

**UNCONFIRMED MINUTES OF THE FIFTY-EIGHTH MEETING OF THE
BOARD OF DIRECTORS
FRIDAY 25 JULY 2014, 9AM, QEPM LECTURE THEATRE**

PRESENT:

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

IN ATTENDANCE:

Rachel Jones	Director of Strategy and Business Development	RJ
Alison Fox	Trust Secretary	AF
Peter Gilmour	Director of Communications	PG
Marion Clayton	Divisional Director (Surgical Services) (<i>Min No 162/14</i>)	MC
Bruce Campion-Smith	Head of Equality and Engagement (<i>Min No 161</i>)	BCS
Sally Smith	Deputy Chief Nurse (<i>Min No 155-171</i>)	SSm
Mandy Carliell	Corporate Events, Trust Membership and Volunteer Services Manager	MC
Sarah Swindell	Assistant Trust Secretary (Minutes)	SS

MEMBERS OF THE PUBLIC IN ATTENDANCE:

Mr Smith	Member of the Public	JSm
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MINUTE NO.		ACTION
155/14	CHAIRMAN'S WELCOME	
	NW welcomed members of the Board and members of the public to the meeting.	
156/14	APOLOGIES FOR ABSENCE	
	Ms E A Shutler, Director of Strategic Development and Capital Planning Dr J P Spencer, Non Executive Director	
157/14	DECLARATIONS OF INTEREST	
	SB, JB, PS and PM were noted as nominated Directors of EKMS and SB/JB of Healthex.	
158/14	MINUTES OF THE PREVIOUS MEETING HELD ON 27 JUNE 2014	
	The minutes of the previous meeting were agreed as an accurate record.	

159/14

MATTERS ARISING FROM THE MINUTES

Updates on actions were noted as per report. The following additional updates were reported at the meeting:

108/14 – Clinical Quality and Patient Safety Report

The action for NW to discuss with JP the feasibility of a presentation to the Board incorporating an update on all Trust IT initiatives was outstanding.

NW

132/14 – CQPS

- An update on Outpatient booking processes had been added to the October Board agenda.
- PS reported it would not be beneficial to revisit previous work undertaken looking at *C.difficile* carriage in the community at this time.

Noted

Noted

134/14 – Key National Performance Targets

JB reported the Trust had been successful in its bid for funding against the 18 week pathway. Monitor's position was outlined at the last board.

Noted

139/14 – Ward Establishment Review – April 2014

JP had discussed the drivers behind the ward staffing metrics with JB. A meeting with VO would be arranged to do the same.

Noted

Matters arising

JB reported that Monitor would be visiting the Trust on 28 July 2014 to discuss the Trust's 2-5 year Strategic Plan and one operational issue related to A&E non-compliance.

Noted

160/14

CLINICAL QUALITY AND PATIENT SAFETY REPORT

JP introduced the report and the Board of Directors noted the main issues (as per summary of the report). JP highlighted the following specifically:

- Harm free care elements continued to report an improving position. The report also included benchmarking data.
- Two grade 3 pressure ulcers had been reported on STEIS. However, the Trust was on plan to achieve grade 3/4 pressure ulcer trajectory.
- Falls performance remained static. More focused support was taking place at William Harvey Hospital, specifically the purchase of additional low beds.
- One MRSA was assigned to the Trust in June 2014. One case in May had now been referred to Public Health England for arbitration.
- Eight post 72h *C.difficile* cases were reported in June 2014. Minster Ward was in special measures following increased incidence (3 cases) in May/June 2014. Action taken was noted as per report.
- The profile of incidents was noted as per report. JP referred to incidents related to staffing difficulties. Contributing factors related to staff turnover on ITU and Kennington Ward. Two beds on ITU had been temporarily closed.
- An upward trend in the number of formal complaints was noted. Further work was being undertaken to understand the key drivers. It was noted that the ratio of complaints to compliments remained unchanged.
- Friends and Family test performance was noted as per report. Focused work continued in A&E in terms of patient experience and pain management.

