Kingston Hospital NHS
NHS Foundation Trust

Minutes of the Board of Directors meeting held on

September 25th 2013

Seminar Room 2, Kingston Hospital Surgical Centre, Kingston Hospital NHS Trust

Present voting:		
Sian Bates	Chairman	SB
Candace Imison	Deputy Chairman – Non Executive Director	CI
Michael Jennings	Senior Independent Director – Non Executive Director	MJ
Adrian Clark	Non-Executive Director	AC
Jacqueline Unsworth	Non-Executive Director	JU
Joan Mulcahy	Non-Executive Director	JM
Kate Grimes	Chief Executive	KG
Simon Milligan	Director of Finance and Information	SM
Sarah Tedford	Chief Operating Officer	ST
Jane Wilson	Medical Director	JW
Duncan Burton	Director of Nursing and Patient Experience	DB
Present non-voting:		
David Grantham	Director of Workforce and Organisational Development	DG
Rachel Benton	Director of Strategic Development	RB
Nicola Hunt	Productivity Director	NH
Deborah Lawrenson	Company Secretary & Head of Corporate Affairs	DL
Apologies:		
None		
Members of staff in attendance:		
Lisa Ward	Head of Communications	LW
Sarah Kelly	Health & Safety Advisor for the training session	SK
Jacky Bush	Head of Quality and Safety	JB
Rima Hawkins	Patient Access Manager	RH
Claire Orpin	Lead Business Analyst	CO
Governors:		
Bob Firman Kate Fitzsimons Marilyn Frampton Robina Lloyd Robert Markless Cllr Julie Pickering Alison Tuck		BF KF MF RL RM JP AT
Members of the public		
Katie Peters Richard Campbell Geoff Dessent	Department of Health Department of Health Department of Health	KP RC GD

Board Training Session - The Board received statutory training on Health and Safety with the exception of KGand DB		
	Details	**Actions**
1.	The Chairman welcomed colleagues from the Department of Health Connect Programme, the Board, Governors and staff.	
2.	**Apologies for absence**	
2.1	There were no apologies for absence from members of the Board.	
3.	**Declarations of interest**	
3.1	There were no declarations of interest.	
4.	**Minutes**	
4.1	The minutes from the meeting held in July 2013, were received and approved as an accurate record with no amendments.	
5.	**Matters arising - action log**	
5.1	It was agreed that the following actions and updates from the meeting held in July 2013 could be closed - • 10.5 - CI confirmed a link to the dementia team at the Kings Fund had been provided • 11.5 - ST confirmed this would be covered in the next report • 15.4 - DB confirmed key areas had been identified around leadership development, meals and medication and hydration • 20.5 - DL provided a breakdown of claims received in the last year. It was noted they did not relate to claims in year and not all had been paid out. Board members were asked to convey any further questions to DL outside of the meeting and a document received the Chief Executive from NHSLA would be circulated. **Action DB** • 21. - ST confirmed the report concerned had been updated with the correct data.	**DB**
6.	**Chairman's Report**	
6.1	The following updates were given on the work of the Chairman since the last meeting: • Induction meetings • Walkabouts with Divisional Directors • Meetings with the lead governor and lead commissioners • Attendance at board committees • An update discussion on BSBV • Attendance at the FTN network meeting where discussions included the Keogh review (standards are out for discussion) and the new CQC inspection regime. It was confirmed the Trust is exploring the possibility of providing staff to act on inspection teams.	

