Kingston Hospital NHS
NHS Foundation Trust

Minutes of the meeting of the Board of Directors held on 28th September 2016 – 9.30 am to 12.15 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
Sylvia Hamilton	Non-Executive Director	SH
Rita Harris	Non-Executive Director	RH
Joan Mulcahy	Non-Executive Director	JM
Ann Radmore	Chief Executive	AR
Chris Streather	Non-Executive Director	CS
Jane Wilson	Medical Director	JKW
Jacqueline Unsworth	Deputy Chairman	JU
Present non-voting:		
Kelvin Cheatle	Director of Workforce	KC
In attendance:		
Tracey Moore	Associate Director, Emergency Services	TM
Susan Simpson	Company Secretary & Head of Corporate Affairs	SS
Lisa Ward	Head of Communications	LW
Apologies:		
Rachel Williams	Chief Operating Officer	RW
Governors:		
Richard Allen	Lead Governor	RA
Marita Brown	Public Governor - Kingston	MB
Dennis Doe	Public Governor - Kingston	DD
Marilyn Frampton	Public Governor - Merton	MF
Bonnie Green	Public Governor - Richmond	BG
CJ Kim	Public Governor - Elmbridge	CJK
Frances Kitson	Public Governor - Kingston	FK
Jack Saltman	Public Governor - Elmbridge	JS
Nicola Urquhart	Appointed Governor - Richmond	NU
Members of the public:		
Erica Farmer		
Kate Fitzsimmons		KF
Alicia Pickering	Department of Health	
Eswari Chinnasamy		
Giles Marcus	Siemens Health	
Staff:		
Gina Brockwell	Director of Midwifery	GB
Laura Shalev-Greene	Volunteering Manager	LSG
Amanda Joseph	Specialist Transfusion Practitioner	AJ

		Actions
1.	**Staff Story**	
1.1.	DB introduced the purpose of hearing staff or patient stories. The Board welcomed Amanda Joseph, Chair of the MEGA Group (Minority Ethnic Group for All) and senior nurse at the Trust, who had been invited to tell the story of the formation of the MEGA Group.	
1.2.	AJ thanked the Board for the invitation to speak and explained her life story and career leading to her employment at Kingston Hospital. The launch of MEGA had made her feel very proud and she explained her feelings as a 'triple minority' person working within the Trust. She could see the 'care' value displayed widely within the Trust but there were areas where she had felt uncomfortable to work.	
1.3.	AJ requested that the Board work alongside the MEGA group, helping all staff to understand different cultures and to ensure that real change occurs. MEGA should not be seen as a tick box exercise.	
1.4.	DB asked the Board how the story had made them feel. SB felt MEGA was a real opportunity and that there was no way the Board could allow the positivity of the launch to be just symbolic. She made the point that staff survey and Workforce Race Equality Standard (WRES) data demonstrated that the Trust had areas of improvement to be made. KC acknowledged there was work to be done. He thought this should be a journey of improving cultural competence and understanding.	
1.5.	CS had a sense of shame that staff could be made to feel the way AJ had described. He acknowledged the need to convert intentions into action that made a difference. AR felt energised by the story and asked that the MEGA group keep pulling the Board forward with its ambitions. She suggested that the MEGA group articulate a small number of things to achieve in the next 6-12 months.	
1.6.	RH emphasised that the whole community has a responsibility to respond. AJ agreed that whilst she was glad to be a role model, she found it a heavy responsibility to carry on her own.	
1.7.	DB asked how the Board might use the story in considering the agenda ahead. AR had been struck by the diversity of the volunteer body and suggested that the Volunteering Strategy might include ways for the volunteers to help the Trust understand different cultures.	
1.8.	SB looked forward to hearing more about the MEGA group's plan through the Workforce Committee, and suggested that deep dives be used to see whether implementation was making a difference. She described the MEGA launch as one of the most inspirational events she had attended at the Trust and thanked the MEGA steering group and Sarah Connor for making it happen.	**SS**
2.	**Welcome**	
2.1.	Welcomed to the meeting were Kelvin Cheatle and Dr Rita Harris, who were both new to the Board, and Tracey Moore representing Rachel Williams.	
3.	**Apologies**	
3.1.	Noted as above.	
4.	**Declaration of Interests**	

