Enclosure A

Kingston Hospital NHS
NHS Foundation Trust

Minutes of the Board of Directors meeting held on

November 27th 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	Deputy Chief Executive	ST
Jane Wilson	Medical Director	JW
Duncan Burton	Director of Nursing and Patient Experience	DB
Present non-voting:		
Rachel Benton	Director of Strategic Development	RB
Nicola Hunt	Productivity Director	NH
Deborah Lawrenson	Company Secretary & Head of Corporate Affairs	DL
Apologies:		
David Grantham	Director of Workforce and Organisational Development	DG
Members of staff in attendance:		
Lisa Ward	Head of Communications	LW
George Lenon	Graduate Trainee	GL
Ian Gill	T & O surgeon consultant locum	IG
Nashat Siddiqui	T & O surgeon consultant locum	NS
Ben Marshall	Associate Director for Specialist Services	BM
Governors:		
Stephen Machalepis Bob Firman Marilyn Frampton Kate Fitzsimmons Robert Markless Stephen Fenwick		SM BF MF KF RM SF
Members of the public:		
Erica Farmer Linsey Cottington		

Board Training Session - The Board received statutory training on Information Governance

	Details	Actions
1.	The Chairman	
2.	**Apologies for absence**	
2.1	Apologies were received from David Grantham	
3.	**Declarations of interest**	
3.1	There were no declarations of interest.	
4.	**Minutes**	
4.1	The minutes from the meeting held in July were agreed as an accurate record pending inclusion of the point at which MJ left the meeting and returned.	
5.	**Matters arising - action log**	
5.1	It was agreed that the actions from the meeting held in September 2013 were closed.	
6.	**Chairman's Report**	
6.1	The following updates were given on the work of the Chairman since the last meeting: • Non- Executive Director, Adrian Clark is stepping down due to pressure of work. The COG has approved the process to appoint his successor and to recruit a NED with commercial experience. • Discussions are taking place with partner organisations about priorities, issues, concerns and opportunities for joint working including discussion on the Integration Fund. The Trust will be contributing ideas for how this should be managed. • The Chairman participated in recruitment of an Upper GI Surgeon, attended the FTN Conference, Monitor training for FT Chairs and Chaired a session at the Kings Fund on 'Data rich - Information poor'	
7.	**Chief Executive's Report**	
7.1 7.1.1	The Chief Executive drew attention to the following updates: <u>Pathology Services</u> It was confirmed work to create a shared pathology service with Croydon and St Georges was progressing well with the final agreement expected to take place at Boards in January 2014. The Board was assured that work was underway to ensure services were not affected operationally through the integration process.	

7.1.2	Better Services Better Value It was noted Surrey Downs GPs have voted to withdraw from the BSBV consultation. JKW informed the Board that the clinical workstream of BSBV remained keen to progress work on developing networks and pathways of care.	
7.1.3	North West London Reconfiguration It was noted reconfiguration of services in North West London has been given Secretary of State approval to proceed. It was further noted that the Board had modelled potential impact on Trust services particularly with regard to changes at Charing Cross and West Middlesex and additional capacity could be accommodated if required.	
7.1.4	Integration transformation fund It was noted that £3.8 billion would be spent nationally on efforts to integrate health and social care, move care into primary settings and reduce admissions to hospitals and that a significant proportion of this would come from Acute Trust budgets. MJ expressed concern at the short time frame in which to prepare or the roll out of the fund. He noted that the Trust would lose resource through the process and there may not be an immediate impact on demand, which would therefore impact on capacity. It was noted that the Chair and the Executive team have been engaging in discussions with partners to look at investment and integration which may be required to reduce admissions into hospitals. JMc asked if patients were being consulted. It was confirmed there was patient body representation in discussions. CI noted that evidence would suggest that there needed to be a clearer system with single points of access. She asked what community advisors were doing. ST confirmed discussions were taking place but more was required and it was acknowledged that the CCGs were in their early days of forming which made discussions more difficult. It was agreed it was important for the Trust to continue to engage with partners to ensure the potential destabilisation of Trust services, through the changes, was minimised.	
7.1.5	CQC The Chief Executive has had discussions with Professor Sir Mike Richards about the new approach. The Trust has been given the lowest risk score in CQC's new Intelligent Monitoring Approach (band 6). Plans are underway internally to plan for responding to the new inspection approach. Requirements around demonstrating services are 'well led' at service line as well as Trust level chimes with the	

