

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

13<sup>th</sup> October 2015

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

<b>Present voting:</b>		
Sian Bates	Chairman	SB
Rachel Benton	Director of Strategic Development	RB
Duncan Burton	Director of Nursing and Patient Experience	DB
Eileen Doyle	Interim Chief Operating Officer	ED
Jo Farrar	Director of Finance	JF
Martin Grazier	Non-Executive Director	MG
Michael Jennings	Non-Executive Director (SID)	MJ
Joan Mulcahy	Non-Executive Director	JM
Ann Radmore	Interim Chief Executive	AR
Chris Streater	Non-Executive Director	CS
Jacqueline Unsworth	Deputy Chairman	JU
Jane Wilson	Medical Director	JKW
<b>Present non-voting:</b>		
Terry Roberts	Director of Workforce	TR
<b>In attendance:</b>		
Sarah Connor	Lead Nurse	SC
Theresa Hogan	Health Records Manager	TH
Sue Knowles MBE	Paediatric and Educational Audiologist	SK
Susie McMorrow	Consultant - Schwartz Round Leader	SM
Nichola Kane	Lead Cancer Nurse	NK
Susan Simpson	Company Secretary & Head of Corporate Affairs	SS
Lisa Ward	Head of Communications	LW
<b>Governors:</b>		
Richard Allen	Public Governor – Kingston	RA
Richard Broadbent	Appointed Governor - Sutton and Merton	RBr
Marita Brown	Public Governor - Kingston	MB
Dennis Doe	Public Governor - Kingston	DD
Marilyn Frampton	Public Governor - Merton	MF
Kate Fitzsimmons	Public Governor – Kingston	KaF
Frances Kitson	Lead Governor	FK
Robert Markless	Public Governor - Kingston	RM
<b>Members of the public:</b>		
Neil Chapman (Capsticks)		
Cllr Andrew Day		
David Erridge		
Sylvia Hamilton		
Janice Smith (Capsticks)		
Melanie Symes		

		Actions
<b>1.</b>	<b>Welcome and introductions</b>	
	The meeting began with a presentation to Sue Knowles in celebration of her receiving the MBE for services to Child Health in the Queen's Birthday Honours list. The Chairman welcomed members of the public, staff and governors.	
<b>2.</b>	<b>Apologies for absence</b>	
	None.	
<b>3.</b>	<b>Declarations of interest</b>	
	None.	
<b>4.</b>	<b>Minutes and Matters arising</b>	
	The minutes of the meeting held on 29 July 2015 were approved as a correct record. The Board reviewed progress with the action log and there were no matters arising.	
<b>5.</b>	<b>Chairman's Report</b>	
5.1.	The Chairman welcomed AR and ED to the Trust and to their first Board meeting. She explained that interviews for the substantive Chief Operating Officer role was the following day and interviews for the Non-Executive Director vacancy would take place on 16 <sup>th</sup> October 2015.	
5.2.	The Chairman gave a verbal report, explaining the work that had been taking place on agreeing priorities and building closer relationships with local CCGs. She had attended several meetings with Monitor and she believed these had been positive and productive.	
5.3.	As part of the National Maternity Review, Baroness Cumberlege and Professor Sir Cyril Chantler had been welcomed to the hospital. They visited Maternity, met many staff and patients, and had been interested to hear about the impact of Whose Shoes.	
5.4.	The Chairman had attended a Foundation Trust Network event and highlighted the exceptional difficulties facing the sector, specifically NHS finances, provider productivity, pay and prices, activity and demand. Conflicting demands on 7-day working, 24/7 operation and quality made this an interesting time for strategic decision-makers, as would be reflected in discussions at this meeting.	
<b>6.</b>	<b>Chief Executive's Report</b>	
6.1.	The Board had received the Chief Executive's report, which provided information on strategic and operational issues. AR endorsed the Chairman's statements on the changing external environment. The appointment of the Chief Executive of NHS Improvement was noted.	
6.2.	RB added detail on the SW London Acute Provider Collaborative and the report to Commissioners that had formed part of the Vanguard bid that had not been successful. She explained the background to the possible introduction of a local success regime.	
6.3.	AR commented on discussions with Monitor on the investigation into the Trust's finances and A&E performance. She believed the position to be slightly improved and emphasised that the aim is to close both investigations as soon as possible.	

