Minutes of the meeting of the Board of Directors held on
27th November 2019 – 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
Jo Farrar	Chief Executive	JF
Sally Brittain	Director of Nursing & Quality	SBr
Kelvin Cheatle	Director of Workforce & OD	KC
Mairead McCormick	Chief Operating Officer	MM
Jane Wilson	Medical Director	JKW
Sylvia Hamilton	Non-Executive Director	SH
Dr Nav Chana	Non-Executive Director	NC
Jonathan Guppy	Non-Executive Director	JG
Dame Cathy Warwick	Non-Executive Director	CW
Damien Régent	Non-Executive Director	DR
Present non-voting:		
Alex Berry	Director of Integration	AB
Tracey Cotterill	Interim Director of Finance	TC
Susan Simpson	Director of Corporate Governance & Trust Secretary	SS
Apologies:		
Dr Rita Harris	Non-Executive Director	RH
In attendance:		
Jonathan Grellier	Head of Improvement (quality priorities item only)	JGr
Nichola Kane	Deputy Director of Nursing (patient story item only)	NK
Yarlini Roberts	Shadow Interim Director of Finance	YR
Governors:		
Richard Allen	Public Governor - Kingston, Lead Governor	RA
Marilyn Frampton	Public Governor - Merton	MF
Frances Kitson	Public Governor - Kingston	FK
Terry Silverstone	Public Governor - Richmond	TS
Jack Saltman	Public Governor - East Elmbridge	JS
Felicity Merz	Public Governor - Wandsworth	FM
CJ Kim	Public Governor - East Elmbridge	CK
Staff:		
Nita Sanghera	Principal Pharmacist	
Rebecca Kingdom-Kruszewski	Head of Communications	
Stephen Webb	Communications Advisor	
Jonny Davis	Corporate Affairs Support Officer	

1.	**Patient Story**	**Action**
1.1.	SBr began by explaining why the Board starts with a patient or staff story.	
1.2.	The patient telling their story had had two cancer diagnoses but 20 years apart, and so had seen the evolution of cancer treatment over time and in a number of different hospitals. Her most recent diagnosis had been at Kingston Hospital (KHFT), with surgery at the Brompton and Royal Marsden.	

1.3.	The patient had become a volunteer at Kingston Hospital, and a member of the group that had evolved into the Cancer Patient Partners Group (CPPG). She felt this title correctly reflected the current role of the group, who truly felt they were equal partners in cancer care. Their involvement included speaking at events, helping to update the website, attending Cancer Board and observing discussions on the new 28 day faster diagnosis standard pilot. There was a wide range of expertise within that group of patients, clinical as well as non-clinical, and she felt this was a real strength of the group.	
1.4.	The patient had a background in documentary film making, particularly making short videos for charities. The CPPG had been asked to give feedback on a presentation that had been developed by two Cancer Nurse Specialists (CNS) to help patients understand what a referral for chemotherapy might mean. Discussion had led to the idea of producing a video which would bring the subject to life and made accessible to patients to view at a time which suited them best. This was important for chemotherapy as often patients need information quickly due to the short time between diagnosis and first treatment.	
1.5.	The video had been developed with patient and staff input and the format was a series of interviews designed to inform and reassure patients about what to expect. Kingston Hospital Charity had funded the project, with voluntary input from the CPPG volunteers. The Trust Board then viewed the video.	
1.6.	SBr asked the Board to consider three questions: how the story had made them feel; how the Board might use the story to reflect on the agenda ahead; and whether there were any aspects Directors might want to focus on during Trust Walkabouts.	
1.7.	CW had found the video very engaging and she reflected that one of the Trust's priorities for 2019/20 is engagement with patients and friends of the Hospital. The story had demonstrated how much was being done in that area, and how positive the impact can be; patient skills had given the CNSs opportunity to achieve something greater than they could have done alone.	
