Kingston Hospital NHS
NHS Foundation Trust

Minutes of the meeting of the Board of Directors held on 30th March 2016 – 9.30 am to 12.30 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
Jo Farrar	Director of Finance	JF
Martin Grazier	Non-Executive Director	MG
Sylvia Hamilton	Non-Executive Director	SH
Joan Mulcahy	Non-Executive Director	JM
Michael Jennings	Non-Executive Director (SID)	MJ
Ann Radmore	Interim Chief Executive	AR
Chris Streather	Non-Executive Director	CS
Jane Wilson	Medical Director	JKW
Present non-voting:		
Tracey Moore	Associate Director, Emergency Services	TM
Anne Robson	Interim Director of Workforce	ARo
In attendance:		
Susan Simpson	Company Secretary & Head of Corporate Affairs	SS
Apologies:		
Eileen Doyle	Interim Chief Operating Officer	ED
Jacqueline Unsworth	Deputy Chairman	JU
Governors:		
Dennis Doe	Public Governor - Kingston	DD
Marilyn Frampton	Public Governor - Merton	MF
Bonnie Green	Public Governor - Richmond	BG
CJ Kim (part)	Public Governor - Elmbridge	CJK
Frances Kitson	Lead Governor	FK
Robert Markless	Public Governor - Kingston	RM
Prof Peter Tomkins (part)	Public Governor - Greater London and Surrey	PT
Nicola Urquhart	Appointed Governor - Richmond	NU
Members of the public:		
Erica Farmer		EF
Staff:		
Rachel Williams	Chief Operating Officer from 1st April 2016	RW
Lisa Cheek	Deputy Director of Nursing	LC

		Actions
1.	**Welcome and introductions**	
	The Chairman welcomed all present to the meeting. TM represented ED.	
2.	**Apologies for absence**	
	Apologies for absence were accepted as shown above.	

3.	**Declarations of interest**	
	None.	
4.	**Minutes and Matters arising**	
4.1.	The minutes of the meeting held on 27th January 2016 were approved as a correct record, subject to correction of the attendance list, and the Board reviewed progress with the action log. DB explained that work had commenced on introduction of swipe card access to wards in Esher Wing. This had been an action agreed in response to incidents of missing patients. Swipe card access was expected to be fully operational by mid-May 2016.	
5.	**Chairman's Report**	
5.1.	SB reported that strategy was moving on apace both internally and externally. She outlined meetings held with various partners regarding the Kingston Health Campus vision, Richmond OBC project and other potential partnerships.	
5.2.	The Board noted that this was MJ's final meeting as a member of the Trust Board. SB thanked him for his outstanding contribution to the Board.	
5.3.	Interviews for a substantive Chief Executive would take place on 5th April 2016; however there were a number of approval processes to be completed before a formal announcement could be made. SB looked forward to RW's start date on 1st April 2016.	
5.4.	SB had attended a meeting of London Chairmen and reported on a productive conversation about the future of health services in London. Finance remained top of the agenda and she welcomed the pragmatism and realism brought to the discussion by the Chief Executive of NHS Improvement, who had emphasised that 2016/17 is the year to bring about change. AR was invited to give her observations. In view of the fact that some parts of the NHS are far from the financial positions they need to be delivering, she stressed the Trust's responsibility to help to shape planning, agree local commitments and deliver on its promises.	
5.5.	SB conveyed Jim Mackey's observation that the NHS should cherish its staff as it is a people business. She welcomed that message and linked it to the work the Trust is doing around addressing feedback from BAME staff. The Board would continue to reinforce the importance of the workforce to the success of the Hospital.	
6.	**Chief Executive's Report**	
6.1.	The Board had received the report of the Interim Chief Executive, who highlighted key points of her report.	
6.2.	Attention was drawn to the difficulty of agreeing Sustainability and Transformation Plan objectives across SW London where different populations have widely differing needs, for example rates of dementia in local populations. There was much to be debated in a short timescale.	
6.3.	AR explained plans to provide cover and ensure safe services continue to be provided during industrial action planned by Junior Doctors in April 2016. It was acknowledged that the full walkout planned for 26/27 April was expected to more challenging than the earlier strike. AR paid tribute to the Trust's Junior Doctors, who were working constructively and closely with management. JKW and AR had met Junior Doctors to discuss how the Trust might plan rotas based on the proposed new contract and a Junior Doctors Forum was to be established for further discussion.	
6.4.	AR was delighted to note two accolades: the Trust had been shortlisted for two national Friends and Family Test awards and was one of only three Trusts in England to be successful in securing funding from the Maternity Experience	

