Kingston Hospital NHS Foundation Trust

Minutes of the meeting of the Board of Directors held on 27th September 2017 – 9.30 am to 11.30 am

Seminar Room 1, Kingston Hospital Surgical Centre, Kingston Hospital NHS Foundation Trust

Present voting:		
Sian Bates	Chairman	SB
Rachel Benton	Director of Strategic Development	RB
Dr Nav Chana	Non-Executive Director	NC
Kelvin Cheatle	Director of Workforce & OD	KC
Jo Farrar	Director of Finance	JF
Sarah Gigg	Interim Director of Nursing	SG
Chris Grindal	Non-Executive Director	CG
Jonathan Guppy	Non-Executive Director	JG
Sylvia Hamilton	Non-Executive Director	SH
Dr Rita Harris	Non-Executive Director	RH
Tracey Moore	Acting Chief Operating Officer	TM
Joan Mulcahy	Non-Executive Director	JM
Ann Radmore	Chief Executive	AR
Jane Wilson	Medical Director	JKW
Apologies:		
None		
In attendance:		
Amira Girgis	Associate Medical Director	AG
Susan Simpson	Company Secretary & Head of Corporate Affairs	SS
Lisa Ward	Head of Communications	LW
Governors:		
Richard Allen	Public Governor - Kingston and Lead Governor	RA
Marita Brown	Public Governor - Kingston	MB
Dennis Doe	Public Governor - Kingston	DD
Marilyn Frampton	Public Governor - Merton	MF
Bonnie Green	Public Governor - Richmond	BG
CJ Kim	Public Governor - Elmbridge	CK
Frances Kitson	Public Governor - Kingston	FK
Pat O'Neill	Public Governor – Kingston	PO
Jack Saltman	Public Governor - Elmbridge	JS
Members of the public:		
Erica Farmer		EF
Mike Jefferies		MJ
Staff:		
Claire Wright	Matron (for the patient story)	CW
Giovanna Leeks	Lead on Apprenticeships and Equality & Diversity	GL

1.	**Patient Story**	
1.1.	A member of staff attended to present a story relating to a patient who lost her baby daughter during pregnancy. The story outlined the medical and pastoral support available to patients going through this experience. The team had reflected afterwards on what had gone well in such sad circumstances and Claire summarised the learning points for the Board. The patient's letter of thanks to staff on Isabella Ward and the Chaplaincy team	

	was read to the meeting.	
1.2.	The Board was asked how hearing the story had made them feel. JM thanked the teams involved for living the 'caring' value. SB felt pride in the teams' responsiveness to patient experience in times of extreme difficulty. She acknowledged the personal cost to staff who go the extra distance in such circumstances. JG asked how the Trust supports colleagues through a difficult experience such as this. It was explained that support was available from senior staff, through study days, in-house training and additional resourcing if needed. The Chaplaincy team was also available to provide pastoral support. SG recognised that the teams demonstrated how well Kingston Hospital staff and volunteers pull together to provide the best possible patient experience.	
1.3.	SG asked how the Board might use the story, reflecting on the agenda ahead. Members linked the story to the Integrated Quality report and the individual experiences underpinning the Friends & Family Test feedback. There was also a link to the Winter plan, managing flow and escalation; a reminder when under pressure that space is sometimes needed to deliver an important service that needs time to evolve to meet the needs of the patient and their family.	
1.4.	The Board considered whether the story had highlighted questions to ask on walkabouts. SB noted that the Board should be aware of the relentless pressure on staff delivering care of this nature, and that the story supported the Board's decision to focus on Health & Wellbeing of staff in the Workforce strategy.	
2.	**Declaration of Interests in matters on the Agenda**	
2.1.	None.	
3.	**Minutes of the previous meeting**	
3.1.	The minutes of the meeting held on 26th July 2017 were confirmed as a correct record, subject to acknowledgement of apologies accepted. Progress on matters arising was noted on the action log.	
4.	**Chairman's Report**	
4.1.	The Chairman noted that partnership work had been quieter over the summer holiday period. She had attended the AGM of Kingston CCG and noted many positive references to work with Kingston Hospital.	
4.2.	SB was delighted to confirm the appointment of Professor Cathy Warwick CBE who would join the Board as a Non-Executive Director from 1st October 2017.	
4.3.	Informative meetings had been held with Stephen Hammond, MP for Wimbledon, and Sir Vince Cable, MP for Twickenham, to discuss health issues for their populations.	
4.4.	The Chairman highlighted that nominations were now open for elections to the Council of Governors. Three briefing meetings had been held for prospective governors. She was grateful for the support of RA, BG and JS who had presented their experience of being a governor at the meetings.	
4.5.	SB had been honoured to open the Momentum Children's' Garden in Paediatrics and acknowledged the philanthropic generosity of the individuals who had supported the project through the Momentum charity. She had been delighted to see the very positive relationship evident between Momentum and Paediatric staff, which brings such benefit to the children. The Chairman had also experienced the new garden in the Children's Nursery, which had been upgraded to improve the experience of the children's outdoor play. She acknowledged the positive impact on staff morale that knowing children were happy in their new environment would bring.	
4.6.	The Chairman reported on activity as a Trustee of Kingston Hospital Charity, including discussions on plans for the Haematology unit to relocate to the Sir William Rous Unit, fundraising with the Korean community and redesign of the charity logo.	