1.8.	SB agreed that the use of video enabled patients to put themselves in the shoes of those who had been before them. She thought there was a question during walkabouts to ask of all the services about what work they were doing with patient partners. At the Volunteers Awards ceremony the previous day SB had been astounded by the extent of the richness of talent in the room, including that of ex-NHS staff who had returned to volunteer after retirement.	
1.9.	JF reminded the Board of the Homeward Bound videos seen earlier in the year. All of these examples showed how powerful video can be as a communications medium and he hoped video would be used increasingly as part of the Trust's refreshed communications strategy.	
1.10.	DR's reaction to the story had been one of pride and privilege to be associated with KHFT. He felt he would have been reassured by the video if he had been a patient advised to have chemotherapy treatment. He also recognised the importance of staff to the quality of care provided, and looked to do as much as possible to support staff in delivering great care.	
1.11.	The patient thanked the Board for the opportunity to address the meeting. She was currently involved in making three videos with the Chaplaincy team, themed around health and wellbeing, which she hoped the Board would find equally powerful as the video just seen.	

2.	**Apologies for absence**	
	Apologies were accepted from Dr Harris. SB welcomed Damien Régent, newly appointed NED Audit Committee Chair, and Yarlini Roberts, on secondment as Interim Director of Finance with effect from the beginning of December. The Board formally thanked Tracey Cotterill for her stewardship as Interim Director of Finance and wished her well for the future.	
3.	**Declarations of interest**	
	None to declare.	
4.	**Minutes of the last meeting and matters arising**	
4.1.	The minutes of the meeting held on 25th September 2019 were agreed as a correct record, subject to correction of 1.10 in which JG had asked the Board to remember the importance of the patient story behind the data and statistics to be considered at the meeting.	
4.2.	Progress with the action log was noted. Good progress had been made on developing car parking options. SBr confirmed that staff had been involved in developing the options and had highlighted some issues to be resolved before finalising the proposals.	
5.	**Chairman's Report**	
5.1.	SB highlighted that the theme of rising patient demand was reflected throughout her report. She was working increasingly with community and primary care partners on strategic development of the system and there had been recognition of this from colleagues at regional and national level. It was no small achievement that the Friends & Family Test scores and patient feedback continued to hold up in the context of increased non-elective activity.	
5.2.	SB thanked CK for facilitating increased engagement with the local Korean community. The Korean Ambassador had visited the Hospital with leaders of the Korean community, followed up by a dinner at the Ambassador's residency. This had given the opportunity for strategic discussion about holistic support for the Korean community in New Malden.	
5.3.	SB had been accompanied by SBr to a very positive informal meeting with Elmbridge borough councillors, many of whom had personal experience of care within the Hospital. This had provided a great opportunity to discuss the needs of patients in East Elmbridge.	
5.4.	Meetings with the SW London Chairs were increasingly focused on collaborative work at both strategic and operational level across SW London. SB had also had a very helpful meeting with the Chair of Ashford & St Peters Hospital.	
5.5.	SB had chaired discussion for the NHS Leadership Academy at which NC had spoken about looking beyond primary care and the opportunities afforded across the whole system.	
6.	**Chief Executive's Report**	
6.1.	JF presented his report, reminding the Board that the Trust Board meeting was taking place under guidance issued for NHS trusts during the pre-election period.	

6.2.	JF noted that JKW would be retiring from the Trust at the end of March 2020 after more than 10 years as Medical Director and over 26 years as a consultant obstetrician and gynaecologist. He paid tribute to her contribution to the Trust in a number of different roles over the years and noted that there would be plenty of time to note JKW's achievements.	
6.3.	The Trust had been visited by senior colleagues from NHS England/Improvement since the last meeting and this was endorsement of the good work the Trust was doing for the health and wellbeing of staff and improving equality and diversity. The visit had provided the opportunity for the Trust to showcase a number of initiatives and share best practice.	