	Challenge Fund.	
QUALITY AND PERFORMANCE		
7.	**Dementia Story**	
7.1.	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'.	
7.2.	Seven members of the team of staff and carers working together on the redesign of Derwent Ward attended the meeting to tell their story. Olivia Frimpong gave a presentation explaining the impact of the clinical environment on patients with dementia and their carers and describing how the new design had been developed in consultation with carers, staff and the Alzheimers Society and with the support of specialist design consultants.	
7.3.	SB asked what the team considered to be the essential elements. They believed that the combination of elements as a whole would bring about benefits in allowing relationships with loved ones to be sustained. The benefits for the nurses were also emphasised. Staff had responded positively to the changes required of them and the team hoped that bay based nursing might be adopted across the Hospital.	
7.4.	JKW asked about the impact on handover of information and the impact on workflow. Treating patients with dementia required a change of culture and it was thought helpful that training and education was taking place jointly with medical and nursing staff.	
7.5.	Olivia described use of new technologies built into the design. AR encouraged the team think beyond the known technology for dementia support towards new and innovative ideas for the future.	
7.6.	MJ congratulated the team on their exemplary approach to developing ideas as a team. He thought the principle of making wards more homely but practical was one that could be extended to all wards, with storage being key to reducing clutter.	
7.7.	JM asked whether all aspects of the patient journey had been assessed from the perspective of a patient with dementia, from car park to ward. It was explained that the Frailty team had looked at the journey from A&E in order to keep changes for the patient to a minimum.	
7.8.	When asked how hearing the story had made them feel, Board members described themselves as excited and asked that the story be shared more widely outside the Hospital and to energise fund-raising. DB noted that the ward would be an important showcase for use in nurse education.	
7.9.	The Board considered whether there were issues from this story that related to the agenda ahead of them. Directors reflected that the story led into thinking about the development of the Hospital and who is involved in developing plans for transformation. It was considered important to stop regularly to look at unintended consequences of change.	

