

**MINUTES OF THE FIFTY-FIRST MEETING OF THE BOARD OF DIRECTORS
HELD ON 18 DECEMBER 2013, 09:30
BOARD ROOM, KENT AND CANTERBURY HOSPITAL**

PRESENT:

Mr N E J Wells	Chairman (NW)
Mr S Bain	Chief Executive (SB)
Mr R Earland	Non Executive Director (RE)
Mrs V Owen	Non Executive Director (VO)
Prof C Corrigan	Non Executive Director (CC)
Mr P Presland	Non Executive Director (PP)
Mr J P Spencer	Non Executive Director (JS)
Mr S Tucker	Non Executive Director (ST)
Mrs J S Pearce	Chief Nurse and Director of Quality and Operations (JP)
Mr P Murphy	Director of HR and Corporate Services (PM)
Ms E A Shutler	Director of Strategic Development and Capital Planning (LS)
Dr P Stevens	Medical Director (PS)
Mr J Buggle	Director of Finance and Performance Management (JB)

IN ATTENDANCE:

Alison Fox	Trust Secretary (AF)
Chris Farmer	Associated Medical Director (CF)
Toby Wheeler	Developer/Application Manager (TW)
Michael Bedford	Renal Research Registrar (MB)
Sarah Swindell	Assistant Trust Secretary (SS) (Minutes)

MEMBERS OF PUBLIC:

Junetta Whorwell	Elected Governor (JW)
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MIN. NO.		ACTION
228/13	CHAIRMAN'S WELCOME	
	NW welcomed the Board and JW to the meeting.	
229/13	APOLOGIES FOR ABSENCE	
	There were no apologies for absence.	
230/13	DECLARATIONS OF INTEREST	
	SB, JB and PM were noted as nominated Directors of EKMS and SB/JB of Healthex.	
231/13	MINUTES OF THE PREVIOUS MEETING HELD ON 29 NOVEMBER 2013	
	The minutes of the previous meeting were agreed as an accurate record with the following amendment:	
	<ul style="list-style-type: none"> • Typo on page 10, minute number 222/13, charitable funds committee, should read: "....looking for a project to mark their 60th anniversary..." 	
	The updates on actions were noted as per report. The following verbal updates were provided:	
	<u>205/13 & 186/13 – Francis Report Theme</u>	
	NW/PM and AF would discuss ongoing involvement of staff at Board meetings. The first meeting of the Francis Group Steering Group was scheduled for 21 January 2013.	

206/13 – EKHUFT Seasonal Plan

- Updates on progress against the seasonal plan would be included in the Key National Performance Targets report from the start of 2014.
- JP confirmed that a review of the discharge lounge environment had been undertaken to improve patient experience.

Closed

Closed

208/13 – Patient Story

Website links to patient feedback websites would be circulated.

JP/AF

210/13 – Key National Performance Targets

The action regarding the IAGC receiving deep dives into cancer performance would be put on hold. NW would be reviewing the best approach to avoid duplication at Committee level and discuss with JP.

NW

211/13 – E.coli Performance Update

JP confirmed she was working with the Director of Infection Prevention and Control to report performance via the Clinical Quality and Patient Safety Report.

Closed

215/13 – Francis Report Theme – Complaints

Themes from discussions at Board meetings would be developed into specific actions. NW and JP would discuss. This would also be considered by the Francis Report Steering Group.

NW/JP

216/13 – Incident Response Plan

The development of the 'app' for mobile devices would be pursued with IT.

Closed

217/13 – Outpatients Clinical Strategy – Full Business Case

The update was noted as per report.

LS fed back from the first Public Consultation Meeting. Three members of the public were present. Positive feedback was received regarding service developments and investment. In addition, LS reported that a member of staff was present who provided positive messages regarding the clinical strategy. It was agreed that data presented at consultation meetings should be specific to the area.

