

Minutes of the meeting of the Board of Directors held on

25th November 2015 – 10.00 am to 1.00 pm

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

Present voting:		
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
Joan Mulcahy	Non-Executive Director	JM
Ann Radmore	Interim Chief Executive	AR
Jacqueline Unsworth	Deputy Chairman	JU
Jane Wilson	Medical Director	JKW
Present non-voting:		
Terry Roberts	Director of Workforce	TR
John Wong	Divisional Director, Clinical Support Services	JW
In attendance:		
Hugh Gostling	Director of Estates & Facilities (item ? only)	HG
Susan Simpson	Company Secretary & Head of Corporate Affairs	SS
Lisa Ward	Head of Communications	LW
Governors:		
Dennis Doe	Public Governor - Kingston	DD
Kate Fitzsimmons	Public Governor – Kingston	KaF
Marilyn Frampton	Public Governor - Merton	MF
CJ Kim	Public Governor - Elmbridge	CJK
Frances Kitson	Lead Governor	FK
Pat O’Neil	Public Governor - Kingston	PO
Nicki Urquhart	Appointed Governor - Richmond	NU
Members of the public:		
Sylvia Hamilton		SH
Liz Meerabeau		LM
Erica Farmer		EF

		Actions
1.	Welcome and introductions	
	The Chairman welcomed members of the public, staff and governors.	
2.	Apologies for absence	
	Apologies for absence were accepted from Michael Jennings (NED/SID) and Chris Streater (NED).	
3.	Declarations of interest	
	None.	

4.	Minutes and Matters arising	
	The minutes of the meeting held on 13 th October 2015 were approved as a correct record and the Board reviewed progress with the action log. DB agreed to look into viewing the Nursing & Midwifery Conference video at the Complaints Committee in December 2015.	DB
5.	Chairman's Report	
5.1.	The Chairman introduced Sylvia Hamilton, who would take up appointment as a Non-Executive Director from mid-January 2016, and thanked members of the Nominations & Remuneration Committee for their extensive contribution to the selection process.	
5.2.	It was confirmed that a substantive Chief Operating Officer appointment had been made with effect from 1 April 2016 but that details could not be released until contracts had been finalised.	
5.3.	The Chairman reported that she had completed all mid-year reviews for Non-Executive Directors.	
5.4.	The deadline for voting in the Council of Governors election had closed the previous day. As soon as results had been received by the Trust the Chairman would contact all current governors standing for re-election.	
5.5.	The Chairman outlined the Board's recent work on future strategy, including discussion at the Board's Development Forum on 4 November 2015, contribution to development of plans for SW London and a dinner hosted with Richmond GP Federation. She emphasised the importance of the GPs working collectively for the development of new ideas for service delivery.	
5.6.	A formal launch of the Daisy Room had taken place and the Chairman described the value of this resource to bereaved parents. She thanked Daisy's family for their support and for attending the opening event.	
5.7.	As a result of a recent Board Walkabout, the Chairman singled out the staff in Medical Records for praise. She had been impressed by their dedication and endeavour to ensure the myriad of patient records needed are in the right place at the right time.	
5.8.	It was noted that the CQC inspection document request had been completed and submitted by the required deadline. The Chairman thanked staff who had worked tirelessly to assemble a substantial amount of documentary evidence. Thanks were also expressed to the Governors and NEDs who had given up their time to help with mock inspection visits, which had been a very useful exercise.	
5.9.	The Chairman had contributed to the national programme for aspiring CEOs and gave a brief outline.	
5.10.	She had also attended the Mayor of Kingston's Diwali event, the first of its kind in Kingston and a great success.	
6.	Chief Executive's Report	
6.1.	The Board had received the report of the Interim Chief Executive, who provided further comment.	
6.2.	She believed that preparations for CQC inspection and discussions with Monitor were as good as they could be; Monitor had yet to conclude on the investigation but would be communicated when known.	
6.3.	Preparation for industrial action by Junior Doctors was outlined. The leader of the Junior Doctors at the Hospital was working positively with the Medical Director to ensure that care provided on strike days was carefully planned.	