	Trusts introduction of Service Line Management. More communication will take place with staff so they understand the new approach and the Trust is aiming to have CQC come to speak to senior staff about the process and what CQC will be looking for.	
7.1.6	<u>CRS</u> There were a number of issues still outstanding following the CRS upgrade at the beginning of September. Daily updates from BT and Cerner were in place to resolve the issues.	
7.1.7	<u>Winter planning</u> It was noted that escalation beds are in in place and the Trust was beginning to see increased pressure in A & E. Plans are in place to manage this and regular discussion/planning is taking place with partners in the cluster. MJ asked if the Trust would be putting forward bids for the additional national funding for A & E's to meet winter pressure. It was confirmed the Trust would be putting forward a substantial bid which was vital if the trust was to be able to meet demand and meet the A & E targets during the winter period.	
	QUALITY AND PERFORMANCE	
8.	**Patient Story**	
8.1	The Board received a video story from a member of the Patient Assembly, who is a community development worker with the Tamil community. This outlined difficulties members of the community have in terms of communication and support with religious and cultural needs when visiting hospital and the positive experience some patients had where efforts had gone into ensuring they were well supported.	
8.2	CI asked how the trust was supporting staff to be sensitive to the different needs of patients. DB explained that this was addressed in the Patient and Public Involvement Strategy and through the Governor Quality Scrutiny Committee which was giving the issues additional visibility. ST added that the trust had a register of staff who could help with interpretation and interpreters could be arranged in advance for outpatients, but that to further support this a new system of telephone interpreting had been put in place as it was not always possible to access an interpreter in person.	
8.3	DB noted that work was also underway through the chaplaincy to build links with cultural and religious support workers	
8.4	JKW noted that there were some questions which were culturally difficult to ask and in some cases it was not clear what the gaps in knowledge were.	

8.5	SB asked if there were other community development workers on the Patient Assembly and how the trust was responding to issues raised to ensure the feedback loop was closed. DB explained there was another community worker who works for a refugee action group but there was more work to be done to be more representative and more proactive in engaging with local community groups and the Patient Assembly would grow to accommodate that.	
8.6	KG noted it was important to enable staff to manage situations and to deal with people as individuals without making assumptions. She added that it was important the Board role modelled that when meeting with staff and patients.	
8.7	CI asked if issues were covered in induction, it was confirmed it was. DB noted that the fact the Trust had a very diverse staff group was beneficial.	
8.8	SB asked for further discussion to take place at the Patient Assembly, followed by discussion at the Board on the outcome. **Action DB and note for forward plan**	**DB**
9.	**Clinical Quality Report**	
9.1	JW presented the Clinical Quality Report and noted the following:	
9.1.1	Mortality figures remain low however they have been higher than previous months because of the impact of two months earlier in the year. The data from these months has been reviewed at Quality Assurance Committee and there was no evidence of cases where death was avoidable.	
9.1.2	Infection control - It was stressed there remained concern over the continued level of C.difficile. It was noted the external review commissioned by the trust would take place on December 5th 2013 with results expected at the next Board meeting. DB informed the Board that a number of steps had been taken to enforce stool sample compliance and isolation practice, and staff were undertaking on line training to re-enforce key messages. Use of probiotics is being put in place for appropriate patients. AC suggested the evidence was not strong about the impact of pro biotics and asked if all patients would receive it. DB explained that it would be given against a set of criteria for patients prescribed with antibiotics. He noted that although research fluctuates the Drugs and Therapeutics Group had agreed to carry it out under a trial period period followed by a review. **Action** - It was agreed that in future the list of C.difficile cases and their root cause would be included in future reports. **DB** CI noted that the information provided on the hand hygiene audit and the friends and family test on wards had demonstrated the	

