivered.	
7.6.5	JM reminded the Executive team of the importance of briefing staff fully to enable the whole hospital to work together to achieve what is needed. MJ agreed that the Trust should work positively with Monitor's support and avoid, if possible, the need for cash support as this would bring with it extensive external control. He suggested that the Trust should look back at a suitable point to learn from the current experience.	
8.	**STRATEGY, POLICY AND IMPLEMENTATION**	
8.1	**IM&T Update**	
8.1.1	The Board had received a report on delivery of the IM&T Strategy and noted progress. KF presented a summary overview of the 2015/16 business plan and areas to highlight for the Board. These included tension between development projects and 'business as usual', emerging threats, recruitment and retention of IT staff and development of the next IM&T Strategy.	
8.1.2	Progress towards an Electronic Patient Record was noted, and further work required on Electronic Document Management. DB commented that the FT team were working well with clinical teams.	
8.1.2	SB asked about the plan to exit from the National Programme for CRS on 8/9 August 2015 and how disruption had been mitigated. JKW confirmed that the detailed plan for this had been reviewed at EMC.	
8.1.3	The Board noted that the Department of Health strategy 'The Power of Information' provides strong support for the Trust's IM&T Strategy as it mandates electronic records that can be shared with patients and their carers. Further investment was needed to implement an EDM solution and an options appraisal would be carried out for consideration. JF asked for KF's views on who would be expected to fund IT systems developments currently being looked at by CCGs. KF would report back once more detail was known.	
8.1.4	MJ commented that the advantages of CRS were clear but asked how the Board could be assured of its resilience. KF explained business continuity plans in place.	
8.2	**Patient Experience Report**	
8.2.1	The Board had received a report on patient experience activities during the 6 months from December 2014 to June 2015 and priority areas for the coming 6 months. The report also included the plans to refresh the Patient and Public Involvement Strategy in the coming year.	
8.2.2	DB was congratulated on the change in the menu system which had led to improved feedback on food.	
9.	**Governance**	
9.1.	<u>Board Assurance Framework (BAF)</u> The Board had received the BAF for 2015-16 for month 3 (June 2015). In response to questions at the last meeting, a timeline for the development of corporate objectives and key measures had been provided for assurance.	

9.1.1	The Board had attended training on the BAF prior to the Board meeting and had given consideration during that session to the content and structure of the BAF. During the meeting the Board confirmed that the BAF provided appropriate assurance, in that it identifies the controls and assurance needed to allow for the achievement of the Trust's principal objectives.	
9.2	<u>Corporate Risk Register (CRR)</u> The Board had received the CRR as at 21st July 2015 and noted that risks had been assessed according to the Trust's Risk Management Policy. One new risk had been added to the CRR and one increased in score.	
9.2.1	CI suggested that reliance on agency staff should be considered as a distinct risk, and that the risk of requiring funding support should also be separately identified. MJ thought that income capture and cash should be highlighted, and that it would be helpful to quantify the amount at risk with figures where possible.	
9.2.2	SS was asked to review the risk owners to reflect recent changes in personnel.	**SS**
9.3	<u>Q1 Monitor Submission – 2015/16</u> The Board had received a report on the Q1 submission to Monitor, the detail of which had previously been considered by EMC and FIC. Approval was given to submit the return by 31st July 2015 as required.	
10.	**QUESTIONS FROM PUBLIC**	
10.1	BF asked how well Dementia fundraising was progressing. MJ replied that £75k had been raised to date, more detail of which was provided in the Charitable Trustee report later. He was pleased to report that the Mayor had chosen to support the appeal during his year in office.	
10.2	RA asked whether the Board had given consideration to the implications of the living wage on the organisation, as this had recently been discussed by Kingston CCG. TR stated that the Trust paid above both the minimum and the living wage but that for some contractors this may be different. The Board agreed that analysis should be undertaken for financial planning. MJ noted the indirect impact on the survival of care homes, where closure would have a detrimental effect on patient flow from the Hospital.	**TR/JF**
10.3	RM asked whether consideration had been given to the cost of accounting services for the Hospital's charities, and whether the cost could be covered within the Hospital. MJ agreed that the quantum of the amount RM referred to did appear high, but that this was due to the allocation of costs between the charities being incorrect rather than the level of cost itself. A further report would be made through the Charities report at a future meeting.	
11	**FOR INFORMATION & APPROVAL**	
11.1	<u>Safeguarding Annual Reports</u> The Board had received the Safeguarding Children Annual Report 2014-15 and Declaration 2015-16. The Board thanked AB for her work as the named nurse for child protection. A new member of the safeguarding children team had been recruited to strengthen the resource. Improvements made in safeguarding children during 2014-15 were noted, along with those scheduled for implementation during 2015-16, and the Safeguarding Children declaration 2015-16 was approved for publication.	
11.1.1	The Board had received the Safeguarding Adults Annual Report 2014-15 and noted the improvements made during 2014-15 and those scheduled for	