Board of Directors discussion

NW referred to the incidents related to staffing difficulties. He asked for assurances that the temporary closure of two beds in ITU did not impact on potential patient demand. JP reported this was monitored on a daily basis and no impact on elective patients had been reported. However, there were occasions of internal inter-hospital transfers and this was being managed.

NW reported back from the complaints management steering group. Communication/attitude remained one of the main themes. JP reported that expressions of interest were being sought for an external company to work with the Trust long term to roll out the We Care Programme in a systematic way.

NW also reported that the complaints management group discussed the importance of learning from complaints. The trust was looking to introduce a newsletter similar to 'Risk Wise' to provide broader dissemination of learning.

PS/SB commented staff are increasingly pressured and this was one of the key drivers behind the rising number of complaints. In addition, improving the environment was also important to ensure patient expectations were met. Improvement work formed part of the Trust's clinical strategy and estates strategy.

RE referred to CDU which scored highly for pressure ulcers and falls. JP clarified that the Trust was required to report patients admitted with pressure ulcers as well as those harmed whilst in the Trust's care. With regard to falls, JP reiterated referred to action being taken (as per report) specifically the purchase of additional low beds to mitigate risk.

JP added that acuity of patients and volume of activity was high in these areas and leadership was not an issue. SSm provided assurance that focused work was being undertaken in areas where two or more pressure ulcers had been reported.

ST commented that an increased number of complaints could be interpreted as confidence in the Trust's commitment to respond. He further commented that that the number of 'returners' had decreased which indicated there was an improvement in the quality of responses sent.

ST referred to the impact of patient flow and the environment on complaints. He asked if there was a way of collating feedback and prioritising quick wins to improve patient experience. JP reported that quarterly reports were received by the Risk Management and Governance Group.

ST referred to the reliance on external partners to improve patient flows. He asked if there was evidence of understanding from the wider health economy. JP and JB were working with commissioners to review engagement with key stakeholders. Additional money would be provided by the Government for seasonal pressures and work was ongoing to identify priority areas.

JP further reported that relationships with senior stakeholders was positive and challenges were understood. However, the dynamics on the ground floor would take time to embed.

An external company was working with Kent Social Services to review efficiencies. Social Services had changed its model of supporting Trusts in assessing patients. This had commenced in the Thanet area which had reported an unintended consequence of increased length of stay at QEQM. JP would be working with KCC to mitigate.

Board of Directors decision/agreed actions:

- The Board of Directors noted the report.
- NW referred to an issue raised by Governors regarding availability of drinking water within A&E Departments. JP reported that assurance had been received from Departments that refreshments would be made available to patients. It was also the intention to install water chillers. She would update on the latter at the next Board.
- JP agreed to report an update back to the next Board regarding the two bed closures in ITU.
- NW proposed that the Trust use its 'Team Brief' and CEO Forum to raise awareness of Board discussions regarding the learning from complaints.
- RE felt the summary of the report could be expanded to provide a balanced view of positive performance and areas of challenge.

Noted
JP

JP

JP/SB

JP

161/14

PATIENT STORY

JP introduced the DVD and supporting report which described the experience of a patient who was profoundly deaf and partially sighted. It described the impact on patient experience of staff not taking the time and making the effort to communicate effectively. The learning and actions were also noted (as per report).

Board of Directors discussion:

BCS explained that the patient's speech was as a result of deafness from birth. The patient led a perfectly normal adult life. It was disappointing that he had found it necessary to bring a relative to appointments to assist with communication challenges.

BCS reported that the Trust uses sign language specialists and interpreters but further work was required for staff to identify the need.

BCS provided assurance that the patient story and DVD would have broad dissemination throughout the Trust. The DVD would also be available on YouTube.

PS reiterated the importance of interacting with all patients appropriately. PM added there was a need to adapt to specific needs of patients when doing so.