6.4.	In response to CW's question about the impact of Same Day Emergency Care (SDEC), MM reminded that SDEC means treatment on the same day as arrival and was essentially an extension of ambulatory care. The Trust was piloting this national initiative and MM believed it was going well, although it was too early to share data. Patient feedback was that they did not feel like a patient; the experience enabled them to continue to function and return home. Approximately 40-50 patients per day were being seen through the unit, with typically 5-8 admissions, so there appeared to be a good success rate. Further information would be provided after the pilot had concluded.	
6.5.	CW also asked whether a shared recruitment hub would mean that others would be brought up to KHFT's standards, or whether there was risk of a decline for KHFT. KC explained that the concept was to build greater quality and sustainability whilst achieving savings in staff recruitment. KHFT had been asked to be the lead organisation, with JF as SRO and KC as lead director. He believed this would enable KHFT's expertise to be shared rather than diminished.	
	QUALITY	
7.	**Integrated Quality & Operational Compliance Report**	
7.1.	The Board had received the report for October 2019 and Executive leads presented the summaries under the CQC domains.	
	<u>Safe</u>	
7.2.	SBr reported that the key performance indicators (KPIs) for falls, pressure ulcers and NEWS indicated that these were all well-controlled. She highlighted the importance of looking at data in the context of levels of activity. The first Flu cases were now coming through, as well as Norovirus, but rates were similar to the rest of London. Due to the number of cases in the community SBr believed this year may be more difficult to manage than last, and staff were being reminded to be extra vigilant.	
7.3.	There had been two cases of MRSA and these had been fully investigated. There was no indication that additional intervention was needed.	
	<u>Effective</u>	
7.4.	JKW reported that the Hospital was doing well in this area, and that unadjusted mortality and standardised mortality rates were very low.	
7.5.	The narrative on clinical audit was highlighted. There had been some very good work emerging from the combination of audit and quality improvement (QI) methodology. SB had observed at the Nursing & Midwifery Conference that there were strong signs of the integration of QI methodology in the Hospital.	

7.6.	CW asked why the number of deaths reviewed was not as many as in previous months. It was explained that the focus had been on getting Trust-wide Mortality and Morbidity reviews reporting in the same way with similar templates, as well as development of the new Medical Examiner role.	
	<u>Caring</u>	
7.7.	SBr noted that the increase in complaints had been sustained as planned, and that the response rate had improved despite the additional numbers of patients coming through the Hospital. The FFT rate was also improving and the data presented a positive picture overall.	
	<u>Responsive</u>	
7.8.	MM highlighted the data on cancer performance and referred back to the patient story and video; the data supported the positive experience for patients.	
7.9.	On RTT and diagnostics, MM reported that the diagnostics target had not been achieved in October with the main cause being gaps in echocardiography capacity. This was ultimately about securing people to undertake the task, not financial challenge. The steps being taken to close the position were described but would take time.	
7.10.	The Trust was still a top performer for A&E in London and amongst the best nationally, despite a 10% increase in attendances compared with the same month in 2018. There had been focus on the stranded and super-stranded patients and some very good examples of partnership working on discharges with the best ever performance the previous day. The plan for Winter revolved around getting community partners onside, focusing on advanced care plans for nursing homes and community support for high intensity users of the Emergency Department.	
7.11.	NC congratulated the team on achieving high performance in A&E, and asked how the previous day's great system working could be achieved every day. MM thought it was important to bring partners on site and this would happen every day over Winter. The integrated discharge team would be extended to 7 days a week with a pilot beginning the following week for three months.	
7.12.	CW asked whether pressure on echocardiography had been relieved by reviewing the criteria for referral. MM responded that internal triage had been insufficient to relieve demand and the Trust was now working with Primary Care Networks and GPs to look at the full pathway, as well as offering alternatives on low risk referrals.	
	<u>Well Led</u>	
7.13.	KC was pleased to report that workforce KPIs were excellent across the board, and this was a credit to everyone in the organisation. The Workforce Committee continued to oversee an action plan to reduce turnover in admin and estates staff. The statutory and mandatory training compliance rate was now at 90% and the best in the sector.	