	importance of ward level information. She thanked JKW and DB as the quality of the exception reports had significantly improved.	**DB**
9.1.3	Falls JU asked with regard to the falls exception report, if anything had come out of the AAU and Derwent ward presentations to the falls group by way of learning. DB explained there had been some action around equipment requirements, but that the reflection, by staff on their own areas which had taken place had the biggest impact. CI noted there had been a comment in the falls report about the links to dementia and asked for annotation on future reports to be provided showing the numbers of patients falling, who have dementia. **Action JW** CI asked if the falls referenced for Sunshine Ward (childrens) was an error. DB confirmed there had been two falls on the ward which had been looked at in detail.	**JW**
9.1.4	VTE assessment It was noted the score had gone down since the CRS upgrade took place. Work was taking place to understand why this was the case as the figures reported may be incorrect.	
9.1.5	Friends and Family Test MJ asked why the trust was not performing well nationally and asked what was being done to address this. DB explained that deeper analysis of qualitative data was underway and patients were being asked what could be done to improve the response rate. He added that there were some recurrent themes which would be shared with the board. KG stressed that it was important that wards pay more attention to the results and work was underway to ensure a more consistent approach at ward level. SB added that it was important to ensure performance improved given that it would be a key tool patients would use in choosing their hospital.	
10.	**Corporate Performance Report**	
10.1	ST talked through the detail of the report [see presentation slides for detail] and drew attention to the following:	
10.2	Targets have been achieved; final data for Q2 for cancer is awaited and the trust may not achieve the target for breast symptomatic. RTT - most are getting through within 18 weeks Whilst the A & E target was achieved this was challenging. **Action** thanks were conveyed from the Board for the efforts of staff. **LW** More work is needed on delayed discharges but the Trust is working closely with community colleagues in this. The vacancy rate is now	**LW**

	below 8% across the trust. Finances showed an in month surplus of just £0.5 m against a plan of £1m. There was some deterioration in response time to complaints which was due to the structural changes; however this has improved in November. Mandatory training is still below required levels and work to address this is underway.	
10.3	Activity - A & E is on plan, maternity delivery is slightly below plan, outpatient attendances slightly above plan, day cases over plan, non-elective activity over plan, elective inpatient activity is down. There appears to have been a shift in case mix with more day case activity coming through. The team are looking into addressing variances for example in areas where income is not coming through sufficiently. JU asked if the gap was due to demand or supply. ST explained that some specialties had not got as much activity through as expected. She confirmed that the teams were addressing this to bring plans back on track but there were some, such as cardiology where the demand was not there. KG added that the Executive team needed to review this in more detail to understand if there was a CRS issue and to see the information broken down by speciality. It was agreed further discussion should take place at Executive Management Committee and the Finance Investment Committee in December. **Action ST**	
10.4	Monitor governance risk rating – ST informed the board that the monitor risk rating for governance was green amber for Quarter 2. It was confirmed this would not change if the breast symptomatic target was not met in the quarter.	
10.5	Staffing Turnover remains high in some areas and work was underway to understand the reasons. Further discussion to take place at Finance Investment Committee in December on all areas above 20%. **Action DG.** It was noted that out of 400 staff who had left the trust since the start of the financial year, only 63 had partaken in exit interviews. It was agreed that issues needed to be identified at an earlier stage than when a staff member had left, and therefore a broader approach was required. Temporary staffing in some areas also remains high and nurse staffing levels have not been well controlled in October. It was noted that additional controls have been put in place whereby any staffing required, outside of budget, would require approval by either the Deputy Chief Executive, Director of Nursing or on call Director. It was confirmed this was beginning to have an impact. It was noted that the issue had also been ameliorated by the numbers of new starters joining the trust in October. It was confirmed the controls would	**DG**