Board of Directors decision/agreed actions:

- The Board of Directors noted the report and key messages arising from the DVD.
- The DVD would be shared with Governors at the next Council meeting.

Noted

Noted

162/14

KEY NATIONAL PERFORMANCE TARGETS, INCLUDING ORTHOPAEDIC BACKLOG UPDATE

JP presented the report.

Non compliance had been reported in the following areas for Quarter 1:

- A&E 4 hour standard
- 2 week symptomatic breast

For June 2014, the Trust was non compliant in the following areas:

- A&E 4 hour standard
- 2 week wait (unvalidated position)

Contributing factors and actions taken were noted as per report. All other targets and standards reported a compliant position.

Board of Directors discussion:

The Board of Directors noted the factors contributing to the A&E non-compliance as per report, specifically: increased (and variability) of attendances; increased length of stay (specifically at QEQM) due to delayed transfers of care.

NW reported from the NED Governance Group the recognition at the meeting of the increased demand and associated internal capacity issues. Assurances had been received from the Division in terms of innovative ways of managing patients at the front door.

JP added that the Trust was exploring primary care links into A&E and evaluating the effectiveness of GP presence (current model at QEQM).

The NED Governance Group also recognised the challenge of recruiting emergency doctors. The Trust was exploring training opportunities for SAS doctors to attain consultant status.

RE added that the Group had discussed the importance of a whole system approach to managing patient flow. JP reported that metrics and actions were clear but delivery remained a challenge. Work was ongoing as to accountability. She further added that Ashford CCG had been identified as a pilot to review reasons why patients attend A&E rather than primary care.

SB reported that although a small but steady increase in A&E attendances had been reported year on year, the Trust had started to report a significant increase from April 2014 with attendances averaging 575 per day (and variances over 600). July 2014 reported average attendances over 600 per day. Previously, the average for 2013/14 had been c 550 per day.

It was noted that, nationally, the NHS had failed the A&E target for 52 consecutive weeks.

The NED Governance Group also discussed the two week symptomatic breast non compliance. Concern was raised by the Group that patients were not aware of the importance of their referral pathways. Work was ongoing to

produce a leaflet for use by general practitioners.

Orthopaedic Backlog

Marion Clayton, Divisional Director (Surgical Services) was in attendance for this item. She provided a presentation to include: current backlog position; consequence of GP referrals; and plans to reduce the backlog.

Due to the level of demand in specific services the Trust had found it increasingly difficult to sustain compliance with the 18 week referral to treatment standard across all pathways and maintain an acceptable level of 18+ week patients (backlog).

NHS England had sent briefing plans to all CCGs to confirm the allocation of non-recurrent funding to reduce the 18 week backlog position to the level seen nationally in January 2013 (EK backlog was at 839 at this time). The directive to Trusts was that the majority should be achieved by the end of August 2014. Funding was required to be spent by the end of September 2014 otherwise it would be returned.

MC explained the £1.7m funding would provide the opportunity to address areas in addition to the Trust's plan to bring down the backlog. Work was ongoing to produce a trajectory. SB added that the funding would be used to manage patients already in the system.

Board of Directors decision/agreed actions:

The Board of Directors recognised the risk of doing nothing: increased demand (and resultant non-compliance and unsustainable service provision); reputational risks; and poor patient experience.

Noted

The Board discussed the options in relation to the 18 week referral to treatment time and recognised that in order to address the increasing backlog of patients and to bring the backlog down to a sustainable position, non-compliance was inevitable. The Board agreed that it was in the interests of patients that the Board support the option to fail the 18 week target for two quarters to bring the backlog down to a sustainable position by the start of Q4. This decision would result in failure of the 18 week referral to treatment target for Q2 and Q3.

Agreed

This decision would be reported to Monitor at the meeting scheduled on 28 July 2014 and would be incorporated in the Trust's Q1 return to Monitor.