4.1.	None declared.	
5.	**Minutes**	
5.1.	The minutes of the meeting held on 27th July 2016 were confirmed as a correct record. Matters arising were recorded on the action log and good progress was noted.	
6.	**Chairman's Report**	
6.1.	The Chairman gave a verbal report on activity since the last meeting of the Board. A great deal of time had been spent on strategic discussion around the STP, about which the Board would hear more later in the meeting.	
6.2.	SB thanked governors for their help with NED recruitment. Selection for the two current vacancies was expected to be completed in October 2016.	
6.3.	SB greatly valued the opportunity to sit alongside staff to learn about their work. She had been pleased to hear that there was greater stability in the Health Records team and that this had enabled them to improve connectivity with Service Lines. She had observed the complexity of the Patient Pathway Co-ordinator role and the passion with which the staff delivered a service that makes such a difference to patients. SB had been delighted to learn more about the Hospital's work with sponsored students and noted that KHFT sponsors more people to progress to further qualifications than other Trusts.	
6.4.	Of the internal events attended, SB highlighted particularly the Respiratory team achievement awards and the MEGA launch. She had also been to Derwent Ward, where refurbishment as part of the Dementia Strategy was progressing well.	
6.5.	SB noted the retirement of Gillian Norton, Chief Executive of Richmond CCG and commended her contribution to the health economy of Richmond and SW London. SB had also attended the AGM of Kingston CCG, which had been supportive of the Hospital.	
7.	**Chief Executive's Report**	
7.1.	The Board had received the Chief Executive's report providing an overview of matters to bring to the Board's attention which were not covered elsewhere on the agenda.	
7.2.	AR highlighted progress with the STP, for which a decision to support would be sought in the next three weeks. A conversation with the Council of Governors would be facilitated within that timeframe. Annual planning guidance had now been received, with much change predicated on the STP having been agreed.	
7.3.	The Single Oversight Framework had been released by NHS Improvement and it was anticipated that detail on segmentation and what this would mean for the Trust would be received shortly.	
7.4.	AR reported that industrial action by the Junior Doctors had been postponed. A significant amount of time had been spent on planning by the time the action in October had been called off, but this plan would be retained for future reference. AR reported that no patient appointments had been cancelled.	

7.5.	AR emphasised that volunteering was going from strength to strength within the Trust and acknowledged the impact of funding from the Cabinet Office to work with the innovation charity NESTA. Evaluation had shown that there were definite benefits to patient experience and well-being outcomes, and that volunteering has the potential to relieve pressures on the healthcare system.	
QUALITY AND PERFORMANCE		
8.	**Integrated Quality and Performance Report**	
8.1.	SS introduced this report, which had been produced as an integrated report under the CQC domains for the first time. It was intended that the Workforce report would also be included in future versions. Board members were invited to comment on the approach taken.	
8.2.	JKW reported on the performance indicators for the 'Safe' domain, noting continuing improvement work on falls and excellent achievement on avoiding pressure damage in August 2016. In Maternity, work to understand reasons behind the raised Postpartum Haemorrhage (PPH) rate continued and there had been an increase in the percentage of Malden Suite births. Remarkable reductions in agency usage were evident in the safer staffing data.	
8.3.	AR asked what could be learned from the new measure on Care Hours per Patient Day. DB explained that this was an emerging measure and not yet published nationally. It was agreed that the Board would find it useful to have a masterclass on the new measure.	**DB**
8.4.	Under 'Effective' the Board had received an exception report on Hand Hygiene. The Quality Assurance Committee had had an in depth discussion and had noted that whole organisation figures hid some areas of poor practice. DB explained the action taken in underperforming areas to change behaviour. There had been a significant focus on Hand Hygiene in internal communications and there could be no excuse for non-compliance.	
8.5.	JKW was asked to explain the issues behind data on '% of patients with dementia who were appropriately assessed'. She commented that the clinical record for every 65 year old was not being completed as required. Significant training time had been allocated to this and it would be targeted through audit. She anticipated that the next report would show an improvement.	
8.6.	The improving trend on Sepsis was noted and a question asked whether the Trust should be aiming for 100%. JKW reminded the Board of the KPIs around Sepsis: to screen all who attend for the possibility of Sepsis and to give antibiotics and fluids within an hour of potential diagnosis. The Trust was tracking the trajectory in the national CQUIN appropriately.	
8.7.	DB reported on performance in the 'Caring' domain, noting the good response time for complaints and the upward trend in Friends and Family Test outcomes. The Patient Experience Committee had discussed FFT scores for Outpatients which, although showing some signs of improvement, remained consistently lower than other FFT areas. Analysis was being undertaken to understand the drivers for these scores. Healthwatch Kingston were planning to do some engagement work in the main outpatient area of the Trust over the coming months and the Executive Management Committee had reviewed plans for REU improvement.	