	• Meeting at the Kings Fund with other Board members on the Hinchingbrook franchise and transaction model • Participation in the recruitment panel for three consultant anaesthetics with positive recruitment from a very strong field • Attendance at the 'Vision for the Future' conference on dementia held at the Trust which had been inspirational in looking at the future approach needed to move dementia services from good to excellent. DB confirmed the dementia strategy would come back to the Board – **DB to advise on timing for the forward plan.** [Lisa ward joined the meeting] The Chairman confirmed she would not be taking questions from the public during the meeting but would ensure sufficient time at the end of the meeting.	
7.	**Chief Executive's Report**	
7.1	The Chief Executive drew attention to the following updates: • Appointment of a chair for EOC - Ian Hart who will help bring rigour to the governance of the partnership. • Keogh report - and Berwick report which were commended to the Board. It was noted that many Keogh recommendations reflected work already underway at the Trust. • Cancer survey results – an action plan is being developed • Monitor update • CRS upgrade which took place in September. ST noted it had gone well generally though there had been some issues in reporting in A & E and with the patient tracking waiting list which had been resolved • Formal Consultation on plans to implement SLM more robustly across the organisation. It was confirmed the new structure will be in place from October 1st 2013 with good progress being made with identifying clinical directors for each service line, aligning existing managers and aligning nurses. It was confirmed it had been generally well received.	
7.2	With regard to the outcome of the CQC unannounced inspection in July 2013, it was confirmed the final report had been published that day. KG explained that this showed that across the majority of the hospital the Trust had met the standards and very high standards of care had been seen with the exception of standard 4 on medical wards. She confirmed this had not been unexpected as the Trust was aware of improvements required and actions had already been taken to address this. She noted the Board were aware of work underway to strengthen leadership and quality of care. She stressed there is a need to build momentum and focus and the CQC report would support the Trust in that. She confirmed that the whole Executive Team and senior doctors had been involved in the improvement plans already underway. It was confirmed staffing had increased across the last two years. With regard to supporting patients with meal times it was confirmed volunteers are providing support at lunchtimes which had been noted by the inspectors however further work is needed in the	

	evenings and at weekends which was being addressed. It was noted there was a need to look at transport which had been discussed at the Board, and careful consideration would be given to transport contract and how this is being managed. It was confirmed staff and governors had been informed about the report.	
7.2.1	MJ noted that through walkabouts it was evident that the nature of patients had changed with more patients with dementia and complex issues which had impacted on demands on staff. He asked in relation to winter pressures what the definition was of a 'Local Health Economy'. ST explained this would cover social care, commissioners and acute hospitals across the whole catchment area.	
7.2.2	SB noted that whilst elements of the CQC report had been disappointing, action was being taken and it had been helpful that the report had been published on the day of the Board meeting and the AGM/Annual Members meeting which provided an opportunity to give reassurance to the public and governors about the Trust's response. She stressed the Board would work together to endure issues were addressed and action plans would be discussed at the next Board meeting. Note for forward plan	
7.2.3	CI added that the issues were known and the report had galvanised action. She was assured by actions described included the focus on leadership. The report underlined for her the importance for the Board to have a greater understanding of what is going on, on the front line. Progress was being made in this but it was a critical element of the action required.	
7.2.4	DG noted that the Board was aware of the quarterly survey in place with staff. Analysis of which would come to a future Board meeting. **DG to advise on timing for the forward plan.** He noted that whilst response rates were slow at the outset this was improving and there was an opportunity on the survey to raise issues. He confirmed that on the whole comments received had been positive and were in line with the outcome of the National Satisfaction Score which placed the trust just below the upper quartile.	
7.2.5	KG reminded the board of the value of feedback received in the Board walkabouts in that a lot of the alertness of the Board to issues had been picked up through feedback from staff during these visits. She stressed the need to carry more out in the evenings; at night and weekends and to address this, a new 24/7 rota was being developed. SB confirmed the Non-Executive Directors were happy to participate in the new rota. **It was agreed an update on the board walkabout programme would be given at the next Board meeting.**	**KG**
7.3	JMc asked, with regard to the structural changes underway if additional costs had been factored into budgets. SM explained the changes did not represent a significant cost pressure but this was being reviewed with regard to the banding of posts. He stressed a large element of the changes involved shifting of resources which had freed up resources at a higher level enabling more resource to go in at service line level. He confirmed that that any additional costs in the current financial year would be met through the contingency.	