Noted
Noted

LS

It was agreed that a schedule would be circulated to collate confirmed Governor and NED attendance at public meetings.

SS

220/13 – Medical Director Report: HEKSS Visit Update

It was noted that the written report from the HEKSS was still awaited.

Discussion ensued regarding the changing workforce models. It was agreed it would be helpful for the Board and Governors to create a comparison between the traditional roles and new workforce models. JP/PS confirmed this would be available towards the end of January 2014.

Noted
JP/PS

221/13 – Corporate Risk Register

JP confirmed the discussion at the last Board meeting regarding patient transport services would be incorporated into the risk register.

The action regarding the Risk Management Strategy would remain open.

Noted

JP

232/13

PERFORMANCE REPORTS – EARLY MESSAGES

Due to the early scheduling of this meeting, the latest performance reports were tabled. Key messages were noted:

Clinical Quality and Patient Safety Report

JP highlighted the following key messages:

- Improved performance associated with harm free care.

- Four avoidable Grade 3 pressure ulcers were reported in November 2013.
- One MRSA bacteraemia was reported in November 2013 bringing the total year to date to 6.
- One case of *C.difficile* was reported in November 2013. Risks continue with regard to year end compliance.
- Strong performance in terms of mortality rates continued.
- One never event was reported in November 2013 (details as per report).
- Two serious incidents had been reported via STEIS (details as per report).
- November reported the second consecutive reduction in readmission rates. This was as a result of a change in protocol and improved data accuracy.
- The Friends and Family Test performance reported above the national threshold of 15% for November 2013. JP highlighted an error in reporting for the previous month. Performance reported at 13.6% and not over 15% as reported. Performance for ward areas, A&E and maternity were noted as per report.

Board of Directors discussion (Clinical Quality and Patient Safety Report):

NW highlighted that the number of compliments had increased. In addition, complaints performance had started to report an improved position.

Key National Targets

JP highlighted the following key messages:

- The Trust reported compliance against the A&E standard for November 2013. However, it was noted that the standard was not achieved in October and there was significant risk to December compliance. Quarter 3 compliance was therefore at risk (anticipated 94-95%), as had been previously notified to Monitor.

Discussion ensued regarding A&E performance and the following was noted:

- Work was continuing with Social Services and continuing healthcare pathways to improve patient flow. Daily escalations were taking place with social services.
- The Trust was holding discussions with the CCG with regard to the additional funding available for A&E. The Trust was keen for a risk based and consistent approach to the allocation of this additional funding.
- Monitor had requested submission of A&E data on a weekly basis with follow up telephone calls. AF reported these had been positive and Monitor was aware of whole system issues and would feedback concerns to the Secretary of State. Whilst Monitor would continue to require weekly submission of figures, no regular telephone conferences were scheduled. Monitor had confirmed a visit to the Trust's A&E Department in January 2014.
- A&E performance had moved up the political agenda. Data was now being published at a national level highlighting significant challenges in achieving compliance. The BBC had introduced an interactive performance tool on their website. The Trust was reviewing the accuracy of the data reported by the BBC.

JP continued to report key messages from other areas of performance:

- RTT reported overall compliance against all Monitor standards. The report identified areas of non compliance.
- The managed process for reducing the backlog continued and now reported at 759. Assurance was provided regarding management of the backlog over the Christmas period following implementation of full booking and application of the access policy.
- The continued reduction of 52 week waiters was noted as per report.
- Cancelled operations reported '0' in November 2013.

- The Trust reported overall compliance against the 6 week target for diagnostics in November 2013. However, breaches were reported in CT (contributing factors were noted as per report).
- The Trust reported non-compliance (unvalidated position) against the 2ww Symptomatic Breast referrals and 62 day and 62 day screening targets. Contributing factors were noted as per report. JP provided assurance that mitigating actions had been put in place and was confident compliance would be achieved for the quarter.