7.10.	The Board acknowledged that managing patients with dementia was pressurising for staff and members were encouraged that staff felt positive that the new approach would relieve some of that pressure.	
7.11.	Members considered how to connect with issues from the patient story during Walkabouts and noted that the ward would set a new standard for a clutter-free environment which could be encouraged across the Hospital.	
8.	**Clinical Quality Report**	
8.1.	The Board had received the report for February 2016 (month 11). JKW highlighted key points from the report as presented in the Executive Summary.	
8.2.	Board members were pleased to see an upward trend in Hand Hygiene results and that the rate of Grade 2 pressure ulcers continues to be well below that of 2014/15.	
8.3.	JKW explained the NICE guidance in relation to falls prevention and 7 key recommendations to be implemented. In response to a question from JM, JKW confirmed that the Trust had been following NICE guidelines previously but would now be looking to implement all 7 recommendations consistently.	
8.4.	In reviewing the quality dashboards, it was suggested that complaints be measured as % of total activity.	
8.5.	MG asked for further explanation on the addition of KPIs relating to Sepsis; more detail on the trajectory was available in the QIP.	
8.6.	DB gave a verbal report on latest information on bed closures. The Trust was following Publc Health England guidance and advice, and was coping well with the late arrival of Flu and the presence of Norovirus in the community.	
9.	**Operational Performance Report**	
9.1.	The Board had received the Trust Board Performance Report for February 2016 (Month 11) presented in a new format linked to CQC domains. TM summarised the key points.	
9.2.	TM reported on recruitment to consultant and middle grade posts in Emergency Services, which continued to be challenging in London and nationallya but three appointments had been made. In response to questions about ambulatory emergency care pathways, TM advised that pathways were starting to be developed but she estimated that it would take 2-3 months to finalise plans.	
9.3.	AR highlighted that the Trust had advocated strongly for the CCGs to continue to fund the provision of GP support within the A&E Department, and that GPs were supportive of it continuing, but that funding beyond the end of April 2016 had not yet been confirmed. The Board confirmed their strong support for the initiative and asked AR to continue to put this message across.	
9.4.	The Board was pleased to note performance in Cancer Services continued to be on track and ahead of other Trusts. TM was asked whether there was any risk that industrial action by Junior Doctors might derail this performance. She did not anticipate a negative impact given the plans in place to manage strike days and recovery afterwards.	
9.5.	The Board welcomed the new format of the report but noted some overlap with the Quality Report in terms of data. An integrated quality and operational performance report would be trialled at the next meeting. The Board also asked for the report to identify what might have caused a surge in numbers of patients attending A&E in March 2016.	**RW**

10.	**Workforce Report**	
10.1.	The Board had received a report in respect of performance as at February 2016 against agreed worforce targets. ARo presented her observations on the report highlighting positive signs evident in recruitment to vacancies; increased completion rates on performance appraisals and training; and well managed sickness absence.	
10.2.	The rolling turnover rate had increased marginally, although still in line with other Trusts in SW London. ARo identified the groups of staff with the highest turnover rates and described the work HR business partners were doing to understand issues at a more granular level and create bespoke solutions. The Board was reminded that the Workforce Committee would be looking at the underlying issues in detail, including an analysis of the top themes emerging from the most recent staff survey.	
10.3.	DB asked whether the retirement profile had been considered and the potential risk to the Trust from pension changes. ARo confirmed that these elements were being considered in drawing up the Workforce Strategy.	
10.4.	The Board noted the content of the report and confirmed support for the actions taken in response to the issues raised.	
11.	**Finance Report**	
11.1.	The Board had received the Finance Report for February 2016 (Month 11). JF introduced the report, reminding the Board that the Finance & Investment Committee (FIC) had previously discussed the report in detail. JF highlighted the key points noted in the executive summary and focused on the year end position. This reflected the cumulative effects of industrial action and escalation capacity not fully funded by winter monies. He confirmed that agreement had been reached with commissioners on the year end position and the Board paid tribute to the Finance team for their work concluding the negotiations.	
11.2.	The Board focused on a number of exception reports across both clinical and corporate areas to understand underlying causes. JF explained the latest position on interim and agency staffing and compliance with frameworks and caps. Medical locums was the one area where it continued to be difficult to achieve compliance and this was a national issue.	
11.3.	It was noted that capital spending would be under target at the year end, which was ascribed to ongoing issues with the redevelopment of the Outpatients department.	
11.4.	MJ drew attention to a reference to Public Dividend Capital, noting that Trust was required to return a significant amount of funding to Treasury each year. JF had raised this issue with Monitor.	
11.5.	JM asked about income penalties for 2016/17, to which JF responded that he believed fewer would apply if the Trust signed up to Sustainability & Transformation Fund. Clarity would be needed on reinvestment of penalties for readmissions.	
STRATEGY AND POLICY		
12.	**Draft Budgets for 2016/17**	
12.1.	The Board had received a report on the status of the budget setting process for 2016/17 and a summary budget for approval. Following discussion it was agreed to delegate authority to FIC to approve the final budget.	
12.2.	JF confirmed that the income forecast in growth was consistent with commissioners assumptions but the impact of QIPP schemes was not yet included as the detail was still emerging.	