6.4.	RB explained that a Vanguard bid on cancer had been successful and was now in the initial planning stages.	
<b>QUALITY AND PERFORMANCE</b>		
<b>7.</b>	<b>Staff Story - Schwartz Rounds</b>	
7.1.	<p>DB reminded the Board of the purpose of hearing patient and staff stories:</p> <ul style="list-style-type: none"> <li>– To connect with patients, relatives, frontline staff and volunteers on an emotional level.</li> <li>– 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.</li> <li>– To appreciate the human aspects of harm and errors and develop an open culture to learn from errors.</li> </ul> <p>To make the experience of the patient staff member or volunteer personal to the Trust at all levels, recognising that ‘this experience happened here’.</p>	
7.2.	SM introduced the concept of Schwartz rounds, explaining how these had been organised and emphasising the importance of Kingston NHSFT operating them as cross-discipline events. NK, TH and SC related their experiences of Schwartz rounds and highlighted some of the benefits realised from the initial events, including improved staff morale, cross-fertilisation of learning and an understanding of difficulties faced and conquered by other members of staff. Results from the Schwartz rounds would be submitted to a national database for information sharing.	
7.3.	The Board was asked how the staff story had made them feel. Members were proud that the Schwartz rounds were inclusive and thought that they were an effective demonstration of living the Trust’s value ‘valuing each other’. The story was thought to relate directly to the agenda item on Workforce.	
7.4.	Members considered whether there were any issues to explore on Walkabouts. The Board had appreciated the opportunity to hear about Health Records and asked whether Walkabouts covered a broad enough scope. SS confirmed that Health Records had been visited on a Walkabout recently and would provide a summary of recent visits for the Board.	<b>SS</b>
7.5.	SM was asked what more could be done to support the Schwartz Round programme and replied that more administrative support would be helpful. Non-Executive Directors were keen to take part in Schwartz Rounds and asked for dates to be circulated.	<b>SS</b>
<b>8.</b>	<b>Clinical Quality Report</b>	
8.1.	The Board had received the report for August 2015 (month 5). JKW highlighted key points from the Executive Summary, noting that nurses recruited over recent months from the UK and abroad were now attending induction and starting work in clinical areas.	
8.2.	It was noted that the number of grade 3/4 pressure ulcers in August was low but that the Trust was unlikely to meet the overall target given the number recorded to date for the year. However, numbers of grade 2 pressure ulcers were significantly reduced in comparison with the previous year. CS commented that the Quality Assurance Committee was keeping a careful watch on this KPI and had requested a deep dive be added to the forward plan.	

8.3.	Serious incident investigations had demonstrated opportunities to improve falls prevention, of which environmental issues were the most important, however the Serious Incident Group had also noted that harm had occurred even when patients were receiving appropriate supervision and assistance.	
8.4.	The Board congratulated clinical staff from Anaesthetics, Colorectal Surgery and ITU on excellent results arising from participation in a national quality improvement project. As a result of changes to the patient pathway, patient mortality had significantly reduced in all age groups, but particularly in patients over 80 years of age.	
8.5.	An increase in complaints compared with August 2014 was observed. It was confirmed that complaints were being managed closely to meet deadlines.	
8.6.	A question was asked about HCA staffing rates where these were listed as over 100% on many wards. DB explained that this often reflected use of nursing specials, but on some wards was due to use of escalation beds.	
<b>9.</b>	<b>Operational Performance Report</b>	
9.1.	The Board had received the Operational Performance Report for August 2015 (Month 5). ED highlighted the key points.	
9.2.	Members were pleased to note achievement of the Emergency Access Standard in August 2015. ED explained that August had been atypical in having rhythmic attendance and that September had been more challenging. She believed there was still much to be done to secure the improvement in performance, but the signs were encouraging. MJ asked about the mix of Monday attendees and whether anything could be learned about weekend access.	
9.3.	Questions were raised about staff utilisation and capacity in A&E. ED explained that it was difficult to flex rotas due to the vacancy factor. SB asked what was being done to fill vacancies, recognising that it was a difficult specialty for recruitment. ED gave examples of the approach being taken and acknowledged that staff recruitment remained key stability and meeting the target.	
9.4.	ED identified a number of areas that needed close attention in order to meet the 18 weeks RTT standard consistently. She highlighted the Trust's access policy as being key to achievement. JU noted that annual leave management had had an impact in T&O in August and asked what was being done to avoid this happening again. ED believed the access policy would help to flush out visibility in future.	
9.5.	Cancer performance was back on track, having achieved all targets for the third month, and the Board expressed thanks to the staff involved.	
<b>10.</b>	<b>Workforce Report</b>	
10.1.	The Board had received the Workforce Report for August 2015 (Month 5). TR highlighted that the key workforce issues were interrelated and asked the Board to confirm support for actions taken in response to the issues raised.	
10.2.	In response to a question from JU, TR explained the operation of the Vacancy Control Board and how this related to reduction of agency spend.	
10.3.	MG asked what assurance there was that the workforce KPI trajectories would be delivered as shown by December 2015. DB explained that achievement was partly dependent on granting of visas for nurses coming from outside the EU, which were not guaranteed as nursing was not currently a shortage profession. In response to SB's question, AR explained that there was no	

