

**UNCONFIRMED MINUTES FROM THE FIFTY-SIXTH MEETING OF
THE BOARD OF DIRECTORS HELD ON 22 MAY 2014, 09:00
BOARD ROOM, KENT AND CANTERBURY HOSPITAL**

PRESENT:

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

IN ATTENDANCE:

Sally Smith	Deputy Chief Nurse (<i>Minute Number 109/14</i>)	SSm
Jenny Ray	Matron (Emergency Floor) (<i>Minute Number 109/14</i>)	JR
Julie Bournes	Acting Divisional Director)	JBo
	(Clinical Support Services)) <i>Minute Number</i>	
Andy Barker	Director of IT) <i>116/14</i>	AB
Mark Farr	Director of Information)	MF
Lindsey Shorter	Senior Programme Manager)	LSh
Mrs A Fox	Trust Secretary	AF
Mr P Gilmour	Director of Communications	PG
Sarah Swindell	Assistant Trust Secretary (Minutes)	SS

MINUTE NO.		ACTION
102/14	CHAIRMAN'S WELCOME	
	NW welcomed the Board and members of the public to the meeting.	
103/14	APOLOGIES FOR ABSENCE	
	Apologies were received from: <ul style="list-style-type: none"> • Prof C Corrigan, Non Executive Director (CC) • Mr P Presland, Non Executive Director (PP) • Mrs V Owen, Non Executive Director (VO) 	
104/14	DECLARATIONS OF INTEREST	
	SB, JB, PS and PM were noted as nominated Directors of EKMS and SB/JB of Healthex.	
105/14	MINUTES	
	The minutes of the previous meeting were agreed as an accurate record, with the following amendments: <ul style="list-style-type: none"> • Page 3, fourth paragraph, "VO expressed <i>disappointment.....</i>". • Page 2, fifth paragraph, "ST commented that the <i>project</i> needed...". 	
106/14	MATTERS ARISING FROM THE MINUTES	
	Updates from actions from the previous meeting were noted as per report. The following verbal updates were noted:	

89/14 – Quarter 4 Submission to Monitor

- The Quarter 4 submission was sent to Monitor by the required deadline. The Trust was awaiting final confirmation of its Quarter 4 position.
- With regard to the Trust's 1-2 year operational plan submission in March 2014, JB reported that Monitor had issued a letter to all FTs providing the opportunity for revisions to ensure Monitor and fellow regulators had a realistic view of the scale of the financial challenge faced over the next few years.

Closed

Noted

90/14 – Francis Theme: Organisational Culture

NW was in the process of listing clear actions from discussions of all themes brought to the Board over the last 5 months. He was keen for discussion themes to continue at future boards. A process was put in place to enable staff to express an interest in attending and their topics of interest. To date, only two members of staff had responded. NW asked that wider publicity be put in place to encourage expressions of interest.

PM

92/14 – Board Assurance Framework, to include Progress against Annual objectives 2013/14

AF reported a paper would be presented to the June IAGC with a proposed new process for the Board Assurance Framework.

Noted

AF was working with Executive Leads and their teams to rationalise annual objectives for 2014/15.

Noted

95/14 – HealthWatch – Memorandum of Understanding

- JP reported that HealthWatch had provided a commentary on the Trust's Quality Report. The Trust would continue to explore engagement opportunities, one area in particular was understanding the key drivers behind the Trust's Friends and Family net promoter score within A&E.
- NW confirmed he and SB would be meeting with HealthWatch mid June 2014 to discuss how the Trust and HealthWatch could work together going forward.

Noted

Noted

Matters Arising

NW reported he had met with the Trust's Head of Human Resources and Communications Manager to commence initial discussions regarding an action plan to enhance staff engagement (following receipt of the 2013 Staff Survey results).

NW would be attending the NHS Conference shortly and would take the opportunity to discuss staff engagement with other organisations to share learning. In addition, he would be attending a variety of audit/team meetings around the organisation to receive feedback from staff.

NW encouraged all Board members to take the opportunity to draw attention to this work when possible.

107/14 **UPDATE FROM MONITOR**

SB confirmed there was nothing to report.

108/14 **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:

- The Harm Free Care elements reported an improving position. The Trust re-launched its pressure ulcers campaign, specifically focussing on grade 3/4 heel ulcers. (Full details noted as per report.)
- April reported '0' MRSA bacteraemias and '4' post 72h *C.difficile* cases. This was a positive performance compared to the same period the previous year.

- Overall, HSMR remained low. The report included a crude mortality run chart which demonstrated improved mortality in electives.
- The 30 day readmission rate had reduced significantly. The Trust was investigating contributing factors, specifically if this was a result of measures put in place during the winter period. An improvement trajectory would be set for 2014/15, in line with the national average.
- CQUINS performance at year end was noted, with 8/9 CQUINS achieved. The stroke pathway was partially met.
- Friends and Family Test: The Trust was meeting its requirements in terms of response rates. The Trust was focussing on the net promoter scores and learning from feedback, specifically A&E.
- The Trust reported 11 serious incidents via STEIS in April 2014.
- There were 69 formal complaints during April 2014.
- The Board of Directors were asked to note Appendix 1 and requirements going forward for publishing staffing data.

Board of Directors discussion:

The Board of Directors discuss the new requirements for the publishing of staff data (Appendix 1). It was noted that benchmarking data would not be available initially as this was a new requirement. However, JP estimated that 80% would be around the norm for most organisations. At present, the Trust had variation which was being investigated.