	There would be financial consequences to be quantified in due course.	
6.4.	The Interim Chief Executive was encouraged that the spending review had clarified that additional funding for the NHS would be front loaded, although it was not clear what the announcement would mean for KHFT. She emphasised that a whole system plan would need to be developed between CCGs and the Hospital.	
6.5.	The Staff Awards Ceremony would take place the following week and was set to be a great event recognising the achievements of individuals and teams. The Hospital was also gearing up for Christmas and all were encouraged to take part in associated events.	
QUALITY AND PERFORMANCE		
7.	Patient Story - Dermatology	
7.1.	<p>DB reminded the Board of the purpose of hearing patient and staff stories:</p> <ul style="list-style-type: none"> – 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. <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.	DB read the story of a female patient receiving long-term treatment for psoriasis and the impact various aspects of her care had had in both mental and physical terms. The patient highlighted the exceptional care received from the Dermatology Nurse Specialist, the positive impact that a new treatment plan had had after a long period of time coping with her condition in other ways and her anxiety about planning for future treatment. She also described how some simple changes to staff utilisation, appointment scheduling and patient parking could make a great deal of difference to coping with her regular treatment.	
7.3.	When asked how hearing the story had made them feel, Board members found it uplifting that a member of staff had made such a difference but frustrating that it had taken a long time to get to that point. JKW saw the story as a reminder that skin conditions are systemic diseases that can have a huge impact on patients’ lives. SB commented on the importance of staff having the time to connect with patients, a point that could be triangulated with compliments and complaints.	
7.4.	The Board considered whether there were issues from this story that related to the agenda ahead of them. Directors reflected that the Hospital needed to be mindful of access to services outside office hours or over lunchtime, as well as access in outreach centres. In considering Workforce issues the Board should also consider flexibility of working patterns that would benefit patients as well as staff. JF would consider the issues raised about parking. JKW observed that Nurse Specialists add value for patients that is difficult to quantify when putting forward a business case and that this should be identified alongside efficiency in future.	
7.5.	Members considered how to connect with issues from the patient story during Walkabouts. It was noted that Dermatology was one of the services that was not very visible from Board level and asked SS to consider how to address this	SS

	in the forward plan.	
8.	Clinical Quality Report	
	<u>October 2015 (month 7) Report</u>	
8.1.	The Board had received the report for October 2015 (month 7) as well as a separate report on progress with 2015/16 quality goals. JKW highlighted key points from the Executive Summary, noting the positive progress that had been made with prevention of pressure ulcers.	
8.2.	JKW was pleased to report that benchmarking data for falls was now available, the Trust having struggled to find comparators previously. The data showed the incidence of falls at the mid point compared with other Trusts	
8.3.	Hand hygiene scores were below the 95% target overall for October 2015, masking improvement in some areas. JM asked how the audits were conducted to ascertain whether the results were being documented correctly. JKW explained that these were observation audits so documentation was not the issue.	
8.4.	JKW highlighted improvement in the Maternity aspects of the scorecard. MG asked about the difference between trend and forecast, to which JKW responded that the trend was more informative than monthly scores due to monthly fluctuations. She believed that quality improvement work meant that teams were more confident about judging when to intervene.	
8.5.	SB queried the red rated forecast for C.diff infections due to lapse in care. DB explained that report included provisional cases year to date and therefore the forecast was correct based on current information available.	
8.6.	SB commented on excellent progress on Grade 2 pressure ulcers, which was particularly pleasing in the context of current staffing challenges. She believed this to be a good indicator of the quality of nursing care but also leadership on the wards and asked for thanks to be conveyed to staff.	
8.7.	RB asked about the national falls audit report and what it revealed about things that KHFT could do better. JKW listed the organisational elements which evidence suggested could improve the overall results. She would be using these indicators to inform the Falls Group's agenda for the coming year. JU welcomed the availability of external referencing as a powerful tool.	
	<u>Progress with 2015/16 Quality Goals</u>	
8.8.	JKW highlighted pleasing progress across many areas, including falls and end of life care and sepsis. She referred the Board to the pilot of the patient tracking list using CRS/DISCO technology which introduced real time tracking for every stage of the patient pathway. DB was pleased to report on excellent team working across the local network to reduce catheter associated urinary tract infections.	
8.9.	DB noted that patient administration improvement needed to move ahead more quickly, and that the Interim Chief Operating Officer (COO) was implementing an action plan to achieve this. SB confirmed that there was other evidence to show how frustrating administration could be for patients; this was high on the Board's list of priorities. ED outlined her plans for improvement, including short term solutions such as a hotline dedicated to appointment difficulties.	
8.10.	The Board welcomed this helpful mid-year report and considered whether it should be received more frequently. It was agreed that the content should inform deep dives at QAC, that the Executive should consider quarterly whether there were matters to bring to the Board's attention, but that frequency should remain as at present.	