7.14.	A summary of employee relations (ER) cases had been reported to the Board for the first time and this would be a regular report. The Workforce Committee would look in more detail at themes and patterns of cases to provide assurance on how the Trust's duty of care as an employer was being met in the way those cases were managed. An earlier version of the report had incorrectly indicated that a number of doctors were being managed through the MHPS process. This report corrected that position and KC confirmed there were no ER cases involving doctors.	
7.15.	SH congratulated the HR team, and medical and nursing recruitment in particular, for achieving a very difficult combination of outcomes. She noted that KC had used the term cohort recruitment and asked him to give an example of why that is important. KC reminded the Board that the turnover in Band 2-3 staff had been disproportionately high, and that a deep dive into the experience for Patient Pathway Co-ordinators (PPC) had attempted to establish what makes them stay or leave. The staff had fed back that feeling valued, having career pathways and a feeling of belonging were the most important factors for retention. Cohort recruitment, in which a group of staff join at the same time and are encouraged through induction and development to see themselves as a group, is aimed at achieving that sense of belonging.	
7.16.	SB welcomed the focus on these areas and the positive effect the work was likely to have. She noted that staff appraisal was one area in need of reinvigoration. KC reported that the Trust was on the threshold of introducing a new appraisal process from 1st April 2020; from that date staff on Agenda for Change would have to earn increments linked to appraisal.	
8.	**Quality Priorities - Mid-Year Progress Review**	
8.1.	The Board had received an update on progress against achievement of the Trust's Quality Priorities for 2019/20. After a brief introduction by JKW, JGr presented the report on progress. This was the first year it had been possible to apply QI methodology to the priorities, although the process had been more complicated for some than for others.	
8.2.	Two of the priorities were not expected to be achieved within the year and JGr explained why this was the case. Evidence showed that the remaining four targets were either on target and improving, or on target and stable.	
8.3.	CW commented that she found it frustrating to measure progress just by looking at the numbers as both of the targets that were not expected to be achieved showed evidence of improvements for patients. She was hopeful that these achievements could be acknowledged when communicating externally	
8.4.	A discussion took place on whether progress with 'home before lunch' discharges had been made. Although the primary measure indicated no progress, MM pointed out that SDEC had evolved instead and discharge on the day of attendance was better for patients than an early discharge the following day. She was fully supportive of continuing to aim high on the quality priority but thought the success of SDEC should also be acknowledged.	
8.5.	NC asked whether it was possible to present the process measures triangulated with other measures, such as unintended consequence and patient experience. JGr explained that the QI team does encourage reporting as a mixture of outcome, process, experience and balancing measures, and this was likely to develop more obviously over time.	
8.6.	JG thought back to the recent Council of Governors meeting where a question from the public had been about poor experience of bringing a child with learning	

	difficulties/disabilities (LD) to A&E. He asked whether the Trust had linked in to that parent to learn from her experience. SBr confirmed that the link had been made. There had also been the opportunity to gain rich qualitative feedback from 15 steps conducted with an LD group. .	
8.7.	The Board thanked JGr for an excellent report tracking progress with the 2019/20 quality priorities. This report was much improved on earlier years.	
9.	**Board Assurance Framework for Seven Day Hospital Services**	
9.1.	The Board had received the self-assessment checklist for assurance on the implementation of 7-day services at Kingston Hospital. JKW acknowledged the work of the Deputy Medical Director, Amira Girgis, as lead.	
9.2.	JKW noted that the last self-assessment had indicated that the Trust was not meeting the target for senior doctor review within 14 hours from the time of admission to hospital, and this remained the case. There was an action plan for Surgery, Orthopaedics and Urology to pick up on the very small number of cases where the target was missed. She emphasised that this did not mean the patients had not been seen by a doctor. More positively, the weekend target was now being met in all areas.	