8.8.	Under 'Responsive', TM reported that RTT and Cancer performance continued to be strong. A&E performance was still challenging, despite improvement on the previous year. Attendance had increased and performance over the summer also reflected reliance on bank/agency staff covering annual leave. However, the Trust's performance was still positive in comparison with other London Trusts and the Emergency Care Programme Board continued to make progress. Priorities continued to be: manpower; GP support in A&E; and clinical pathways.	
8.9.	TM summarised progress within the Emergency Department. Substantive staff appointments continued to be made and the team was also testing different ways of working. The CDU would be opening at the end of October/beginning of November and a Frailty team was being introduced to identify frail elderly patients who could be supported to return home with minimal length of stay.	
8.10.	AR reported that the Executive team had met with counterparts at SW London and St George's Mental Health Trust. There was now a liaison psychiatrist within the Trust and Child & Adolescent Mental Health Service support had also improved significantly. The Board recognised the vulnerability of patients with mental health issues and was pleased to hear of support from colleagues.	
8.11.	SH noted a recent presentation to Workforce Committee on innovative ways of working and asked how successful the trials had been. TM responded that extended scope roles had been successful and were now progressing to substantive appointments.	
8.12.	SB welcomed the report and all agreed the new format had generated greater discussion.	
9.	**Workforce Report**	
9.1.	The Board had received a progress report on performance against agreed workforce targets. KC highlighted key areas for the Board to note, including vacancy and turnover rates. Improvement of recruitment processes was largely completed and the Trust would now work on employer branding and approach to recruitment planning.	
9.2.	KC noted that the sickness rate had deteriorated slightly. Flu vaccinations would be a key priority as winter approached.	
9.3.	RH asked whether there were opportunities to partner with other organisations for skills that were difficult to recruit. AR commented on sharing arrangements for senior medical staff but acknowledged that the Trust had fewer examples of this in other professions. DB observed that the Trust had few staff who were not fully utilised but that rotations broadened experience and had been used successfully for nursing staff. Inner/outer London weighting would need to be overcome to facilitate sharing of staff across SW London. The Board supported the principle of exploring the opening up of roles to maximise benefits for patients, staff and the organisation.	
9.4.	In response to a question from JU, KC commented that the vacancy rate for consultants was good in comparison with other Trusts. The Board acknowledged that this was a highly competitive market, particularly for A&E, Elderly Care and Acute Medicine. JKW gave examples of innovative approaches to recruitment.	

9.5.	JM asked what progress had been made with the SW London staff bank project. KC reported that unification of bank rates in SW London was in place so that Trusts were not competing with each other. The possibility of outsourcing nursing bank recruitment had been discussed with the Workforce Committee and he would report back with a proposal.	
10.	**Finance Report**	
10.1.	The Board had received the finance report for Month 5, which would be discussed in detail at the Finance & Investment Committee the following day. JF presented the highlights, including Divisional positions, CIPs, Capex and Cash. He anticipated the Trust would be on plan to achieve STF funding at the end of Q2 but was unlikely to qualify for the element linked to A&E performance.	
10.2.	The Board noted that the plan discussed at FIC to drawn down against the facility with Lloyds Bank had been implemented. JU reported that FIC had had an in depth discussion on the impact of not receiving STF funding and other sources of funding to cover the gap. The Board welcomed improved relationships with CCGs which had helped to reach agreement on payment for additional work and earlier payment terms.	
10.3.	JM asked whether lower activity than planned was due to budgeting or seasonal impact. JF explained how planning assumptions were applied. DB commented that reduced acuity may reflect the impact of work on vital signs and outreach, which may mean rebasing assumptions. AR noted that commissioners' plans were to be implemented with a conscious decision to reduce demand in the system and therefore the Board would need to understand the impact on the forward plan.	
11.	**CQC**	
11.1.	DB reported on the Quality Summit held the previous week as the final stage in the CQC inspection process. Discussion had focused on A&E workforce, patient flow across the health economy and capital investment. A&E workforce was not an issue unique to Kingston Hospital and DB was pleased to report on a commitment from HESL for further support.	
11.2.	The Board had received the CQC action plan in the prescribed format and addressing the seven 'must do' items. All present at the Quality Summit had seemed content that the actions were appropriate. It was intended that these actions would be fully completed by 31st December 2016.	
11.3.	The Board approved the CQC action plan as presented and welcomed the deadline proposed for completion.	
STRATEGY AND POLICY		
12.	**Winter Plan**	
12.1.	The Board had received the outline plan. TM explained that the detailed plan would be finalised at the Executive Management Committee on 5th October 2016. In response to JU's question, TM confirmed that the targets in the plan were the same as the previous year and that these had been achieved.	
12.2.	SB asked how staff recruitment linked to the plans outlined. TM emphasised that recruitment would continue in anticipation of additional staff being required. In addition, where bank or agency staff were to be used, it was intended to book for blocks of time so as to bring as much consistency as possible.	