	remain in place for the timebeing.	
10.6	Finance	
10.6.1	I & E performance – It was noted that there was a year to date variance of £300 k against a planned end of year surplus of £1 m. It was confirmed that no contingency had been used.	
10.6.2	Breakdown by division – The overall divisional position was confirmed as c£860 k overspent year to date. It was noted that clinical support had a favourable position overall; emergency care had overspends in both pay and non-pay; specialist services had under delivery in activity and there had been overspends in a number of areas in non-pay.	
10.6.3	Cost Improvement Plans – NH informed the Board that 73% of CIPs were delivered in month which had been disappointing given the strong position in the early part of the year. She confirmed recovery plans were in place and there has been a good focus from the service lines on CIPs both in terms of developing recovery plans and thinking creatively about CIPs for next year and each service line was being provided with support from the Executive team. She added that work was underway to develop quality indicators at service line level. **Action NH**- It was agreed a detailed review should take place at the Finance Investment Committee in December on Income & Expenditure and recovery plans for CIPs.	**NH**
10.6.4	Continuity of Service Risk Rating – It was confirmed the Trust had maintained a level of 3 for Quarter 2	
10.6.5	Monitor Secondary indicators - debtors balances has gone up to 9% against a metric of 5% this has been due in part to work which took place to do system optimisation during the year and work required on SLM which took a lot of focus. It was agreed that with regard to funds owed by St Georges a letter would go from Kingston's Audit Chair to St George's Audit Chair as it had been the subject of discussion a number of times at the Finance Investment Committee. **Action SM**	**SM**
10.6.6	Discussion took place on whether clinics had been cancelled due to consultancy staffing levels. It was explained that none were cancelled but some had to be re-arranged due to consultants being off sick.	
10.6.7	It was agreed that assurance should be given to Finance Investment Committee in December that quality is not affected by medical staffing numbers in the discussion on turnover. **Action JW**	**JW**
10.6.8	It was felt that the quality of the exception reports provided in the performance report had been variable and that this should be improved for the next meeting. **Action ST**	**ST**
11.	Finance Report	
11.1	The detailed Finance report was noted.	

12.	Workforce Report	
12.1	The detailed workforce report was noted.	
13.	**Nursing Establishment**	
13.1	DB noted that since drafting the report new guidance had been issued following the government's response to Francis with 10 key recommendations including guidance on how nursing establishments should be reported. It was noted this was being reviewed and a plan of action drawn up.	
13.2	Work to recruit additional nurses was commended. It was noted that work to reduce turnover required focus and that ward leadership work, was progressing well. Work is in place for ward leadership, the development programme for band 6 nurses, investment in the practice development team and improving induction for new nurses which had been positively received. All of which were important to reduce turnover.	
13.3	It was noted there had been changes to the establishment in the medical wards – with an increase in Health Care Assistants (HCAs) on nights which had been positively received, although impact was not yet reflected on the in key performance indicators (KPIs). It was noted that although there had been a reasonable level of turnover with HCAs some of this was due to supporting them into nursing training.	
13.4	SB asked why information on nursing establishment had not been provided in detail in the appendix. It was explained that the trust was awaiting the national guidance before updating the approach. It was confirmed that a further update on required actions on-going from the new guidance would be provided at the next Board meeting.	
13.5	JMc noted that the report referenced the importance of professional scrutiny at Board level and asked if sufficient scrutiny was being given. KG explained that this referenced professional scrutiny which was provided through the Director of Nursing but it was noted that further discussion would be taking place at the Finance Investment Committee. Progress was noted, changes and proposed work were endorsed	
14.	**CQC Action Plan**	
14.1	Discussion took place on progress with delivering the action plan to respond to the CQC visit. It was confirmed actions were due to be completed by the end of January 2014, with the trust likely to be re-visited within three months of this date.	