4.7.	SB explained that EF had asked her to draw attention to blood cancer awareness month. EF invited those present to ask her for information if they wished to know more.	
5.	**Chief Executive's Report**	
5.1.	The Board had received the report on strategic and operational issues not covered elsewhere on the agenda.	
5.2.	AR reported that progress had been made on improving mental health services but that there was still more to be done and the Trust would continue to push with CCGs for this to happen.	
5.3.	AR was proud of the phenomenal progress made by the Trust on research and development. She acknowledged the hard work of the R&D team, who continued to drive onwards.	
5.4.	The Chief Executive reported on the process for recruitment of the Chief Operating Officer; interviews would take place the following day. The Board thanked SG for bridging the gap until the new Director of Nursing & Quality, Sally Brittain, commences her role on 2nd October 2017.	
5.5.	AR drew attention to the training of all staff on Response to Emergencies. Teams were now in the process of reviewing and developing local plans for responding to extreme situations. The Non-Executive Directors had also attended the training and SB commented that it had been instructive and very useful.	
5.6.	JM asked whether a recent Acid attack had impacted on Kingston Hospital. TM had briefed staff and was satisfied the right processes are in place to respond if necessary.	
5.7.	RH noted the recommendations made on prevention of suicide and asked about progress with improving mental health liaison in A&E. TM reported that a better liaison service was now in place but that coverage for CAMHS was incomplete. JKW added that the liaison service focuses attention on A&E and there is a limit to what can be done at acute presentation. Work was taking place to look at frequent attenders and put in place a care plan for those individuals. TM reported on expansion of psychiatric liaison support in the early evening, which was seen as a very positive move. SG explained that the psychiatric liaison team had been working with other teams on a project to increase awareness of mental health issues. AR highlighted a number of individual and team interactions between the Hospital's Executive team and the Executives at SW London and St George's Mental Health Trust.	
QUALITY AND PERFORMANCE		
6.	**Integrated Quality and Operational Compliance Report - August 2017**	
	<u>Safe</u>	
6.1.	JKW introduced the commentary on the Safe domain. She drew attention to data on pressure ulcers. An increase in the number of patients with pressure damage coming into the Hospital had been noticed. The Hospital was working with the community to share knowledge on prevention and care. The number of more serious pressure ulcers had increased but the number deemed avoidable had been stable. SG noted that the community had responded positively to training on common issues previously and therefore the take up of training on pressure ulcers was likely to be good. SB highlighted that the Quality Assurance Committee had discussed pressure ulcers at the last meeting. She noted that the data did not indicate a trend but QAC would revisit this at the next meeting for assurance.	