	QUALITY AND PERFORMANCE	
8.	**Staff Story**	
8.1	The Board received updates from two members of staff about their experiences participating in the Dining Companions programme. They noted that: • Support had been provided to learn about the process and infection control requirements • It had helped her to slow down and take time to focus on caring for the patient which had been something taken back to the day job • Had enabled focus on caring skills for staff who do not provide front line care • Positive experience and lot of enthusiasm from those taking part • Provided a way of helping someone else's elderly relative when their own was many miles away • Some difficulties in getting staff to sign up initially and it is daunting for some people but confidence is growing • Provided another way of team bonding following sessions, feeding back and supporting one another	
8.1.1	SB thanked the presenters and all those participating in the voluntary progamme she noted how positive it was for the Board to hear about the benefits from both a patient and organisational perspective.	
8.1.2	DB commended the programme which he confirmed was growing with a number of corporate areas 'adopting a ward'.	
8.1.3	KG added that she had taken part herself, as had a number of member of the Executive team, and found it immensely rewarding to spend an hour with patients talking to them and helping them with their meals. She recommended it to other Board members.	
9.	**Clinical Quality Report**	
9.1	JW presented the Clinical Quality Report and noted overall mortality is low which was to be commended. She noted the following.	
9.2	Infection Control and C.difficile remained those of greatest concern with cases of C.difficile continuing to be reported. She confirmed all investigations were being completed in a timely way, there was a good understanding of antibiotic usage and other ways of keeping control were being explored. She confirmed that a further external review was being planned.	
9.3	Pressure Ulcers were becoming less frequent in terms of the most serious examples however the trust was not complacent as they could worsen very quickly and therefore considerable energy was going into this. She confirmed pressure ulcers were occurring in different locations of the Trust and there was no apparent system failure in one particular area. There were examples where ulcers were appearing in unusual areas of the body which was an indication of how frail patients were.	

9.4	Falls overall incidents have gone down and falling below the NPSA benchmark for the first time in the financial year. However there have been cases of Falls associated with harm (fractures) which demonstrated the vulnerability of some patients to injury in a hospital environment. It was confirmed a number of the initiatives outlined at the Trusts Dementia day would assist in addressing this.	
9.5 9.5.1 9.5.2	Friends and Family Test - DB explained that with regard to benchmarking with other organisations in terms of response rate, the levels in A & E were similar, for inpatients the Trust was in the bottom quartile despite the majority of patients saying they are likely or extremely likely to recommend the Trust. Ward information is available and trends will be explored to ensure a reduction in variation across wards. CI suggested that whilst it was positive the Trust was using qualitative information gleaned from the Friends and Family test to make improvements it did give rise to some concern about the Trust being in the bottom quartile in some areas and the report did not make it clear why this was the case. DB explained that only a few months of national data was available and that nationally there was variation due affected by local health economies. He stressed there was a need to get ward teams to focus on their local tests are telling them and in the last month that detailed information had been provided to local teams and was being extended into estates and facilities with regard to feedback on food and drink and the Trust was looking at what can be done to raise scores. He noted that 50% of patients on wards would not be in position to participate, to help with this a carers survey had been implemented but this was not reflected on the Friends and Family test and this has been raised with NHS England (London) discussions were underway with NHS London on how to include it as well as the experience of being a carer. JU asked how the Trust compares on response rates. DB confirmed these were good in that the Trust meets the 15% required and in some areas this was higher. CI asked if the results of the carers survey could be brought back to the Board. **Action DB**	 **DB**
9.6 9.6.1	CI asked with regard to Falls if the action plan reflected issues that have emerged from the review of Hospital at Night. DB confirmed that it did and it was pleasing to see that overall numbers were decreasing. He noted that lighting was an issue, in the evenings, in some areas and it was important to strike a balance between the need for low lighting to aid sleep for patients and the importance of being able to see if they get up. He confirmed action had been taken to improve lighting particularly in Esher wing.	
9.6.2	SM reflected that if patients were not fully active in the day and were sleeping then, there would be a knock on effect at night as they were more likely to be awake, and suggested additional focus on the day was also needed.	

9.7	AC asked with regard to C.difficile and Pressure Ulcers what the trends were nationally and if there was a minimal level which it would be impossible to get away from. JW explained that C.difficile at the Trust was still rising and that predominantly the C.difficile seen in the Trust tends to be around colonising in the bowel and that the Trust needed to do what it could to ensure it didn't become an illness. DB added with regard to pressure ulcers that more questions were being asked which results in getting to a level where everything is looked at to determine whether or not it is a skin tear or a pressure ulcer.	
9.7.1	SB noted she had seen an extensive action plan around C.difficile presented to the Risk Management Committee which had been helpful and it had been agreed to share that with the rest of the Board. **Action DB**	
10.	**Corporate Performance Report**	
10.1	ST talked through the detail of the report [see presentation slides for detail].	
10.2	CI noted with regard to turnover in surgery which had been rising at the time of the last report to the Board, that she had expected more detail on the report on this issue and asked for an update.	
10.2.1	DG explained that the turnover chart had been broken down by the new speciality group and the area at issue was general surgery and urology which he had looked at in detail. He confirmed that most change in turnover was over the summer in admin staff and that as the restructure is taken forward exception reports could be provided.	
10.2.2	CI explained that what she had wanted was feedback from exit interviews. ST confirmed this was work is in progress and would be reflected in the next report. She confirmed that some staff had moved on as a result of the restructure (within the division), however a new system had been trialled in Trauma and Orthopeadics as part of the solution, which had been welcomed by staff.	
10.2.3	KG explained this was an example where a division had made a decision to restructure without effectively communicating with the service lines. It reminded her of the rationale for removing the middle layer and issues such as these should be improved through the new structure being put in place across the organisation.	
10.2.4	CI stressed that she had looked at a year on year trend in which turnover in surgery had risen from 8 – 31% which was a bigger issue than just admin staff. It was agreed ST would provide CI with more information outside of the meeting and it was agreed discussion should take place at the next Board meeting and that more narrative would be added to future reports as numbers leaving in areas were often relatively low. **Action ST**	**ST**
10.3	MJ expressed some concern about the dip in manual handling training figures. He asked if staff did not consider it to be important. He suggested using an accreditation system. Action it was agreed KG would discuss this with the Executive Team in terms of using the term	