12.3.	RB asked whether funding for winter pressures was available. TM described a different approach in place for Winter 2016/17 in the form of a joint provider fund. The Trust had worked closely with partners to use the funding for indirect elements that would support the Trust with the Winter Plan. AR noted that Richmond and Surrey Downs CCGs had advised there would be no contingency fund available, and it was thought likely that Kingston CCG would be in the same position.	
12.4.	It was agreed that the final detail of the Winter Plan would be approved through the Executive Management Committee, and that the Quality Assurance Committee would receive it for assurance.	
13.	**Volunteering Strategy**	
13.1.	The Board had received a report highlighting the main outcomes and achievements of the Volunteering Strategy 2014-16 and setting out future direction for 2017-20. DB reported that volunteer applications continued to grow, as did their satisfaction. He believed even more could be done to help the volunteers understand the difference they make.	
13.2.	CS asked whether the strategy could be more explicit about using volunteering as a recruitment opportunity. DB agreed and suggested that it should also reference apprenticeships; this could be particularly helpful as a means of addressing admin and clerical turnover.	
13.3. R	RH asked whether the new strategy could look at using peers or graduates of treatment as volunteers; she believed there would be value for patients in coming alongside those who had been through it before.	
13.4.	SB revisited previous discussion at the Board where it had been noted that there was currently no formal access to patient feedback through the volunteer workforce. She asked that this be explored for when the Trust has introduced something new.	
13.5.	The Board acknowledged that this was a very positive report which demonstrated that the Trust was able to deliver a significantly different experience through volunteering. The Board was thankful for the support and enthusiasm of the volunteers.	
14.	**Annual Reports**	
	<u>Medical Appraisal & Revalidation</u>	
14.1.	The Board had received a report providing assurance regarding Medical Appraisal and Revalidation and an update on plans for improving the process. JKW highlighted that, of the appraisals that had not been completed to time, all had been completed within one or two months.	
14.2.	A visit from the Higher Level Responsible Officer had resulted in suggestions for increasing the rate of appraisal and it was felt that the actions proposed were appropriate. AR asked what conversations had taken place with individuals about completing the process within 12 months. JKW and KC had discussed gaps in the previous process and were confident that it was now more robust.	
14.3.	JM asked whether any issues had emanated from the appraisal process with regard to the quality of consultants working at the Hospital. JKW replied that there were very few performance issues in the Hospital and that where these had occurred they had not been identified through the appraisal process. AR	

	asked if there was a requirement to refer such cases to the Board. JKW responded that she was required to inform the Board of suspensions or referrals to the GMC.	
14.4.	DB asked whether consultants received feedback via the appraisal process. JKW observed that this did happen, although there was probably merit in making it more visible.	
14.5.	The Board supported the proposal to schedule a development session for the Board to understand the statutory responsibilities in this area and the link to quality improvement.	**JKW**
	<u>Equality & Diversity</u>	
14.6.	The Board had received the 2016 Workforce Race Equality Standard (WRES) report and action plan for approval. KC explained the context of the report and drew out key conclusions for the Board to consider, both from this report and from the staff story at the beginning of the meeting.	
14.7.	A discussion took place on under-representation of BAME staff in senior roles and how best to gain the confidence of the workforce to apply. SH drew parallels for the Trust with the National Equality Standard, developed for the private sector, which sets clear equality, diversity and inclusion criteria against which companies are assessed. CS suggested looking for powerful role models and learning from the experience of other organisations, such as the University.	
14.8.	DB acknowledged the complex issues for BAME staff but encouraged the Board to think beyond a one-dimensional approach, reminding the Board of AJ's reference to being a 'triple minority'. AR drew from AJ's story the importance of aspiration and self-belief in development of BAME staff.	
14.9.	SB emphasised the importance of the staff survey, which would be a rich source of information for the MEGA group from which to devise their plan. KC explained plans to encourage all staff to complete it.	
14.10.	The Board approved the WRES report and action plan, and agreed the actions to be put in place to address under representation at VSM level.	
15.	**Raising Concerns (Whistleblowing) Policy**	
15.1.	The Board had received the policy approved by the Audit Committee for ratification by the Board. SS explained that the Trust was adopting the standard integrated policy for the NHS on raising concerns.	
15.2.	SS outlined the role of the Freedom to Speak Up Guardian and plans to implement this within the Trust. She believed this role would provide assurance to the Board on the effectiveness of processes for raising concerns, as well as a source of support to staff.	
15.3.	The Board ratified the policy as presented.	
BOARD COMMITTEE CHAIR REPORTS		
	The Board had received a summary report on the work of each of the following committees since the last meeting.	