	SUSTAINABILITY	
10.	**Finance Report**	
10.1.	TC presented the report for M07 2019/20, noting that this was the first month of the year for which the report was adverse and this was principally due to increased activity. She emphasised that the Executives were focusing on how PSF might be achieved whilst also putting patient safety and staff wellbeing at the forefront of financial forecasting.	
10.2.	TC explained that there had been a reduction in over performance to the principal block contract and a reduction in under performance on the Surrey block contract. It was pleasing to see performance coming closer to anticipated levels. The NHSE contract had been secured on a block to protect income to the organisation.	
10.3.	TC reported that cash and cost improvement plans were on plan but some of the latter were non-recurrent and the CIP profile was loaded towards the end of the year.	
10.4.	Capital expenditure was ahead of plan in month and behind plan year to date. There had been delays in the Mental Health Assessment Unit build but this was now progressing at pace. The forecast showed an overspend on capital on the year due to some centrally funded projects that were not in the plan (agreed overspends) and slight overrun on some projects.	
10.5.	The five-year plan for the System had been submitted in mid-November as required. Guidelines on the national planning process were still awaited.	
10.6.	JG requested clarification on the implications of under- and over-performance against block contract. TC reminded the Board that reporting was against an aggregate of all the services. Contracting for the year ahead would use baseline activity from the current year and the forecast to the year end as the baseline. The detail behind the aggregate was important for planning. The block contract allows a different conversation with the commissioners, and whilst the System was still learning about what was the right level of performance, having a block contract was generating different behaviours around levels of activity and performance delivery.	

11.	**Business Planning 2020/21**	
11.1.	The Board had received a report on the approach and timetable for business planning for 2020/21. AB explained that the outputs from the internal business planning process will support the development of the Annual Operating Plan for publication at the end of the year. The Board noted the content of the report.	
	OUR PEOPLE	
12.	**Workforce Update**	
12.1.	KC provided an update on a number of current workforce initiatives: Diversity; Staff Survey; Flu campaign; and NHS pensions. He also reported on a visit to the Trust by the NHS Chief People Officer in October.	
12.2.	KC was pleased to report that staff engagement with the Staff Survey was at 61% and in the top five of acute trusts as of the date of the meeting. The Flu campaign was at 65% with time left to achieve the target.	
12.3.	On pensions it had been agreed by the Executive Management Committee to focus on being part of an agreed approach pan-London. The Trust continued to follow national developments closely.	
12.4.	SH had reflected after reading the quantitative and qualitative aspects of the Board papers on what can happen when it all goes well. When things are not going well it is difficult to do anything more than tread water, but the achievements in workforce KPIs afforded headroom to make improvements for patients. She asked what freedom this position might give in terms of sustainability of the workforce in the System as well as in the Trust. KC credited JF with encouraging even more focus on staff engagement to gain better intelligence in order to design the right interventions. There was further debate to be had on how much further health and wellbeing could be taken as a workforce strategy. It provided a non-controversial platform from which to build relationships and it was encouraging that at a SW London level the Trust was being looked to for broader leadership across the System.	
	ANNUAL REPORTS	
13.	**Health and Safety**	
13.1.	The Board had received the annual Health and Safety Report for the financial year 2018/19. TC credited the Director of Estates & Facilities for writing the report which described very good progress made during the year. Each domain reporting to the Health & Safety Committee was described separately with progress and risks pulled out. TC drew out the key achievements in 2018/19.	
13.2.	SB asked about the report on assaults on staff, and the division between medically factored and non-medically factored incidents. SBr explained the difference and the mitigations put in place. An additional Local Security Management Specialist had been recruited and was due to start soon. SB asked whether this area should have been included in the Health & Safety objectives for 2019/20. SBr thought not because the Trust was now in a steady state of managing the issue.	
13.3.	The Board noted and accepted the content of the Annual Report, including the health and safety objectives for 2019/20.	