14.2	It was noted that the action plan and structures for monitoring actions and communicating with staff, had been discussed in detail at the Quality Assurance Committee.	
14.3	Key progress noted included: • Development programme for ward sisters • Ward establishment review • Improvements to the estate such as trial of thermal blinds in Esher wing and provision of additional heaters – temperature checking on wards • Review of hospital transport contract • Increasing the number of dining companions particularly at supper. • Auditing progress on drug administration and access to drinks. • Recruitment of an additional Deputy Director of Nursing joining the trust in January 2014	
14.4	It was agreed that the findings from the audits would be shared with the Quality Assurance Committee. **Note for QAC forward plan.**	
	STRATEGY, POLICY AND IMPLEMENTATION	
15.	**Update on Non-Emergency transport**	
15.1	ST explained there had been considerable focus given to quality and the patient experience in terms of reviewing the provision of non-emergency transport prior to re-tendering in December 2013 and review of bids in January 2014. This included how and when transport was booked, activity levels, out of hours usage and potential to develop a specialist managed service.	
15.2	CI noted negative comments which had been made by patients about discharge and transport lounge facilities and asked how that would be addressed. ST explained this was being picked up as part of the outpatient review work in terms of where they should be sited and how they should be run. She confirmed an action plan for addressing those issues was being developed.	
15.3	JU informed the board that having participated in the working group, the process had highlighted to her that the review was as much about internal processes which needed to be looked at as part of a broader piece of work. ST confirmed the transport working group would continue and would address the issues highlighted together with relevant issues raised through the CQC visit.	
15.4	The progress outlined and timetable for the tendering process were noted.	

16.	**Progress against Corporate Objectives 2013/14**	
16.1	KG outlined progress against the corporate objectives since the last discussion in July 2013. Discussion took place on key areas of progress including roll out of service line management, improving care on wards, moving forward with pathology work, development of the Estates Strategy and work programme.	
16.2	A proposed change to measure of success on SLM was agreed where further work was required to strengthen the education and training environment. Other areas requiring focus were the delay in the deployment of e-prescribing and clinical documentation for which it was confirmed there was a plan for implementation in the next financial year.	
16.3	MJ asked how staff would cope with multiple training requirements for mandatory training, CRS and e-prescribing. ST explained a pilot would take place in February to ascertain the best approach for staff for learning and to look at various models of delivery.	
16.4	Progress was noted and the revised measure of success for SLM was agreed	
17.	**Draft Corporate Objectives 2014/15**	
17.1	KG informed the Board that the draft corporate objectives for 2014/15 had been developed in consultation with senior teams and were more future focussed and ambitious. She outlined the strategic objectives and the draft corporate objectives, which were agreed with the following minor amendments: **SO 1 to be reworded to include *'improve the quality of care'*** • It was agreed to add Friends and Family test in the list which included complaints and PALs. • It was agreed a reference to making information available to patients and the public should be added. **SO2 – agreed** • It was agreed to add a reference to doctor appraisal and revalidation in the first corporate objective. **SO3 – agreed** • It was agreed that reference to the Governor Involvement Strategy should be updated to include action in the next financial year as the strategy would be approved by COG in January 2014. **SO4 – agreed** • It was agreed a reference to capital and the investment	