JP

Concerns were noted in terms of the timeframe set by NHS England. It was agreed that risks would be raised directly with NHS England once the work on the trajectory had been finalised.

JP

It was agreed that further work would be undertaken to understand sub-specialty issues.

JP

The Board of Directors recognised the importance of shared accountability across the health economy going forward. Work would continue with the CCGs to manage pathways. Specific reference was made to the development of a 'single point of access' for all referrals.

Noted

163/14

CORPORATE PERFORMANCE REPORT

JB presented the report as at June 2014 which had been discussed at the Finance and Investment Committee on 22 July 2014. JB drew attention specifically to: activity; income and expenditure; and cash position (as per commentary within the report).

The significant rise in the number of referrals was noted with no corresponding reduction in patients accessing primary care. Investigation was taking place. Discussion regarding A&E activity was noted as per minute number 162/14.

In summary, financial performance at Month 3 reported an improved position in June 2014 but performance remained a concern. The underlying trends were noted as per report and previous reports to the Board of Directors.

Executive Director leads had been identified for the following workstreams: CIPs; clinical support services; urgent care and long term conditions; and recruitment and retention.

JB referred to a potential VAT claim of £300k due to a change in guidance on contracted out services which had been included in the accounts. The Trust was discussing with advisers as to where the liability should lie.

Overall the Trust would be reporting a CoS rating of 4 for June 2014, primarily driven by high cash balances.

Board of Directors discussion:

Following a question raised by PP, JB reported that the high cash position reflected representative of the Trust's stewardship around cash management. Following a further question raised by PP, JB confirmed that the cash liability of the new Dover Hospital had been factored into the Trust's strategic plan.

NW reported feedback (on behalf of JS) from the Finance and Investment Committee held on 22 July 2014. The Chair's report was tabled which included a summary of the financial position. He drew attention to discussions regarding the business case for the fracture clinic and reported that the case had been approved following the identification of further financial efficiencies. Additional opportunities for such efficiencies should continue to be sought.

Board of Directors decision/agreed actions:

The Board of Directors noted the report and financial position as at June 2014.

Noted

164/14

QUARTER 1 RETURN TO MONITOR

An updated Q1 return was tabled at the meeting.

JB reported that the financial commentary had been amended at paragraph 5 following discussions at the Finance and Investment Committee (22 July 2014).

For Governance, JP explained the new reporting requirements related to *C.difficile* lapses in care. The Trust was not in a position to accurately report against this new requirement as the policy had only recently been agreed with commissioners. Monitor was aware. The Trust would be in a position to report

from Q2.

The Trust would be declaring non-compliance for the following areas:

- *C.difficile*
- A&E 4 hour wait performance
- Cancer symptomatic breast

Exception reports were noted as per report.

Board of Directors discussion:

RE asked if the wording on page 11 was appropriate in terms of pressures in A&E. PS confirmed he was comfortable with the language used.

Board of Directors decision/agreed actions:

The Board of Directors approved the report for submission, subject to the following amendments:

- The A&E Exception report to include reference to the development of an A&E risk register.
- Decisions taken earlier in the meeting regarding 18 week RTT non-compliance for Q2 and Q3 to reduce the backlog.
- CQC visit update to be expanded to include preparations ahead of report publication.

JP

JP

JP

Going forward, a risks section would be added to future reports to explicitly highlight risks to compliance.

165/14 REVIEW OF ONGOING COMPLIANCE AGAINST SELF CERTIFICATION

AF reported that the Trust had accurately predicted the A&E non-compliance. *C.difficile* and the cancer symptomatic breast non-compliance had not been anticipated.

166/14 QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE PERFORMANCE SECTION

JSm referred to special measures put in place on Minster Ward related to *C.difficile* and JP provided assurances regarding actions put in place to improve compliance.

Following a further question raised by JSm, PM explained the mandatory training requirements of staff which was dependent on their role.