16.	**Quality Assurance Committee (QAC)**	
16.1.	CS explained that the work of the Committee was now carried out under the headings of the CQC's five key lines of enquiry. He noted the useful discussions that had taken place with Service Line trios on their CQC action plans. The drive to move areas that were good to outstanding had been evident. The QAC would continue to track progress with the CQC action plan in detail.	
17.	**Workforce Committee**	
17.1.	SH commented on the Committee's discussions on creation of the employer brand. She also asked the Board to note that the Committee had evolved from focusing on emergency items to taking a more strategic view.	
18.	**Finance & Investment Committee**	
18.1.	The Committee was due to hold its September meeting the following day, but JU commented on discussion at the August meeting on approval of the business case for the CDU. She alerted the Board that there was an income risk attached to the decision, despite the recommendations pointing to the benefits.	
19.	**Audit Committee**	
19.1.	JM drew to the Board's attention that cyber security was a growing area of risk for all organisations. An internal audit report had given partial assurance, which was amber/red, but this should be seen in the context of other Trusts being at the same level.	
CHARITABLE TRUSTEE ITEMS		
20.	**Kingston Hospital Charity Committee**	
20.1.	The Board had received the report of the Committee and attention was drawn to the General Fund being low. It was noted that the Dementia Appeal (which had a separate committee) had a challenging target to meet and may need more emphasis in order to achieve the planned capital development. DB commented that the Friends were finding it increasingly difficult to raise money, which was a concern given the number of improvements that have been funded in this way.	
20.2.	It was agreed that the Executive Management Committee be asked to discuss how best to address the need to increase charitable giving and the balance between fundraising for the General Fund and the Dementia Appeal.	**AR**
GOVERNANCE		
21.	**Health & Safety Policy Statement**	
21.1.	The Board ratified the policy statement developed by the Health & Safety Committee and approved by the Executive Management Committee.	
22.	**Governance Assurance Report**	
22.1.	The Board noted the content of the report received on the register of interests, code of conduct and use of the Trust seal.	
23.	**Forward Plan**	
23.1.	The Board noted the content of the forward plan for Trust Board meetings.	

QUESTIONS FROM THE PUBLIC		
24.	DD had been interested to read the Volunteering Strategy and commented that because they see and hear what others may not hear, volunteers need a good understanding of the Trust. He reminded the Board that volunteers should receive communications to help them with that understanding.	
25.	DD asked about reasons underlying reduced income in clinical divisions; was this because people were healthier? JF and AR explained some of the possibilities underlying the position, including changes in commissioning and market share.	
26.	FK suggested using the positive messages from the success of the volunteering strategy as a steer to attract paid staff. She felt it would support the work on the employer brand.	
27.	FK asked whether there was any possibility of creating a non-portfolio shadow director post on the Board in order to increase BAME representation. SB referred to discussion at the MEGA launch in which she had outlined the positive action being taken to encourage BAME staff to apply for Board and Council of Governors positions as they became available. She was very conscious of the need to keep doing more in this regard. AR explained the likelihood that staff developed within the Trust were likely to transfer outside to take up senior roles and senior staff recruited from outside, therefore encouragement needed to be across the whole pipeline.	
28.	KF asked whether lectures or training about dementia care were extended to staff in the community. DB explained that the Dementia Steering Group includes representation from external groups and this had enabled positive connections in terms of services provided.	
29.	KF commented that she had been encouraged to see that the Trust offered flexible working arrangements in preparation for and instead of retirement.	
30.	**RESOLUTION TO MOVE TO CLOSED SESSION**	
30.1.	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.	