12.3.	Board members observed that the CIPs position was significantly reduced from where it had started and endorsed the realistic approach being taken. The year end forecast included an underlying deficit of £4.2M to eradicate in future years.	
13.	**Operating Plan for 2016/17**	
13.1.	The Board had received the Operating Plan for 2016/17 for approval prior to submission to NHS Improvement on 11th April 2016.	
13.2.	RB introduced the Operating Plan noting elements that had already been considered by the Executive Management Committee (EMC), Finance & Investment Committee and Council of Governors, and highlighting latest additions. She reported that 75% of the CIP required had been identified and she believed 100% would have been confirmed by the date of submission.	
13.3.	AR noted the robust caveats on agency spending within the plan and the complicated interdependencies that had to be taken into consideration to ensure quality and safety. AR confirmed that the Executive had scrutinised every post filled by agency or interims and had resolved all that could be resolved internally. National assistance would be needed to resolve the remainder.	
13.4.	The Board approved the Operating Plan 2016/17 subject to budget approval, and delegated authority to SB and AR to sign off any amendments required following finalisation of budgets prior to submission.	
14.	**Capital Budget for 2016/17**	
14.1.	The Board had received a report setting out the draft Capital Plan for 2016/17. JF explained that this was a product of a process that had taken place across the organisation, including review at Capital & Investment Committee, EMC and FIC.	
14.2.	Reference was made to the Dementia Strategy story earlier on the agenda and thoughts Board members had had about routine capital planning and building in learning from patient experience.	
14.3.	The Board agreed to delegate authority to FIC to approve the Capital budget for 2016/17. A report on progress with capital projects would be made to FIC on a regular basis throughout the year.	
15.	**Staff Survey Results**	
15.1.	The Board had received the 2015 Staff Survey results. ARo summarised the key points arising from the overall indicators on staff engagement, which was above average, the top 5 and the bottom 5 ranking scores. The descriptor for KF26 was corrected: *the lower the score the better*.	
15.2.	The findings would be explored in depth at the next Senior Leaders' Forum meeting in May 2016 and granular data shared with the Divisions for targeted work. An independent review of priorities for staff engagement had been commissioned and would be received by EMC shortly. The Executive would also be looking to incorporate external input into Black Asian and Minority Ethnic (BAME) work.	
15.3.	SH noted the time lag between data collection and receipt of the report, and asked whether flash surveys could supplement the data. DB identified Friends & Family Test and Pulse as other sources of data already used to gain more timely feedback.	
15.4.	JM asked whether the percentage of staff experiencing harassment, bullying or abuse from staff had increased compared with the previous survey; this was not clear from the report and needed more explanation. CS observed contraindications within the report and suggested that high level analysis may	