167/14 BOARD OF DIRECTOR MEETING DATES 2015

The Board of Director meeting dates were agreed subject to the following amendment:

- The February date would be an Away Day and not a public meeting.

AF

168/14 DECLARATIONS OF INTEREST – QUARTERLY REVIEW

The following amendments were noted and would be added to the register:

RE declared a position of authority: Commodore of Whitstable Yacht Club.

VO declared the following amendments:

- Defense Infrastructure Board had been disbanded.
- NED Thames Regional Flood and Coastal Committee to be added.

169/14 **QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE DECISION SECTION**

No questions were raised at this point in the meeting.

170/14 **CLINICAL STRATEGIES UPDATE: STAKEHOLDER ENGAGEMENT**

RJ presented the report which sets out the proposed stakeholder engagement process for the Trust's clinical strategy "Delivering Our Future". (Details noted as per report).

Board of Directors decision/agreed actions:

The board of Directors noted the report and the following additions were agreed:

- NW proposed that paragraph 1.6, bullet point 2 be amended to: To work with staff *to describe the thinking on models of care and to facilitate their input into shaping the Trust's future direction*. This would link to the work being undertaken to strengthen staff engagement. RJ/LS
- NW further reported that work was ongoing to implement a newsletter to update staff on progress with "Delivering Our Future". Noted
- It was noted that the Council of Governors was engaged via their Strategic Committee. Noted
- PM referred to appendix 1 "planned engagement activities" and proposed staff be made aware that these were being held in response to messages from the staff survey. RJ/LS
- PM also referred to the importance of communication with the Trust's membership and proposed this be added. RJ/LS
- Recognition of links with other acute trusts in the Kent and Medway locality. RJ/LS
- Involvement and engagement with the Royal Colleges, Medical Schools and Deanery. RJ/LS
- It was noted that engagement with MPs formed a separate piece of work but it would be made explicit in the document. RJ/LS

PS stressed the importance of ensuring all staff were signed up and engaged.

171/14 **2013 INPATIENT SURVEY**

SSm provided a presentation of the 2013 survey results, comparison compared to previous years and the action plans put in place.

Board of Directors discussion:

RE asked for assurance that there was capacity at ward level to take the plan forward. SSm reported that an accountability framework was in place and fortnightly challenge sessions had been implemented.

CC stressed the importance of communication between primary care and

secondary care at the time of referral, specifically the social circumstances of patients being referred.

Copying letters to patients was discussed and practicalities of doing so. JP commented that further work was required with GPs to strengthen links

Ensuring availability of information to consultants was discussed. Work was ongoing to encourage use of electronic access to patient records.

JP agreed that further work was required to strengthen communication links between primary and secondary care.

It was noted that League of Friends meal time companions had come to an end. A new programme was being implemented with the Trust's own volunteers. The Board of Directors recognised the value of these roles.

JB commented that results around food mealtime choice was disappointing, specifically considering the investment by the Trust. JP provided assurance that work continued with Serco. She further reported that the Trust was not an outlier nationally.

Board of Directors decision/agreed actions:

The Board of Directors noted the report.

PS commented he would like to see the EDN incorporated into the action plan.

Noted
JP

172/14

CQC INSPECTION UPDATE

The CQC was still reviewing the factual inaccuracies submitted by the Trust. A meeting had taken place with the inspection team and the CQC to discuss further evidence. It was anticipated the CQC would be reviewing an amended report at its Quality Assurance Group early August.

The revised date for the Quality Summit date was awaited.

In the meantime, Divisions had developed internal action plans and good progress had been made on developing a high level action plan which would be presented at the Quality Summit. A meeting would be taking place early August with the CCGs to jointly peer review the action plan prior to the Quality Summit.

173/14

BOARD ASSURANCE FRAMEWORK, TO INCLUDE PROGRESS AGAINST ANNUAL OBJECTIVES

AF reported that the report was not complete. An appendix was missing which showed how assurance scores had been reached.