6.2.	JKW also highlighted infection control, particularly gram negative blood stream infection rates; performance was good but there was no room for complacency.	
6.3.	It was noted that performance had deteriorated slightly on early warning scores. A Trust-wide group was looking at this and it appeared that one of the reasons for slippage may be due to missing data; a change in the triage process in Paediatrics had not been picked up in the data collection.	
6.4.	RH commented on the C-section rate, asking whether this indicated cultural choice rather than quality standards. JKW acknowledged that the Board had recognised the fluctuating rate in previous meetings and said that whilst the Planned C-section was reducing there was less success in reducing emergency C-sections. SB reminded the Board that the Governors Quality Scrutiny Committee had appreciated a presentation on helping women to make the right choice.	
	<u>Effective</u>	
6.5.	JKW noted that mortality indices were positive. She advised the Board that there was visible activity on Sepsis and that recent data on meeting requirements for documented evidence of receiving antibiotics within 1 hour was better, but there would be no reduction in striving to achieve this. SB recognised the national profile on Sepsis and asked what needed to be done make a difference. JKW's view was that step differences had been made in public health awareness but the audit data to support change was more difficult. CRS was being used where possible but supported by paper documentation to get the timing right. NC observed that focus in publicity had been on recognition but that the report provided assurance on management, which was helpful.	
6.6.	The commentary on Readmissions was discussed, where there appeared to be a rising trend in readmissions following elective admission. The data was being analysed as previous reviews of this KPI had indicated data issues. JM asked whether there was any indication that there had been a breach of systems. It was confirmed that there were no indications this was the case but conclusions from a review would be included in the integrated report in November.	
	<u>Caring</u>	
6.7.	SG presented the section on caring, noting improved responses on reopened complaints.	
6.8.	The Trusts FFT rate continued to be strongly positive with an overall rate of 95.7%. Response rates in ED were expected to rise in November as the Trust commences text and interactive voice mail capture of FFT.	
	<u>Responsive</u>	
6.9.	TM reported on the responsive domain, starting with RTT standard. Most of the planned improvements in Ophthalmology were now in place and there was more vigour in the administrative processes.	
6.10.	Performance in A&E had been variable but was currently on target to achieve the Q2 target. There had been good progress on developing the Urgent Care Centre ready for a handover at the beginning of November 2017. She was pleased to report that recurrent funding had been agreed for the frailty team.	
6.11.	The Board noted that the 'medically optimised for discharge' ward is now open with 16 beds and the intention of moving to 30. Implementation required some culture change but a good start had been made.	
6.12.	AR noted that Cancer performance was still being maintained despite a shortage of coordinators. SB reported that at the Kingston CCG AGM the cancer strategy for Kingston included mention of the great work that Sarah Evans and the teams	