	implementation during 2015-16. DB highlighted the implementation of the Prevent Strategy, Deprivation of Liberty safeguards, female genital mutilation and pressure ulcers in relation to safeguarding. The Board also noted action taken in response to the Savile review and a review undertaken by Monitor of health care provision for people with learning disabilities.	
11.1.2	SB commented on the workload associated with adult safeguarding, thanking FK for his hard work to ensure that this key element of patient care was delivered successfully.	
11.2	<u>Equality and Diversity Annual Report</u> The Board had received the draft annual report for 2014-15. Discussion took place on the messages from the patient story about behaviour towards BME staff and the data presented in this report on equal opportunities for BME staff within the organisation. The Board agreed that the focus of the objectives for 2015-16 was right and approved the annual report.	
11.3	<u>Health and Safety Annual Report</u> The Board had received the draft annual report for 2014-15. JF highlighted the focus for 2015-16 on reducing manual handling accidents and improving incident reporting.	
11.3.1	SB asked what more could be done to reduce the incidents of violence against staff and to curb the number of patients who go missing, acknowledging that a great deal of action was already being taken. DB acknowledged the Board's concern about assaults on staff and outlined plans to support staff to manage patients so that they remain calm and also to enable staff to step away from incidents before they result in aggression. Swipe access for some wards is being progressed, subject to capital funding, to remove the opportunity for some patients to go missing and the impact would be reported back to the Board.	**DB**
11.3.2	MJ noted that the Crown Prosecution Service had declined to take forward cases of assaults against staff and asked why this was. The reason was unknown. MJ suggested that the Trust could learn from Transport for London who had had great success in establishing a culture of acceptable behaviour within the workplace for their staff.	
11.4	<u>Information Governance Annual Report</u> The Board had received the annual report for 2014-15 and noted the content. JF highlighted Freedom of Information response times as an issue; a plan was in place to address this and he anticipated improvement in the next annual report. Attendance at Information Governance Committee meetings was also expected to improve for the current year.	
11.5	<u>Emergency Planning Update</u> The Board noted the content of the report providing an update on regulatory requirements for Emergency Planning placed upon the Trust and how these are currently met through the Trust's Emergency Preparedness Group and Emergency Planning Manager.	
11.6	<u>Board Forward Plan 2015-16</u> The content of the forward plan was noted	
12	**CHARITABLE TRUSTEE ITEMS**	
12.1	The Board had received the Trust & Charitable Funds Committee's report from the Committee's meeting on 24th July 2015 and the content was noted, including plans to fund two projects: a joint research project with Kingston	

	University and equipment for vacuum assisted breast biopsy. SS was asked to write on behalf of the Board to thank the parents of Daisy for the development of the Daisy Room for bereaved parents.	**SS**
13	**BOARD COMMITTEE CHAIR REPORTS FOR INFORMATION**	
13.1	Finance & Investment Committee The reports from the Finance & Investment Committee meetings held on 18th June and 23rd July 2015 were noted.	
13.2	Quality Assurance Committee The report from the Quality Assurance Committee meeting held on 1st July 2015 was noted, including deep dives into Winter Harms 2014-15 and E-prescribing.	
13.3	Workforce Committee The Board noted the main areas of discussion at the June 2015 Workforce Committee meeting.	
14	**RESOLUTION TO MOVE TO CLOSED SESSION**	
	Resolved: that representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.	