	'accreditation' for this and other issues such as C.difficile, and potentially having a 'passport to operate' approach.	
10.4 10.4.1	JMc asked what progress was being made on agreeing income for Q1 with commissioners noting that the Trust was £1.8 m over on income. SM confirmed a number of meetings had taken place with commissioners, good discussions were underway and positive and he expected Q1 income would be recovered.	
10.5 10.5.1	JMc asked if there was a control issue with regard to spending on drugs as this had also been an issue the previous year. SM explained that it was complex in terms of understanding what is and is not within tarrif and whether or not they relate to specialist commissioning for particular drugs. It was agreed a fuller discussion would take place at Finance Investment Committee.	
10.6	MJ noted that the Trust had reached break even three months ahead of plan but stressed this was reflective of running with higher non elective and lower elective. He stressed the Trust needed to bear in mind it ws not seeing business planned coming through which may need further focus.	
10.7 10.7.1 10.7.2 10.7.3	JU asked if the reduction in maternity was a demographic issue or were women choosing to go elsewhere. KG agreed it was important to understand if there had been a change in market share or activity. RB added that levels, month on month were broadly in line with those in the previous year with some fluctuations. She confirmed there had been a slight shift in market share in Richmond towards West Middlesex, there had been a slower fill rate and the Trust was not turning women away as it was previously. KG added that she did not think it was a shift in business necessarily in some areas but about ability to get the work through particularly in opthalmology where there had been staff illness having an impact.	
11. 11.1	<u>Finance Report</u> The detailed Finance report was noted.	
12. 12.1	<u>Productivity Report</u> The detailed productivity report was noted.	
	STRATEGY, POLICY AND IMPLEMENTATION	
13.	**Update on CRS upgrade**	
13.1	KG provided an update on discussions with BT and Department of Health to resolve issues which had delayed 'go live'.	

13.1.1	She confirmed issues had now been resolved however by way of background she reminded the Board that there were significant risks to the organisation in rolling out e-prescribing and clinical documentation and therefore an innovative model for roll out had been developed by creating an intensive support team with additional staff to support training and to ensure patient care continued. The Trust was clear this needed to be completed by Christmas of 2013 given the additional patients which emerge in January and over the winter period. The timescale was still achievable despite the delay by doubling the intensive support team. It was confirmed that the plan was developed in discussions with BT and DH and the Trust's expectation was that BT would fund it as they had caused the delay. However it was now clear neither BT or DH would fund the costs. She noted that the Trust did not have visibility of the contract and therefore did not know if there were clauses for compensation from BT for impact of delays.	
13.1.2	When it became clear the Trust would not be funded and following appeal the Trust considered whether or not it could fund the additional costs but there would not be sufficient funds in contingency and the Trust would not be prepared for a potential breach of licence on financial grounds. Therefore the regrettable decision was taken to delay roll out of e-prescribing and clinical documentation. A review is taking place to determine whether it will be possible to roll out in the summer of 2014.	
13.1.3	It was noted that this episode had highlighted risks around the shift in governance of the national programme given that as an FT the Trust would not get support if a legacy contract, such as this one, has future failures. There was also a risk that if the system went down and the Trust had to return to a paper process for any period of time, additional staffing costs would be incurred to put the data back into the system which could not be refunded by BT. It was further noted that the Trust is due to take an upgrade in February 2014 which is a requirement given that from April 1st 2014 if Trusts do not put data on SUS it was possible payment would be held back. A further update was planned for the summer of 2014 and therefore a decision would be needed on whether to do so taking these risks into account.	
13.1.4	It was confirmed a review of risks is underway and mitigations identified.	
13.2	It was stressed the Board needed to decide whether or not to withdraw from the national programme early. Currently Kingston is the only FT in the London part of the National Programme other than the Royal Free which is intended to withdraw early. It was agreed a clear way forward would be brought for recommendation to a future meeting. **Note for forward plan**	
13.3	NH noted that the delay had been disappointing for staff and whilst the delay was understood, given the amount of work put into prepare for the upgrade and the possibilities the upgrade would bring to clinical practice and patient care. She suggested impact on morale should be added to the risks being reviewed.	