	discretion on the rules but there was a maximum national quota and timing of application could mean Trusts missing out when others were able to recruit.	
10.4.	DB believed that there was greater risk to achievement in the period November-January 2016 because UK and European arrivals tended to start in M5/6. JF explained that the workforce KPI trajectories would be recalculated monthly as part of forecasting for recovery. It was confirmed that nursing agency spend targets submitted to Monitor could not be revisited.	
10.5.	SB asked what was being done to reduce staff turnover and MJ emphasised the importance of appraisals in supporting retention. TR highlighted that 88% of appraisals had been completed and training for managers in how to carry out appraisals in a coaching style continued. He explained in particular what was being done to support retention of Admin & Clerical staff where turnover was a particular issue.	
10.6.	ED and AR were asked for their perspective on the report given their recent arrival at the Trust. ED identified turnover as a particular issue in high pressure areas and AR noted the potential to lose sight of Patient Admin & Clerical staff amongst the overall staff turnover data. TR was asked to circulate trajectories as they are re-worked monthly, and to separate Admin & Clerical in future reports to bring focus.	TR
<b>11.</b>	<b>Finance Report</b>	
11.1.	The Board had received the Finance Report for August 2015 (Month 5). JF highlighted the key points noted in the executive summary and focused on the overview of divisional positions at the month end.	
11.2.	A discussion took place on the detail of the month end commentary for Emergency Care and the underlying impact of adverse patient care income, reduced outpatient activity and adverse pay costs. JF commented on actions within the division, including recruitment to vacant medical posts, with success in the Divisional Director and Care of the Elderly roles.	
11.3.	The income risk summary (refers to M5 not M4 as stated) prompted a discussion on Q1 reconciliation and year end accrual. JF confirmed there were no issues to raise and that the position had improved since the report was produced. Q1 reconciliation was expected by the end of the week and would be reported to FIC.	
11.4.	MG asked about the likelihood of Emergency Care being able to bring the financial position back on track. JF explained that there had not been good visibility of what had been in the plan but that this was now being worked through.	
11.5.	SB noted the Board's concern about Elderly Care's position as the top Agency and Bank staff user, and asked that staff be given the support they need until substantive staff are in post. On a positive note, she welcomed the near completion of the Esher Wing windows project and the difference this was making to patients and staff on all the wards, especially Elderly Care.	
<b>12.</b>	<b>Recovery Plan (Finance and A&amp;E)</b>	
12.1.	The Board had received a progress report on action being taken in relation to emergency access and financial recovery.	
12.2.	For emergency access discussion focused on work being carried out on transforming operations and working with partners to reduce transfers of care. A report was due by the end of October but the bulk of feedback was expected by the end of the week. ED confirmed that partners were also receiving the same feedback and that there was acceptance of a one process model for	

	discharge.	
12.3.	AR outlined expectations of the Emergency Care Improvement Programme (ECIP), Kingston being one of the 27 systems that had been included within this work. She confirmed that ECIP would not be repeating the McKinsey work. In response to a request, AR would circulate the McKinsey terms of reference to NEDs; ECIP was a national programme, therefore terms of reference would be prescribed but were not yet available.	AR
12.4.	JU asked how the Trust would respond to modelling indicating that the Trust could be short of beds in the coming winter. ED confirmed that there was global acceptance of the numbers and that a robust mechanism for escalation was being pursued. AR agreed that much of the answer was external.	
12.5.	SB commented that it had been helpful to exclude maternity and paediatrics from bed occupancy rates as an indicator. She noted that development work on a number of fronts would come to fruition soon and asked where these reports would be presented. It was confirmed that all would go to the SRG but that ECIP was not expected to conclude until April 2016.	
12.6.	MG thanked JF for disaggregating I&E opportunities, which gave greater clarity. A discussion ensued on reduction of agency spend and how this could be forecast. JF explained that FIC would be tracking the run rate against planned trajectory. AR highlighted that the Government's statements on agency rates could be seen as a benefit or a risk. No assumptions had been made in forecasting and the situation would be monitored closely.	
12.7.	JM asked whether reserves had been expended on the adverse swing in Emergency Services. JF commented that Emergency Services continued to be the most challenged division according to M6 figures but that the outturn fell within risk provision at present.	
12.8.	MJ referred to the interim report from the Carter review and asked what had been assumed in relation to Theatre productivity and improved procurement. JF confirmed that no assumptions had been included in relation to the review, which was not yet complete.	
12.9.	SB noted the work being done to bring the projected deficit down, which Monitor had received positively. She noted the Board's visibility of risks relating to income, agency costs and recovery costs (especially in Emergency Services). SB commented that the Council of Governors had been concerned about deferment of capital spending, a concern shared by the Board. She emphasised that the Trust should develop headroom for winter beds if the opportunity arose to do so.	
<b>STRATEGY AND POLICY</b>		
<b>13.</b>	<b>Business Planning 2016/17</b>	
13.1.	The Board had received a report on the approach and timetable for business planning for 2016/17. JF and RB summarised the key differences between this plan and that for the previous year.	
13.2.	SB asked how strategic savings would be identified. RB outlined the cross-cutting themes that would continue in recovery and be identified working with the Service Lines, eg patient transport.	