9.	Operational Performance Report	
9.1.	The Board had received the Trust Board Performance Report for October 2015 (Month 7) and the report of the Interim COO on operational performance for September and October 2015. ED highlighted the key points, explaining that A&E performance had been on an upward trajectory during September and October. Winter pressures were now being felt and all local Trusts were struggling to achieve the 4 hour wait target. SB thanked the Executive team for exceptional leadership, particularly in achievement of the cancer targets.	
9.2.	The Board discussed the key issues highlighted for the next three months: staffing in A&E, and surge pressures and escalation responses. ED reported on commitment from CCGs and the Mental Health Trust to collaborate on solutions. SB commented that she had been delighted at a recent meeting to see all partners working together on a whole system approach to resilience. AR was asked to write a note of thanks on behalf of the Board.	AR
9.3.	JM asked whether closure of Nursing Homes was an issue within the Kingston and Richmond social care systems. She asked whether the Trust should be considering a response as part of the Estates Strategy. AR would ask the local authorities for an up to date assessment.	AR
10.	Workforce Report	
10.1.	The Board had received a report in respect of performance at the end of Q2 against agreed workforce targets. TR asked the Board to confirm support for actions taken in response to the issues raised. Many of the issues had received detailed scrutiny at the Workforce Committee meeting held the previous day. DB singled out the positive progress observed in recruitment process timing.	
10.2.	JM asked whether the challenges faced in recruiting to Emergency Services were repeated in other Trusts. ED confirmed that there were national difficulties. JM also noted that high staff sickness rates in A&E had been highlighted during discussion at FIC and asked where the overall rates were discussed at a granular level. TR confirmed this took place at Workforce Committee and internally through Divisional performance meetings.	
11.	Finance Report	
11.1.	The Board had received the Finance Report for October 2015 (Month 7). The Board was reminded that FIC had previously discussed the report in detail. JF highlighted the key points noted in the executive summary and focused on income, agency/pay costs and highlights in Divisional performance.	
11.2.	JF noted a helpful letter from the centre regarding payment from commissioners and instructing that only values in dispute should be withheld where agreement was still to be reached. Kingston CCG had not yet confirmed the Q1 end position but further meetings were scheduled. JF was asked to send a note to all NEDs by 3 rd December 2015, by which time it was hoped the matter could be closed.	JF
11.3.	MG asked about the impact of the planned industrial action on income. JF and ED had been tasked to calculate the cost impact but AR emphasised that judgements would be driven by patient safety. JF reminded the Board that Monitor understood the projected deficit assumed no adverse impact and that he would be sharing the cost calculation with them.	
11.4.	SB commented on the agency cost trajectory, recognising the positive work that had been done to recruit additional nursing staff but asking whether the forecast was realistic given present performance. JF was optimistic that the trajectory was achievable but would be monitor performance on a weekly	

	basis, reporting monthly to FIC.	
12.	Urgent and Emergency Care Pathway Review	
12.1.	ED gave a verbal report on work taking place with external partners to understand the issues and construct a viable plan for the future. She described the programme as complicated but a positive exercise in terms of making sure that action taken was the right action. The EMC was receiving a regular progress report and SS was asked to ensure a report was added to the QAC forward plan.	SS
12.2.	SB was concerned about capacity to continue transformation work when pressure mounts in the Hospital over winter. ED was encouraged that the transformation programme had started early; she believed it would have been much more difficult if the programme had only recently commenced. AR supported this view saying that research had been completed, actions had been agreed and were now being rolled out.	
12.3.	SB asked was being done to give sufficient support to staff to protect their health and wellbeing over the winter period. AR agreed that the EMC should reflect on whether anything more needed to be done.	AR
13.	Nursing, Midwifery & Care Staffing Establishments	
13.1.	The Board had received the report of the Director of Nursing & Patient Experience, who explained the evolving national position on overseas recruitment. The Trust had contributed to the Migration Advisory Committee discussion, nursing had been added temporarily as a shortage occupation and the Trust would continue to lobby for that position.	
13.2.	The nursing, midwifery and care staffing information provided in line with the national safe staffing guidance was noted, as was progress with recruitment to vacancies and programmes of development and revalidation requirements for staff. JW emphasised the Trust's commitment to organic growth but suggested that time to promote internal development should be built into planning.	
13.3.	Evaluation of a project to deploy wireless observations and alert systems had estimated that 225 hours of nursing time had been released in one month across the three wards taking part in the pilot. JKW suggested that this was a positive message to convey to staff and that the IT Strategy should, as funds become available, prioritise the roll out of the project to areas, such as A&E, where resourcing is difficult. The Board discussed how the Trust might promote such innovation externally. JF believed there was an opportunity to achieve leverage across the sector where others were using the same systems. This discussion was later taken into account in the discussion on corporate objectives for 2016/17.	
13.4.	In response to JU's question, DB clarified that what appeared to be variation of the RN:Bed ratio across wards in Appendix B was the result of escalation beds and changes in activity. AR noted that workforce was perhaps the Trust's greatest challenge and suggested that the Board think about revisiting the Workforce Strategy.	
13.5.	The Board noted with pleasure that DB had been asked to speak to an all Parliamentary Select Committee on Dementia.	
STRATEGY AND POLICY		
14.	Position Statement on Winter Planning	
14.1.	ED confirmed that the Board had discussed the key points on winter planning as part of the earlier item on urgent and emergency care pathway review. AR	