	within the Hospital are doing, and highlighted partnership working across the pathway.	
6.13.	JG asked whether there was risk attached to 30 min waits for LAS Ambulance handovers as Winter approached. TM explained that the system in place was used as an exemplar of good practice. The series of workstreams taking place should also help to mitigate any risk as Resus and Major expansion would provide extra space and urgent care streaming to ambulatory pathways would also free space in ED. The staffing situation was also improving, which would release time to dedicate to ambulance handover. It was thought that the data only covered LAS handovers and RB was asked to look at including SECAmb data.	**RB**
	<u>Well Led</u>	
6.14.	KC presented this domain, highlighting data for vacancies, turnover and mandatory training. He reported that more recent data was reassuring on vacancies and that fill rates also look healthy. Workforce Committee had discussed a Deep Dive into Turnover. Pay remained a significant issue for lower bands and there was a plan in place to give an uplift to Band 2, linked to a reduction in the bank rate.	
6.15.	On Mandatory training KC explained the conversion of corporate induction into e-learning to free up capacity to deliver some of the mandatory training in a better way. He noted good attendance at Response to Emergencies training with 2480 staff covered. This indicated that better performance on mandatory training could be achieved.	
6.16.	KC highlighted a potential risk for 2018/19 that Pay Review bodies may approve a pay rise that is unfunded.	
6.17.	It was noted that the integrated report would include Quality Account data from September reporting.	
7.	**Finance Report**	
7.1.	The Board had received the Finance Report for August 2017 and JF gave a summary of financial performance, the Finance & Investment Committee having looked at the detail the previous week.	
7.2.	JF highlighted that performance was still slightly ahead of plan, which was important for receiving STF funding. It was noted that income was down, mainly in elective, and that the underlying causes continued the themes identified in previous meetings. Pay was slightly over plan due to spend on medical locums in A&E.	
7.3.	JF drew attention to the cash position, which was below forecast due to later than anticipated payment of outstanding invoices and non-payment of STF funding for Q1. A full stocktake would be undertaken after the close of Q2 and in conjunction with CCGs, the results of which would be discussed at the next meeting of the FIC in the first week in November.	
7.4.	The Board was asked to note that there was as yet no agreed resourcing position on the Winter plan and this posed a significant risk. The financial consequences of the plan were being worked up. An email from NHS Improvement had been received asking the Trust to articulate the financial consequences of the plan and how much has been funded.	
7.5.	RH asked about medical overspends and the plan for controls that had been talked about at the last Board meeting. AR explained that agreement had been reached across London on set rates and that all acutes have signed up to implementation from 2nd October 2017. Consequences would not be known until	

	after that date and it was acknowledged managing clinical risks would be the priority.	
8.	**Winter Planning**	
8.1.	TM presented a summary of the Winter Plan 2017/18 submitted to NHS England on behalf of the Kingston, Richmond and Surrey Downs Local A&E Delivery Board. TM emphasised that the plan focuses on the whole health economy.	
8.2.	TM provided more detail on the key parts of the plan for Winter 2017/18 summarised in the paper, asking the Board to note the content and the areas of further focus. She advised that the plan would need to correspond with the decamp plans for fire safety works, which were equally important.	
8.3.	TM emphasised that managing Winter was a huge priority for the organisation. Her view was that the A&E Delivery Board was focused on the need to work together in readiness for Winter and that collaboration was stronger than in previous years.	
9.	**Public and Patient Involvement Strategy**	
9.1.	SG presented a progress report on the implementation of the Trust's PPI strategy, which commenced in 2016.	
9.2.	SG had been impressed by the number of examples of successful involvement available for inclusion within the report. She observed that there was a strong culture of including and involving patients across the service lines. However, there were still some patients who found it difficult to engage and the Trust was looking at more creative ways of helping them to be involved.	
9.3.	The Board noted the planned activity for 2017 and into 2018. SG described the work done by the Chaplaincy team to reach out to the different needs of the community for spiritual and pastoral needs.	
9.4.	SH described the report as encouraging and creative. She asked whether enough was being done to communicate the totality to staff. SG agreed more could be done. SB acknowledged that there were great examples of feedback and working together but that not all of the services have that as part of their culture. She thought the suggestion on communication would help but asked that a more granular view be formed of where the culture is right and where it needs to be developed.	
9.5.	AR asked that the next strategy be based on emerging public health findings around the local boroughs as these would identify communities to respond to. She also linked to the Trust's work on equality and diversity, asking how engagement with the transgender community might be built into the strategy. SG thanked the Board for their suggestions for future development of the strategy.	
ANNUAL REPORTS		
10.	**Equality & Diversity**	
10.1.	KC presented an update on progress with the Equality & Diversity agenda, noting that the report was focused on staff but that there is some overlap with patients. He had invited SG to join the E&D Committee to provide insight on this.	
10.2.	KC noted that progress had been made in the past 12 months, focusing on the three priorities agreed: harassment and bullying; glass ceiling phenomenon and racial discrimination. However, progress had been slow as the Board had agreed that the work to achieve the objectives should be staff-led through the MEGA group. This was a small group and reliant on staff being released for sufficient	