13.3.	JM asked whether Monitor would have a role in planning for next year. JF explained that he would be working closely with Monitor, although this would not be a formal role and was intended to ensure there were no surprises on either side.	
13.4.	AR commented that it would be difficult to plan effectively until there was more certainty on tariffs, allocations and the outcome of the next spending review, expected to be announced in December 2015. She emphasised the need to balance optimism and pessimism in looking ahead.	
13.5.	MJ noted that a significant part of the information needed rested with external partners and queried whether this presented a risk. JF explained that all except BMI were NHS partners and were therefore on similar timescales.	
13.6.	It was agreed to delegate approval of detailed budget setting guidance and parameters for the budget setting process 2016/17 to FIC for agreement in October 2015.	
<b>14.</b>	<b>Whole System Plan for Winter</b>	
14.1.	ED presented an overview of the plan and the key issues to be resolved. She praised those who had been providing significant amounts of time for additional On Call Manager duties and said she would be seeking to resolve On Call issues promptly.	
14.2.	The Board discussed the role of the System Resilience Group (SRG) and ED noted the difficulty of operating alongside five social care systems. It would be important to establish KPIs with the SRG in order to deliver benefit from the small amount of money available for the winter plan. ED confirmed that there was mental health representation at SRG.	
14.3.	ED gave further explanation on the gap in funding for winter monies, how it had arisen and her view on what needed to be done to close the gap.	
<b>15.</b>	<b>Staff Survey Action Plan</b>	
15.1.	The Board had received an update in respect of the 2014 Staff Survey Actions. TR responded to questions.	
15.2.	JU asked whether the Trust should focus on the quality of appraisal rather than the number carried out, given that a significant proportion of staff had said they did not feel valued. TR agreed that quality was important, and managers were receiving appropriate training for this, but that all staff receiving appraisals was equally important as a goal. He confirmed that no historic measurement of quality was available as this was the first time the question had been asked. He had not been surprised that this question had elicited the response it had.	
15.3.	DB commented that the Schwartz Round staff story had shown the impact of enhanced recognition could have. He supported the drive to give priority and focus to appraisals.	
15.4.	SB welcomed the simplicity of the headings and asked how the Board would continue to be updated. TR would report regularly to EMC and to the next Board meeting.	
<b>16.</b>	<b>Dementia Strategy 2014-17</b>	
16.1.	The Board had received a further report on progress following approval of the Dementia Strategy in January 2014 and initial progress report in January 2015.	
16.2.	The Board acknowledged that good progress was being made overall, noting that key areas of focus are on meeting the CQUIN requirements, progressing the environmental improvements and plans for commencing ward	