	noted the increased support from the Mental Health Trust in A&E; there was not yet full coverage but commitment had been made to 24/7 crisis response. SB asked about the timeline for full implementation and ED estimated the 72 hour step down facility would be implemented after Christmas and plans for enhanced psychiatric support by the third week of January at the latest.	
15.	Draft Corporate Objectives 2016/17	
15.1.	The Board had received the objectives drafted by the Executive members and discussed the content. RB noted that there were fewer objectives than in previous years as those that could be considered business as usual would not be specified in order to achieve greater focus on key areas. AR observed that the Trust faced a period of significant change over the coming years and should include a focus on planning what needs to be done in 2016/17 in order to prepare.	
15.2.	<u>SO1: To ensure that all care is rated amongst the top 20% nationally for patient safety, clinical outcomes and patient experience</u>	
	The Board discussed how best to reflect the goals from the Quality Strategy 2013/17 in the form of an annual objective. It was suggested that objectives might include securing performance at outstanding, such as in Maternity, rather than focusing only on areas requiring improvement.	
15.3.	<u>SO2: To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to are for our patients</u>	
15.4.	The Chairman referenced discussion on equality and diversity goals that had taken place at the Workforce Committee meeting the previous day. Building in protected time for staff training and development (delivery and attendance) would also be taken into account.	
15.5.	<u>SO3: To work creatively with our partners (NHS, commercial and community/voluntary) to consolidate and develop sustainable high quality care as part of a thriving health economy for the future</u>	
	The draft objectives were thought to be appropriate and further measures of success were suggested.	
15.6.	<u>SO4: To deliver sustainable, well managed, value for money services</u>	
	RB was asked to think about inclusion of an objective regarding the IT Strategy in relation to cross-system working. It was suggested that use of technology to increase productivity be included as a measure of success for objective 9.	
16.	Estates Strategy 2013/18	
16.1.	The Board had received the refreshed Estates Strategy for approval. HG introduced the report, summarising which schemes had been completed and which schemes had been re-phased. The Board noted that the outline programme had been re-phased to reflect the timing of the loan and also due to operational issues identified by the clinical services as some the schemes were developed. Funding remained to be identified for certain schemes. JF believed the challenges were not insurmountable with discipline.	
16.2.	HG highlighted the results of the Patient-Led Assessment of the Care Environment (PLACE) inspection carried out in May 2015. SB emphasised that the disappointing result for Dementia in comparison with the national average was not a surprise and supported the Board's decision to approve a Dementia Strategy for the Hospital. She was delighted to see that refurbishment of two wards as part of that strategy had been included in the draft corporate objectives for the coming year.	