	programme should be included in the last objective	
17.2	**Action** Corporate Objectives to be updated for formal approval at the January Board together with proposals for the priority (following input from the whole board). **Action DL to collate.**	**DL**
18.	**Q2 Monitor Return**	
18.1	The Q2 return to Monitor was noted following approval at the Finance and Investment Committee prior to submission.	
19.	**Progress with implementing the Quality Strategy**	
19.1	DB provided an update with implementing the Quality Strategy. He noted that there were risks to achievement on C.difficile, falls, and areas which had to change because of external factors. He noted a detailed discussion had taken place at the Quality Assurance Committee and that the Quality Governance Memorandum self-assessment would be reported to the January Board.	
19.2	He informed the board that objectives for the quality account had been highlighted in the Clinical Quality report.	
19.3	It was noted that staff engagement had improved as had feedback on experience of waiting times in outpatients and there had been less comments overall about waiting times. He added that there would not be an outpatient survey next year but would be one for A & E.	
19.4	CI asked for the highlighting of the quality account items on the Clinical Quality report, to be made clearer in future reports. **Action** DB to note for future reports.	
19.5	The recommendations were supported.	
20.	**Capital Plan**	
20.1	SM talked through the detail of the paper and asked for Board approval of the split outlined and use of £7.2 m of the capital plan. It was confirmed the detailed capital programme sitting beneath this would be discussed in detail at the December 2014 Finance Investment Committee. The proposals were approved **Note for FIC forward plan.**	
21.	**Board of Directors Register of Interests**	
21.1	The updated register of interests was noted. It was noted there was an error for MJ's entry. **Action DL to update**	**DL**
	GOVERNANCE AND ASSURANCE	
22.	**Board Assurance Framework**	
22.1	SM talked through the detail of the BAF. He noted there were no	

	changes to current risk scoring in the assurance framework but noted with regard to Risk 5 that there was a need to make data on shifts and fill rates more accessible, on Risk 6 that the leadership programme was being deployed and on Risk 9 that discussions had begun with partners about the Integration Transformation Fund.	
23.	**Corporate Risk Register**	
23.1	ST introduced the Corporate Risk Register and talked through those risks which had been escalated since the last discussion at Board. She noted that the new Compliance and Risk Committee had met for the first time and the working group and committee would be reviewing the risk registers of the service lines as they are developed.	
23.2	CI noted that the Integration Transformation Fund had not been included and suggested it should be added to the Risk Register. This was agreed. **Action SM**	**SM**
23.3	The Corporate Risk Register was agreed with the inclusion of the additional risk as outlined.	
24.	**Board forward plan**	
	Noted	
25.	**Quality Assurance Committee report**	
	Noted	
26.	**Finance Investment Committee report**	
	Noted	
27.	**Charitable Funds Committee report**	
	Noted	
28.	**Any other business**	
	None	
	Questions from public	
29.	**Questions from the governors, staff and the public**	
29.1	**Ian Beale - Orthopaedic Surgeon** - asked in relation to strategic objective 1 and clinical outcomes how these would be identified and progress monitored. o KG - Service Lines will identify the measures they wish to use to measure quality and this will be included on their balanced scorecard. To support that the Trust uses measures such as CHKS data. The Trust will want to see some benchmarking and that services are in the top 20%. Ian Beale noted that although service areas may generate their own data it may not be comparable against other trusts. o JKW – there is something about looking at things you want to look at as well as using benchmark data more as that is really important in giving a comparison. o KG the CQC will be looking at T & O so you would be	

	wanting to look at the data they will be looking at	
29.2	**Robert Markless - Governor** - On F & F score there is variation between wards he asked if lessons would be shared. o DB noted that the focus on ward leadership would help in improving scores and the fact that they would be made more public internally would also drive up competition. Robert Markless noted that he is treasurer of the Kingston Race Equality Council and offered to support the trust in liaising with the Council on cultural and language issues.	
29.3	**Kate Fitzsimmons – Governor** – asked if the Trust knew why Epsom and St Helier had withdrawn from BSBV. o MJ explained that it was the GPs in South Downs who had decided to withdraw o JKW felt that the decision may have been because they did not want their local hospital to change **Stephen Fenwick -Governor** – added that a secret ballot had been held with Sutton GPs the previous week and they also did not wish BSBV to go ahead o SB noted the discussion on BSBV at the COG in November. She noted she had led BSBV for a number of years and explained concerns that as a Health Economy there wasn't enough money in the system and over many years clinicians had said there wasn't sufficient workforce at consultant level to deliver London and National Standards. She stressed that if we are looking at it in terms of patients, quality and patient care then the issues would not go away. This Board has to say that a top priority is how we can keep patient quality and care absolutely paramount including staffing required at the levels. o JKW agreed that that case for change was predicated on quality of care.	

Signed Sian Bates, Chairman

Date……