The Board of Directors was presented with the full Board Assurance Framework and Summary. In future, the full BAF would be presented at the Quality Committee and Finance Committee to review assurance in more detail and recommendations to the Board of areas for more indepth review.

The summary report would be received at the Board to focus on key areas of high risk.

Board of Directors decision/agreed actions:

- The Board of Directors felt it would be beneficial to have more understanding of how the new BAF would work. It was agreed an item would be arranged for a closed session or away day of the Board. AF would advise timing.
- JP stated she would be pleased to share some suggested refinements.

AF

174/14

QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE STRATEGIC SECTION

No questions were raised at this point in the meeting.

175/14

CORPORATE RISK REGISTER – TOP 10

JP presented the report and the Board of Directors noted the new, reduced, increased, substantially changed, removed and emerging risks (as per report).

Board of Directors discussion:

VO commented that risk 29 ranked third but linked to 34 and 37. JP explained the pre-mitigation scores were the same. Assurance was provided that all risks were treated in the same way, despite their position.

Following a question raised by PS, JP reported that the Risk Management and Governance Group had reviewed the risk regarding the Aseptics Unit. Action plans were in place to reintroduce manufacturing in August 2014. Links had been maintained with the MHRA. Patient experience was being re-evaluated.

Board of Directors decision/agreed actions:

The Board of Directors noted the report.

176/14

BOARD COMMITTEE FEEDBACK**Finance and Investment Committee**

The Chair's report was tabled and referred to under minute number 163/14.

Remuneration Committee and Nomination Committee Chair's Report

The Chair's report was noted.

177/14

CHIEF EXECUTIVE'S REPORT, TO INCLUDE: TRUST SEAL ACTIVITY

SB presented the report, he referred to: developments to introduce free WiFi for all patients across the Trust later this year; and the Trust seal activity during the quarter.

RE asked what consideration the impact had been given to the potential impact of the new WiFi on the Trust's own ability to access. SB reported it was his understanding this was separate WiFi access but would confirm.

RE asked if the timeline to secure a substantive KPP Director had been confirmed. JB reported that the closing date for applications was the end of

SB

July 2014 with interviews early September 2014. It was the intention to bring the Legal Agreement to the Board in August 2014. Discussions were taking place with MTW regarding the organisation of a workshop across two organisations to promote integration of working.

178/14 **FEEDBACK FROM THE COUNCIL OF GOVERNORS**

NW reported key agenda items at the meeting held on 7 July 2014:

- EKHUFT latest performance updates;
- HealthWatch presentation and the role in East Kent;
- Results of Lead Governor Annual Review. Brian Glew was now the Lead Governor;
- A presentation was received in closed session on the Trust's long term strategic plan and a response to the Governor's commentary. Going forward the process for Governor involvement would be reviewed.
- The next meeting was the joint meeting with the Board of Directors on 2 October 2014. This was a closed meeting.
- The Council of Governors Constitution Committee met on 24 July 2014. Key areas considered were: significant transactions; NED term of office; and nominated governor composition.

PP reported that the Council of Governors Audit Working met on 10 July 2014. The group reviewed the outcome of the 2013/14 external audit. In addition, Reynagh Jarrett had stepped down as Lead Governor on this Group and the Group concluded that Philip Wells would undertake this role.

KR, Elected Governor (Swale), resigned from the Council of Governors on 30 June 2014. The Trust's constitution states that should a Governor resign more than 6 months before the next election, the next highest polling candidate for the last elections for that constituency can be approached to fill the remaining term. The Trust was pleased to announce Matt Williams as Governor representing the Swale Constituency.

179/14 **ANY OTHER BUSINESS**

It was noted that the friends and family test for staff had been implemented. The majority of staff had confirmed they would recommend EKHUFT as a place of work.

180/14 **QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE INFORMATION SECTION**

No questions were raised at this point in the meeting.

Date of Next Meeting: 29 August 2014, Board Room, WHH

Signature _____

Date _____