	time to make a difference. MEGA had been ably led by Shikoh Khan, who had left the Trust the previous week. It had now been agreed that MEGA would act as an advisory board and that there would be a dedicated resource within the HR team leading the equality work more proactively.	
10.3.	An appointment had been made to the new post of Assistant Director of Workforce and the post will have a lead role for carrying forward the staff diversity agenda. RH had been asked to chair the Equality & Diversity Committee.	
10.4.	SB recognised the frustration of slow progress in such an important priority area for the Trust. She acknowledged that it is sometimes hard for staff to prioritise working on MEGA group activities. However, she noted that the profile of the equality and diversity agenda was higher than it was 12 months ago and that the determination to address the issues is now more widely known.	
BOARD COMMITTEE CHAIR REPORTS		
11.	**Quality Assurance Committee**	
11.1.	NC highlighted key issues from the last QAC meeting in a verbal report. The Committee had received a report on Haematology and Anti-Coagulation and had noted the need for agreement with commissioners around primary care and workforce implications.	
11.2.	The Chief Pharmacist had attended the QAC meeting to present her view for the future after her first 100 days in the Trust. She would return to give an update in six months' time on completion of a full review.	
11.3.	The Darzi fellow, a palliative care trainee had presented to the QAC meeting a QI project on end of life issues and key areas of learning the Trust. The Committee had discussed how the Trust might learn from this and systematise the spread of learning throughout the Trust. He noted that the Committee had asked that Deep Dives be carried out not only areas of concern but also where there has not been a Deep Dive recently. The Governors Quality Scrutiny Committee and Clinical Quality and Improvement Committee had had no matters to bring to the attention of the Committee	
12.	**Finance Investment Committee**	
12.1.	CG reported that there had been two FIC meetings since the last Board meeting and at both the Committee had focused on the monthly finance reports, reforecasting and CIPs.	
13.	**Audit Committee**	
13.1.	JM presented the report of the Audit Committee's meeting on 21st September 2017. She outlined the recommendations made in the internal audit report on risk management and the reasons behind an action to look at data quality at a future meeting of the Committee.	
14.	**Charitable Funds Committee**	
14.1.	JM reported that the Committee had met the previous week. She advised that activity on fundraising is passive whilst the new manager is putting a revised structure and strategy in place. The Committee had been reviewing the various charitable monies in restricted and designated funds. The Committee continued to believe that the Charity held much potential and that exciting developments would result from the current review.	
15.	**Workforce Committee**	
15.1.	SH presented a report on the main areas of discussion at the meeting held on 10th August 2017. She highlighted vacancies and retention as the most significant	

	risk areas, noting that not all of the solutions were within the Trust's gift. The Committee was focusing its efforts on surveying the knowledge available and understanding reasons for turnover more clearly.	
GOVERNANCE		
16.	**Items Discussed in Private**	
16.1.	The Board noted in the public domain an outline of the matters covered in private since the last meeting in public.	
17.	**Forward Plan**	
17.1.	Content was noted.	
QUESTIONS FROM THE PUBLIC		
18.	MF directed a question to NC around staffing of Haematology and his understanding of the issues. He believed there were issues around nursing staff recruitment but predicated on CCG commissioning, not availability. TM explained work towards improving local management of anti-coagulation, perhaps through primary care.	
19.	RA expressed his pride in the Hospital's staff in relation to the patient story. He asked SH why she thought staff were choosing to leave and whether the quality or frequency of exit interviews was sufficient to understand the reasons. SH noted that the HR team was dissatisfied with the intelligence coming from exit interviews and that was why they had chosen to work on improving these. She explained that the known reasons for leaving were predictable but there was a desire to get the next level of detail. KC added that the Trust would be focusing on a preventative approach with a 100 day survey to understand how new staff are feeling. Improved induction would also lead to better retention and leadership development would support staff throughout the organisation. SB acknowledged that an enormous amount of work was being done to retain staff wherever possible.	
20.	**RESOLUTION TO MOVE TO CLOSED SESSION**	
20.1.	**In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, the Board is invited to approve the following resolution: "That representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest".**	
20.2.	Resolved: that representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.	