Corporate Performance

JB highlighted the following key messages associated with November 2013 performance:

- Primary Care referrals over performed by 2%. Outpatient attendances remained high and above levels reported for the same period last year.
- Admitted activity reported broadly in line with plan.
- A&E attendances reported a reduction in November by 1%. Commissioners indicated that they anticipate this to further reduce during this financial year.
- The Trust achieved a surplus as at November 2013. This had only been achieved as a result of the Trust applying its full contingency to date. Expenditure remained high, in particular related to temporary staffing and under achievement of CIPs.
- The cash position remained on plan.
- The Trust year end position was likely to deteriorate and was now forecast to achieve a surplus outturn of £4.5m
- The Trust's risk rating reported at "4" against the old metric and "4" against the new metric measured by Monitor from quarter 3.
- There was a high level of expenditure in December 2013 which was a cause for concern in terms of outturn. Commissioner affordability at year end was also a risk.

Board of Directors decision/agreed actions:

The Board of Directors noted the Trust's performance as reported.

Noted

233/13 QUESTIONS FROM MEMBERS OF THE PUBLIC WITHIN PERFORMANCE SECTION

No questions were raised.

234/13 CAREFLOW (DOCCOM)

Chris Farmer, Associate Medical Director, provided a presentation on developments of an electronic system that delivered critical clinical information in real time at the point of care, thereby improving treatment delays. This was currently being used in some specialist services but had the potential for wider roll out with the aim of streamlining patient care.

EKHUFT was the first trust to start using this level of technology to deliver patient level data. A demonstration of the system was provided.

Board of Directors discussion:

The following summarises discussion following questions raised:

- Assurance was provided that this system could be linked to the electronic patient record.
- The reliance of a resilient IT structure was noted to ensure the system was fit for purpose. In addition, ensuring SLAs were updated to incorporate latest developments of technology. Work was ongoing with the IT Department.

- The system provided the ability to use a discussion forum for multidisciplinary teams involved in the care of a patient. This enabled transparency in the system. Government initiatives with regard to named consultants responsible for a patient's care could be incorporated. Further work would be needed to refined in terms of integration and handovers.
- The system enables early highlighting of key steps within a patient pathway.
- A concern was raised regarding Data Protection issues. Assurance was provided that all staff were responsible for protecting data confidentiality.
- The Trust was exploring integration with primary care.
- It was proposed that IP protection be considered as part of the development of this tool.

Board of Directors decision/agreed actions:

The Board of Directors agreed that the tool offered significant benefits to patient care and encouraged further development.

Noted

235/13 BOARD COMMITTEE FEEDBACK**Integrated Audit and Governance Committee (IAGC)**

The Board of Directors noted the report.

PP drew attention to discussions at the IAGC regarding clinical audit progress regarding the recognition that clinical engagement remained a challenge and more rigour and enforcement was needed to support the clinical audit process. He also referred to a number of 'abandoned' audits. JP responded by stating this related to junior doctor rotation. The Clinical Audit Department had introduced a number of 'off the shelf' type audits which should address this. RE stated that progress had been made but there was room for continued improvement.

JP added that the internal audit progress report on clinical audit was positive with 3 recommendations, 1 moderate and 2 low.

Finance and Investment Committee

JS reported feedback from the meeting held on 16 December 2013:

- Decisions were made regarding the back office review. Communications would be circulated to staff prior to publicising more broadly.
- Presentations were received from the Finance Team and Divisions on their business plans. The Committee noted the continued challenge associated with the CIP programme.

236/13 CHIEF EXECUTIVE REPORT

SB provided the following updates:

- The Dr Foster Guide had been published.
- The Whole Systems Board met recently. System-wide work was ongoing which would inform the Health and Wellbeing Board.

237/13 ANY OTHER BUSINESS

No further business was raised.

238/13 TOPICS FOR PUBLIC AND STAFF COMMUNICATION

To be determined after the Board.

The meeting closed at 10:50

Signed: _____

Dated: _____