	be too superficial to understand the underlying issues.	
15.5.	The Board noted the content of the report and welcomed signs of improvement where evident. Further discussion and monitoring would take place through the Workforce Committee and this would include greater detail on bullying and harassment and support for the BAME staff group.	
16.	**Pre-registration Nursing Education**	
16.1.	The Board had received a report setting out the plan to increase pre-registration nursing education provision within the Trust and reflecting on national changes to student nurse funding due to come into effect in September 2017.	
16.2.	The move to increase the number of student nurse placements by a considerable margin was thought to be positive and a welcome additional strand in the nurse recruitment strategy.	
16.3.	CS asked whether there was an opportunity for student nurses to join the staff bank as HCAs to support their finances when loans are introduced. DB confirmed that all would have the opportunity to join the bank after 6 months training. ARo asked whether the Hospital could be involved in the selection process and DB believed this was the case.	
16.4.	SC was invited to comment and highlighted the need for the Hospital to adapt to change; the plan was an exciting development and would serve the Hospital well in the face of local competition.	
17.	**Corporate Membership Strategy**	
17.1.	The Board had received the revised Corporate Membership Strategy 2016-18, which had been reviewed and approved by the Council of Governors on 16th March 2016, and noted the content.	
GOVERNANCE		
18.	**Q4 Monitor Submission - 2015/16**	
18.1.	In order to meet the deadline set, the Board agreed to delegate authority for approval of the Q4 return to Monitor at the FIC meeting on 28th April 2016.	
19.	**Board Assurance Framework (BAF) 2015-16**	
19.1.	The Board had received the BAF completed for month 12. A full progress report on achievement of the Corporate Objectives would be compiled post year end and considered at the next meeting. The Board reviewed the report and noted the content of the latest version of the Corporate Risk Register.	
20.	**Senior Independent Director (SID)**	
20.1.	The Board had received had received the recommendation of the Chairman on the appointment of the SID, the vacancy being the result of MJ's resignation from the Board. SB paid tribute to the way in which MJ had carried out this role during his tenure. The Board confirmed the appointment of CS as SID with effect from 1st April 2016.	
21.	**Board Forward Plan 2016-17**	
21.1.	The content of the forward plan for public Board meetings was noted.	
CHARITABLE TRUSTEE ITEMS		
22.	**Kingston Hospital Charity (KHC)**	
22.1.	There was no business to report but SB confirmed that following MJ's departure JM would assume responsibility for chairing the KHC Committee and SB would lead the Dementia Appeal.	

BOARD COMMITTEE CHAIR REPORTS		
23.	**Audit Committee**	
23.1.	The Board had received a report providing feedback from the Audit Committee meeting held on 24th March 2016 and noted the content. JM reported that the internal audit report giving partial assurance on Duty of Candour was not unexpected, having been requested by the Trust, and the result was on a par with other Trusts.	
23.2.	JF drew attention to a report received by the Committee on the key areas to be strengthened in relation to governance around Estates; progress would be reported to a future meeting.	
23.3.	The Board endorsed the appointment of SH as a member of the Audit Committee and noted the proposed arrangements for the review of the draft Annual Report.	
24.	**Finance & Investment Committee (FIC)**	
24.1.	The Board had received and noted the content of a report on the meetings of FIC held on 25th February and 24th March 2016. The financial position on partnerships had been reviewed and, in order to learn from experience, the Committee would continue this focus as the Trust grows its partnership network.	
24.2.	This being his final report as Committee Chair, MJ expressed thanks to the Finance team for the support they had given him in the role.	
QUESTIONS FROM THE PUBLIC		
25.	RM asked what progress was being made with interpreting services. DB explained that the Communications team would be cascading within the organisatino what is available, and when and how to access it (including out of hours). The policy was due to be approved by the Patient Experience Committee on 5th May 2016. RM asked that the draft be shared before that meeting in order to allow time for comment.	
26.	EF had valued the Dementia presentation immensely and asked whether the same team had had input to plans for the refurbishment of the Outpatients department. It was thought that more could be done to standardisation across the Hospital as areas are refurbished and LC confirmed that the group was starting to be involved in plans beyond Derwent Ward.	
27.	EF had been heartened to hear about the collaboration and partnership work taking place and asked whether there was any scope for peer review, as was the practice in Local Government. AR agreed that the NHS could learn from Local Government on this, and some parts of the NHS also did it well. However, it was sometimes a struggle to release doctors to take part.	
28.	BG asked whether an audit of causes had been undertaken with regard to falls to establish whether there was a difference between night and day. JKW confirmed that root cause analysis formed the basis of reports to the Serious Incident Group, where learning from incidents took place.	
29.	MF asked whether the Trust was talking to local Further Education colleges to explore the possibilities regarding apprenticeships. AR referred to the introduction of levies linked to numbers of apprentices employed and noted that the Board would need greater visibility on this workforce issue and any unintended consequences. ARo undertook to investigate current FE contact and would include MF in a note for the information of the Board.	**ARo**
30.	An explanation of what was meant by the 24/7 system, referenced in a Board report, was given.	

31.	**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.	