	refurbishments, refining systems to know how the Trust is doing, and introducing a new suite of training.	
16.3.	DB was encouraged by the strategic relationship with the Alzheimer's Society developed by hosting the Society's Board of Trustees meeting in September 2015. This had provided an opportunity to showcase work under way at the Trust and to influence future strategy.	
16.4.	National PLACE results published in August 2015 had resulted in adverse publicity for the Trust in relation to some aspects of the environment for dementia care. DB acknowledged that there was more to be done and much would depend on successful delivery of the Dementia Strategy and associated fundraising. Thanks were expressed to those who were taking part in fundraising events.	
16.5.	Guidance on Calm Nights had been given and audited through an unannounced night-time visit. DB had been pleased to see some great examples of dementia care at night.	
<b>17.</b>	<b>Volunteering Strategy 2014-17</b>	
17.1.	The Board had received a progress report on the outcomes and impact of the Volunteering Strategy at its half-way point, including details of key approaches being undertaken to secure ongoing investment to support the detailed improvements made as a result of implementation of the strategy and the end of Nesta funding in February 2016.	
17.2.	DB highlighted the great progress made in volunteer recruitment, up 33% to date, and the impact on patients and staff of the Hospital to Home scheme.	
17.3.	Board members recognised the success of the Volunteering Strategy and noted the challenges to sustainability. DB was asked to convey the support and thanks of the Board to all concerned.	
<b>18.</b>	<b>Annual Organ Donation Report</b>	
18.1.	The Board had received the annual report describing the activity related to organ donation during the period 1 April 2014 to 31 March 2015, together with an accompanying report from the National Blood and Transplant Authority. The Board noted the content of the report and the governance in place for this service.	
<b>GOVERNANCE</b>		
<b>19.</b>	<b>Board Assurance Framework (BAF) 2015/16</b>	
19.1.	The Board had received the BAF for month 5 (August) 2015 and noted the content. SS explained the revised format of this report and all agreed that it provided greater clarity.	
<b>20.</b>	<b>Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions</b>	
20.1.	The Board had received the draft revised documents together with a report summarising revisions proposed. The documents were approved as presented.	
<b>21.</b>	<b>Register of Interests</b>	
21.1.	The Board received and noted the updated Register of Interests and confirmation of annual signing of the code of conduct by Board members.	

<b>22.</b>	<b>Use of the Seal</b>	
22.1.	The Board had received a report on use of the Seal since the last report in March 2015. SS explained that the record of usage which predated that report had been included for completeness as this had been identified at the March 2015 meeting and recorded in the minutes.	
<b>23.</b>	<b>Forward Plan</b>	
23.1.	The Board had received and noted the forward plan for Board meetings in public for the remainder of 2015/16.	
<b>BOARD COMMITTEE CHAIR REPORTS FOR INFORMATION</b>		
<b>24.</b>	<b>Finance &amp; Investment Committee</b>	
24.1.	The Board had received and noted the content of a report on meetings of the FIC held on 20 August 2015 and 24 September 2015.	
<b>25.</b>	<b>Quality Assurance Committee</b>	
25.1.	The Board had received a report providing feedback from the QAC and noted the main areas of discussion at the 2 September 2015 meeting and the subject of September 2015 deep dives. Revised terms of reference for the Committee were agreed.	
<b>26.</b>	<b>Workforce Committee</b>	
26.1.	The Board had received a report on the main areas of discussion at the meeting of the Committee held in September 2015 and noted the action being taken. Board members reflected that it had been beneficial to invite the Elderly Care Service Line trio to attend and agreed that the report provided reassurance on progress with workforce strategy.	
<b>27.</b>	<b>Audit Committee</b>	
27.1.	The Board had received a report on the meeting of the Audit Committee held on 10 September 2015. The content of the report was noted and terms of reference for the Committee were agreed unchanged.	
<b>QUESTIONS FROM THE PUBLIC</b>		
<b>28.</b>	DD commented on the Workforce Report, acknowledging that the Trust appeared to be providing training on knowledge and skills but noting that there did not appear to be anything about attitude. He believed willingness to be as important. TR agreed that it was important for training to be more than theoretical and stressed the breadth of training and support provided. AR believed that middle manager jobs were amongst the hardest to carry out successfully and that it was important for the right behaviours to be led from the top.	
<b>29.</b>	MF noted that the Governors Quality Scrutiny Committee had welcomed the introduction of the Patient Pathway Co-ordinator role; she asked why the PPC role was now featuring as an issue in staff turnover. TR believed that the roll out of the new structure had not been as good as it could have been but that there was also some resistance to change. The Patient Experience Committee would be receiving a report on plans to bring the project back on track. RB commented on a recent walkabout with JU; discussion with PPC staff had indicated that the benefits were recognised even where implementation had been a struggle.	

30.	RBr asked about the trajectory on agency spend, particularly in relation to the results of the first quarter. He asked whether Monitor had given a sense of how tough they would be with regard to reducing the planned deficit and whether the Trust would be required to break even. JF emphasised that Monitor had indicated they would be proportionate in their response to Trust's financial positions but that higher level action would be needed for the whole system to break even. AR put the question into the context of the Government's forward view of the NHS, saying that the Trust's responsibility at the moment is to focus on delivering the agreed deficit reduction. In starting to plan for 2016/17, the Trust would continue constructive dialogue with Monitor.	
31.	<b>RESOLUTION TO MOVE TO CLOSED SESSION</b>	
	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.	