13.4	CI asked why the delay was costing so much more and why the deadline could not be pushed out further. KG explained that this had been considered but it was felt that it would not be safe to deploy new functionality on wards in January 2014 given winter pressures.	
13.5	JU asked what others were doing in this situation outside of London. She suggested there was a need to gather intelligence from the Royal Free [about their decision and future plans]. KG explained that they were ahead in getting out of the contract but were not taking the functionality forward as Kingston intended to do. She agreed she would discuss this further with the Chief Executive to ascertain if there was a potential approach for FTs working together to gain leverage.	
13.6	JU asked how many other legacy contracts the Trust had. KG confirmed there was a need to identify these but suspected the situation was unusual as it did not fit with the way the NHS was currently operating.	
13.7	SB asked, given its strategic importance, what the governance arrangements were for taking the work forward between now and next Board. KG explained that reviews would take place at FIC and EMC. **Note for forward plans.**	
13.8	MJ concurred with views expressed that the delay was disappointing and there was a need to think carefully about the options and contingency arrangements for the key risk areas outlined.	
13.9	JMc asked if an external view could be sought on this and the wider implications for FTs. **Action it was agreed the Executive would take that suggestion away to reflect on whether this would be helpful.**	**KG**
14.	**Business Planning processes**	
14.1 14.2	RB explained the business planning timetable and confirmed the approach was similar to 2013/14, starting with divisional horizon setting sessions and a board session in November 2013 to look at external environment and how that needs to impact on planning and on developing corporate objectives for 2014/15. It was noted that year 1 CIP planning was in hand and divisions were expected to provide business plans in February 2014. It was confirmed planning assumptions would be refined in December 2013 and that as an FT The Trust was required to submit its annual plan to Monitor at the end of May 2014. A near final draft would be received at the Board and Council of Governors in March 2014. It was noted engagement would take place with the COG through the strategy group and outputs from the horizon planning and draft corporate objectives would be shared with the COG in January 2014. MJ commended separation outlined in the paper in terms of focus on the capital programme.	
15.	**Risk Assessment Framework**	
15.1	In support of the paper provided, DL and SM provided a presentation on the implications of the new Risk Assessment Framework.	

15.2 15.3	Discussion took place on the timing of the full governance review KG asked why the paper recommended a review in 2014/15. DL explained that she had suggested this as the Trust would have been an FT for 18 months to two years if it happened at the end of the financial year. JMc agreed that this timing may be appropriate in testing governance. MJ asked if interactions with Monitor would also inform the timing and nature of the Independent Governance Review. DL confirmed there would be discussion on emerging significant issues which may impact on this. The Board agreed that having gone through the rigorous FT authorisation process, and the Boards review processes already underway, the external governance review should take place in 2015/16 unless indicators indicated the need for this to take place at an earlier stage.	
16.	**Emailing and Texting with patients**	
16.1 16.2	SM outlined the paper which provided proposals to allow unencrypted email/text in some specific areas around appointments, complaints and PALs. This would involve the use of texting and email without direct opt-in consent. Detailed discussion took place in which the following key points were made: • Acceptable for appointments and acknowledgement but not for sharing detailed information • Consideration of a tick box on forms confirming exchange of more detailed information • Insisting on opt in for the sharing of further information in some form i.e when people email their complaints to the CEO and want an immediate detailed response • KG people email KG to complain and get upset if she doesn't reply so asking that when someone emails us with their information its complied consent and we can email them back. We insist for an opt in for further information. • The importance of not re-sharing the content of an original email • The need for a pragmatic approach in communicating as people wish to be communicated with • The PALs/Complaints element needs further thought • The need for the paper to be re-drafted before sharing on the website. • Use of the website to signpost the Trusts approach • Further discussion was needed on emailing in its totality	
16.3	The Board agreed that emails could be sent in acknowledging receipt of emails (e.g for complaints or PALs) but that no further answer on issues should be shared by email. The Board agreed that texting could be used for appointments.	
16.4	**Action** – It was agreed that LW would to work with SM and the Head	**LW/SM**