BOARD COMMITTEE REPORTS		
12.	**Quality Assurance Committee**	
12.1.	The Board noted content of discussions at the meeting of the Committee held on 28th October 2019.	
12.2.	CW highlighted for the Board that the Committee was taking a new approach to its agendas. More time was being given to QI initiatives, whilst also maintaining a watching brief on the quality data. This was providing room to look in more detail at what can be improved rather than spending time on what is already going well.	
12.3.	The Committee had been assured by the Unplanned Care Division's report. It had been helpful to understand that there is a thorough process to identify and work on worry areas. The Committee had also reviewed the long list of quality priorities for next year and had asked that the targets be looked at very carefully to ensure they are realistic.	
13.	**Equality & Diversity Committee**	
13.1.	The Board noted the main areas of discussion at the Committee meeting held on 1st October 2019. KC was pleased to bring to the Board's attention the creation of a network for disabled staff within the Trust.	
13.2.	SB presented the report on behalf of RH. She highlighted that Workforce Race Equality Standard (WRES) data had improved, but that Black and Minority Ethnic (BAME) staff were reporting higher levels of harassment, bullying and abuse. There was therefore still work to do but an excellent action plan was in place and very positive moves made to address some of the issues. In an organisation doing so well on staffing, inequality of BAME staff did not sit well and she was pleased that the Board continued to champion improvements.	
14.	**Finance & Investment Committee**	
14.1.	The Board noted the update from meetings of the Committee held on 24th October and 21st November 2019.	
14.2.	JG commented that the Committee was increasingly taking a System perspective on how the Trust is performing alongside System partners, and these reports were proving informative and encouraging. The Committee was also seeing an increasing number of capital business cases coming through for approval and had asked for a means of tying the business cases together so as to give a broader perspective.	
CHARITABLE FUNDS		
15.	**Kingston Hospital Charity Annual Report and Accounts**	
15.1.	The Board had received the annual report and accounts, which had been reviewed and approved by the Trust's Charity Committee and endorsed by members of the Audit Committee.	
15.2.	TC explained that the accounts had been audited by the Trust's auditors, and that an unqualified opinion had been given. Two adjustments had been made, neither having an impact on the financial position. The accounts had been certified as giving a true and fair view of the financial position of the charity, and that there are sufficient funds going forward. The Charity was in a very healthy position.	
15.3.	There being no further questions, the Kingston Hospital Charity Annual Report and Accounts 2018/19 were approved as presented. The Board welcomed the	

	change in performance of the Charity and its growing impact.	
16.	**Kingston Hospital Charity Report**	
16.1.	The Board noted the update provided on progress as at mid-November 2019.	
16.2.	SH drew to the Board's attention that there is no substitute for major donors for longer term strategic projects. She echoed earlier comments made about improvements to the Charity's performance and recommended Board members to view the new website. SH highlighted recent initiatives to pilot contactless giving and asked that the Board support the longer term goal to create a culture of philanthropy within the Trust.	
GOVERNANCE		
17.	**Risk Management Strategy**	
17.1.	The Board had received the Audit Committee's recommendation to approve the Risk Management Strategy, version 16, and approved it as presented.	
18.	**Standing Financial Instructions, Standing Orders and Scheme of Delegation**	
18.1.	The Audit Committee had recommended the Board to approve revisions to the Standing Financial Instructions and Standing Orders. These were duly approved by the Board for incorporation into the Scheme of Delegation.	
19.	**Board Assurance Framework (BAF)**	
19.1.	SS reminded the Board that the purpose of the BAF is to assess the controls in place to manage risks to delivery of strategic objectives, and that it is closely linked to the Trust Risk Register where all risks scored 12+ are recorded.	
19.2.	The Risk Register Overview highlighted the four top risks for the Trust remained the same as for the previous report, although in discussing the BAF this month the Executive team had recommended that the risks around responsiveness within the community to demand be re-examined.	