16.3.	MG complimented the Estates team on successfully delivering the Esher Wing window project. He had received many compliments from patients and staff on the installation process and the quality of the final product.	
16.4.	CQC reports, annual patient surveys, the Friends and Family Test and patient complaints had all been considered in identifying Estates priorities from a patient perspective. DB noted that, whilst it was pleasing to have achieved better feedback from patients on food, patient entertainment facilities (TV, Wifi, etc) had replaced food as an area of concern for the Patient Experience Committee.	
16.5.	JF linked discussion at the Capital Investment Committee to the items listed in the report for the next three years of the Estates Strategy, to which he added staff accommodation as a priority area. AR drew to the Board's attention that planning permission for the Roehampton Wing presented a risk for the Trust.	
16.6.	JW asked for consideration to be given to adding further space for cycle parking as staff are increasingly choosing to use this means of transport. He also raised the issue that access to shower facilities for staff who cycle to work was limited.	JF
GOVERNANCE		
17.	Q2 Monitor Submission 2015/16	
17.1.	The Board noted that the Q2 submission had reached Monitor by the required deadline and that discussion earlier in the meeting had covered the key points made in the report.	
18.	Board Assurance Framework (BAF) 2015/16	
18.1.	The Board had received the BAF for October 2015 (month 7) and noted the content. SS brought to the Board's attention the two areas that the Compliance & Risk Committee had highlighted for the Board: Outpatients redevelopment and patient administration. The Board was assured that these areas had already featured significantly in earlier discussion.	
18.2.	Noting that the RAG rating for CO1.1 had been divided to show red for Monitor licence compliance (due to the current investigation) and green for CQC preparation, SS explained that the format of the BAF for 2016/17 would now be developed alongside the draft corporate objectives.	
19.	Forward Plan	
19.1.	The Board had received and noted the forward plan for Board meetings in public for the remainder of 2015/16.	
CHARITABLE TRUSTEE ITEMS		
20.	Trust & Charitable Funds Committee Report	
20.1.	The Board had received the report of the Trust & Charitable Funds Committee held on 20 th October 2015. The change of name of the Trust & Charitable Funds Committee to the Kingston Hospital Charity Committee was agreed.	
BOARD COMMITTEE CHAIR REPORTS		
21.	Finance & Investment Committee	
21.1.	The Board had received a report providing feedback from the FIC meeting held on 22 October 2015 and noted the content. Revised terms of reference for the Committee were agreed.	
22.	Quality Assurance Committee	
22.1.	The Board had received a report on the main areas of discussion at the	

	meeting of QAC held on 12 th November 2015 and noted the assurance gained.	
23.	Workforce Committee	
23.1.	The Board had received a report on the main areas of discussion at the meeting of the Workforce Committee held on 14 th October 2015. As there had been a further meeting the previous day content was noted but no questions raised.	
QUESTIONS FROM THE PUBLIC		
24.	DD noted from the Workforce Committee report that only 51 of 600 leaders had attended the positivity sessions and thought the Trust should consider making attendance mandatory. He was mindful that changing attitudes between different generations in society meant that the 'usual' retention strategies may no longer work and asked whether the Trust had considered this. MG confirmed that the Workforce Committee had considered this very issue the previous day but did not yet have the answers; he referred DD to a report on the attitudes of Generation Y.	
25.	DD observed that the bus stop issues were not yet complete and also asked whether the Trust might offer a short period of free parking for patients to ease the cost for patients attending for regular appointments. DB confirmed that there is a short period of free parking for drop-off, although the length of time without charge may be insufficient to mean these patients will park completely free of charge.	
26.	FK supported the comment made during the meeting about lack of cycle storage facilities and added that improved lighting in parking areas would also be welcomed. Lack of cycle storage applied equally to patients and visitors as well as staff.	
27.	FK highlighted the importance of development and progression for administrative staff as well as for those in clinical and medical roles.	
28.	KF had been disturbed to hear of an elderly patient being discharged to home from another Trust very late at night; she asked whether the Hospital had a policy on latest discharge times. DB explained the need to be flexible on discharge times in order to respond to patient preferences. However, he would not expect to see elderly patients discharged later than 8.00 pm unless there was good reason to do so or it was at the patient's request.	
29.	KF asked how the Trust knew that staff were following hand hygiene requirements or not. It was explained that hand hygiene audits were carried out by observation.	
30.	KF had experienced excellent care in KHFT's A&E department and asked whether the Government should consider increasing the 4 hour wait standard if people were being looked after so well despite the wait. JKW, DB and AR spoke in defence of the target given the link patient safety and outcomes.	
31.	LM noted that the Government planned to replace the current system for funding training for nursing, physio and occupational therapy with student loans. She asked whether the Trust had carried out a risk assessment of the potential effects on recruitment and career progression if this policy is implemented. DB explained that there may be positive effects in terms of recruitment given that the current system is oversubscribed with quality applicants and that Universities and the Hospital are keen to create more training places. TR commented that the current drop out rate is 20% and therefore funding the training through student loans may bring better value for money from public funds. SB thanked LM for the question and asked that the	DB

	results of risk assessment be brought to the Board once an announcement has been made on the Government's decision.	
32.	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.	