	of Information Governance to update the paper and make it clear on the website what the Trusts approach is to texting and emailing and that the policy clearly states the boundaries.	
	GOVERNANCE AND ASSURANCE	
17.	**Board Assurance Framework**	
17.1	SM outlined changes to risks since discussion at the last board noting: • PR1 - Failure to maintain and improve quality of care – which had moved from 9 - 12 • PR4 - CRS risks having gone down given the delay in deployment the risk had moved from 12 - 8	
17.2	CI noted that the quality risks outlined in the paper reflected discussion which had taken place at the Quality Assurance Committee.	
17.3	JW added that whilst she agreed with the increase in risk for PR1 it should be noted that there was no evidence of deteriorating outcomes.	
17.4	DG asked if PR8 should be reviewed in light of the CRS delays. DKG explained that given the BAF was a one year document it was not relevant in this context.	
17.5	The updated BAF was agreed.	
18.	**Board forward plan**	
	Noted	
19.	**Quality Assurance Committee Report**	
19.1	Noted	
20.	**Finance Investment Committee**	
20.1	Noted	
21.	**Audit Committee Report**	
21.1	Noted	
22.	**Any other business**	
22.1	None	
23.	**Questions from public**	
23.1	MF (Governor) asked with regard to Raynes Park Centre if it would be possible to have an update as this had been expected in the autumn. RB explained it was now operating and positive feedback had been received through the Friends and Family test. She confirmed activity was a little behind but she was confident this would improve. It was confirmed the lease had been signed and further updates could be given in the Chief Executive Report at future meetings. MF noted that when she had asked for a menu of Kingston Hospital Services at Raynes Park staff at Raynes Park had been unable to provide this. RB confirmed there is a leaflet and a directory and she would pick this up with staff. **Action RB**	**RB**

23.2	RL (Governor) Noted that there isn't any signage for Rheumatology in outpatients and recently she had meet two confused ladies who were sent to the wrong locations and the volunteer welcomers were unable to provide guidance. ST confirmed she would pick this issue up in the review of signage currently underway.	
23.3	RM (Governor) offered support for walkabouts and said he would welcome training on what governors should be looking for. KG confirmed it is in the action plan for improving walkabouts to involve governors	
23.4	BF (Governor) asked who was managing the CRS upgrade project given its strategic importance KG confirmed she was the Senior Responsibility Office and chairs the programme board, working with the Director of IT and the Executive Team who chair various key groups. She confirmed options were being reviewed one of which may be for the Trust to contract directly with the supplier or to move to a new supplier. The Trust feels that having its own contract and directly contracting would be beneficial.	
23.5	KF (Governor) asked what progress was being made with the orthopaedic waiting list what the two week referral relates to. ST explained that there had been a number of vacancies and some surgery was quite specialist which had resulted in some patients waiting longer but most would have been treated that month. ST explained that the two week referral refers to patients on a cancer pathway. KF suggested some had waited considerably longer than 18 weeks. She asked if all the papers waiting over 18 weeks would be seen by the end of the month. **Action it was agreed ST would discuss this with her outside of the meeting.**	**ST**
23.6	JP (Governor) asked if there was an expanded action plan in terms of the nutrition support on the wards and if that programme had been reflected into contracts for corporate staff. KG – explained that consideration was given to including this into contracts and the Trust would hope to employ the kind of people who would want to participate but it needed to be voluntary. She noted a volunteers manager had been employed who would work with other organisations to build links to expand volunteering to help with meals, shaving, art therapy etc and to grow the volunteer service in a more professional way. JP asked if there was a formal action plan KG explained that when the manager started in post she would have a	

	clear plan and one of the priorities would be to introduce dining companions in the evenings. RM (Governor) suggested approaching Kingston Volunteering Bureau JP (Governor) suggested working with Age Concern Volunteers.	

Signed Sian Bates, Chairman

Date……