19.3.	Board members noted the content of the BAF, and agreed that the overview was aligned both to the focus of Board agendas and to their understanding of the Trust's current position.	
20.	**Forward Plan**	
20.1.	Content of the plan for public meetings of the Board for 2020 was noted.	
QUESTIONS FROM THE PUBLIC		
21.	The Board responded to questions raised by members of the public.	
22.	FK asked who the community partners are who are working alongside the Hospital, and what they are doing day to day. MM explained that the principal partners were Hounslow & Richmond Community Health and Your Healthcare. The social care presence on site was allowing integrated discharge to be extended to 7 days/week and filling that gap was enabling pace to be put behind responsiveness. Having community partner presence on site helped enormously with understanding capacity to support and the community risks.	
23.	FK asked whether having BAME representatives on selection panels extended to include initial sifting, and how the HR team knew there was a BAME applicant on the shortlist. It was explained that BAME representatives were only on the interview panel for the pilot and that evaluation would look at whether to extend that to the rest of the process. Applications were currently read blind by the	

	shortlisting panel so as to avoid unconscious bias and there was reliance on the HR recruitment service to flag when BAME candidates were selected for interview. SB noted that the WRES data indicated there was no issue with shortlisting.	
24.	FK noted TC's suggestion that block contracts are to be welcomed and asked whether they could be a double-edged sword. JG saw very positive benefits but agreed there were also risks. The Finance & Investment Committee had received an evaluation of what had gone well and what the learning points were. He stressed that the Trust had not lost out financially in aggregate. JF added that there had been discussion in the System about developing a risk pool for 2020/21. This would help incentivise and focus on doing the right thing for our population. JG reminded that the tolerance variance was the safety valve; if activity was more than anticipated to a certain threshold then supplementary payments could be made.	
25.	FK commented that the Annual Health & Safety Report had been exceptionally well written and presented. She also noted that evidence of the Charity was now visible all over the Hospital and this was a real step-change.	
26.	RA commented that he was disappointed the Trust had not improved on getting patients home before lunch. He noted that the figures on dementia screening remain the same in each Board report and that Kingston CCG had met their targets for dementia screening. He asked why KHFT was not doing better. JKW explained that the CCG had met their target because KHFT had screened more patients and referred into the CCG's memory services. However, she agreed that KHFT's figures had not moved as the Trust would have wanted and a new approach had been agreed. A Dementia and Delirium Nurse had been appointed to lead on education of staff and to work closely with the Dementia team to increase screening.	
27.	CW gave her perspective on the 'home before lunch' quality priority. She thought it important to acknowledge that the Trust had taken out of the equation many patients who would originally have been part of the target. So whilst the Trust was not reaching the 33% target, nationally there was now a move to change the target as the number of patients going home the same day increases. The Trust was in the position where a national target was no longer accurate, but remained a priority. FM added that she had discussed 'home before lunch' with JGr and had heard that part of the issue may be that documentation is not recorded in time to reflect morning discharges. JKW reminded the Board that patients with complex needs who go home before lunch are less likely to be readmitted, and therefore the quality priority remained a key focus.	
28.	JS asked about a reference to dead legs in the Water Safety element of the Health & Safety Report. TC explained this as referring to pipework that became the end of a run when changes were made, and the potential for bacteria to build in those areas.	
29.	TS noted that the Board would be receiving training on making data count. As governors also had to interpret data he asked whether the Council of Governors could receive the same training. JF agreed that this would be sensible once the Board had established the new way of looking at things.	
30.	MF thought the papers for this meeting had been very good and had demonstrated areas of good practice. She had also been impressed with the concept of cohort recruitment for PPCs; the importance of that role should not be underestimated. MF had been heartened to see the Equality & Diversity	

	Committee recognising the elderly as a group who might be discriminated against in the digital age. MF asked whether there could be an update at the next Board meeting on 7 day working, particularly with regards to the Orthopaedics team.	JKW