A staffing establishment report was scheduled for June 2014 and six monthly thereafter. The report in June 2014 would include an update on recent investments.

It was noted that in future, the Trust would be able to triangulate staffing data with clinical incident data.

JSp referred to Appendix 1 which provided the first of the monthly reports to the Board on % of weekly hours actually filled versus planned. He was surprised by the variation ward by ward. JP explained there were different types of patients on every ward. Work was ongoing regarding tolerance levels and escalation.

PM added that work was ongoing in the e-rostering team to look at low reporting areas to identify whether this could be a technical issue.

It was noted that JP was working with the information team to establish a clear dataset for the Board to monitor monthly. NW/JSp added that this would enable the Board to interpret genuine quality of care.

RE referred to the reporting requirement to describe capacity and capability. JP clarified that capability would form part of the six monthly ward establishment reports to the Board. There was not a requirement to report this on a monthly basis.

The Board of Directors went on to discuss the wider clinical quality and patient safety report.

RE referred to the clinical incident in March (deteriorating patient) and asked about the role of VitalPacs in incidents such as this. JP/PS referred to the work of the Patient Safety Board to strengthen the initial recognition of deteriorating patients emphasising that concerns should be escalated at any time. A case note review was ongoing on all deaths under the age of 60 to identify overall learning. VitalPac was not currently in use in A&E.

ST referred to the Friends and Family test net promoter score and asked what the contributing factors were for the lower rate of response in A&E in terms of satisfaction. JP reported that issues highlighted by patients in this area were: waiting times; pain management; access to food and drink; and staff attitude.

NW commented that ensuring patients felt regularly reassured during prolonged periods of waiting was important.

ST asked if the extra unfunded beds were included in the Trust's bed occupancy calculation.

JP explained bed occupancy was a snapshot as at 12:00 midnight. This did not highlight complexity faced by wards during the day. The bed occupancy rate included all areas and did not reflect the tension of extra beds in medicine and surgery. However, these aspects were monitored by the Trust, specifically extra beds which were not part of the funded establishment.

NW asked JP to comment on the graph on page 14 (bottom right) 'clinical incidents – death/serious sequelae'. JP explained incidents in March and April 2014 were subject to RCA investigation. Some incidents may be down graded following review, should the condition of the patient be determined as such that the clinical incident as unavoidable. PS added that serious incidents were confirmed until proven otherwise.

Board of Directors decision/agreed actions:

- The Board of Directors noted the report and performance as reported.
- It was agreed that a presentation would be brought to a future Board regarding the impact of VitalPac within the Trust. JP will advise timing.

Noted
JP

109/14

PATIENT STORY

Matron (Emergency Floor) and Deputy Chief Nurse were in attendance for this item. The patient story described the experience of a young person with mental health difficulties who attending the Trust's A&E department: lapses in the pathway of care for young people who require mental health assessments out of hours and specialised care; disjointed communication between agencies; and the impact on the family.

A number of learning outcomes and actions had been identified (as per report).

Board of Directors discussion:

NW stated that a general understanding and awareness amongst the Trust's own staff regarding processes for an appropriate assessment for young people was important.

SB reported that the disjointed approach by agencies was raised regularly by the Trust at the Whole System Board. There had been a change in responsibility for the care of 16-18 year olds which had not been successfully embedded. Restructuring of child and adolescent mental health services had resulted in challenges.

RE asked what could be done locally to support staff, specifically whether standing operating procedures needed to be reviewed. JP confirmed that clinical leads in paediatrics and A&E were working together to update standing operating procedures. She added that the Trust was working with the child and adolescent mental health services to manage cases on a day to day basis.

JP stressed that this was a national problem which had been escalated to NHS England. JP sits on the Kent Safeguarding Board. One of the objectives was to oversee the improvement of child and adolescent mental health services.

Board of Directors decision/agreed actions:

- The Board of Directors noted the report.
- NW agreed to write to the Chair of the Sussex Partnership Trust to register the concern of this Board regarding child and adolescent mental health services.
- JP will explore the availability of study days for Trust staff.

Noted
NW

JP

110/14

KEY NATIONAL TARGETS PERFORMANCE

JP presented the report.

The Trust reported an overall compliant position in April 2014 with Monitor's RTT targets. T&O as a specialty reported non-compliance (as planned) to address the backlog position.

The Trust reported a compliant position against all cancer standards in April 2014, with the exception of symptomatic breast. Contributing factors were understood and actions put in place were noted as per report.

Non-compliance was reported in April 2014 with the A&E standard and the six week diagnostic target. Contributing factors were understood and actions put in place were noted as per report.

The Trust reported zero patients waited 52+ weeks and there were no cancelled operations during the month of April 2014.

Board of Directors discussion:

NW referred to symptomatic breast non-compliance in quarter 2 last year (2013/14). This was due to the high level of GP referrals and challenges related to patient choice.

JP reported that the Division and the information team had demonstrated that patients were being contacted earlier. The level of referrals remained high.

NW noted the non-compliance against the 6 week access to diagnostics and asked for assurance that the administrative issues had been resolved. JP reported that this was a training issue and a recovery plan was in place. Compliance was anticipated going forward.

SB reported that A&E attendance rates remained high. The Trust was reporting between 550-650 attendances per day.

NW reported he had met with the Chair of SECAMB. He expressed an interest in working with the Trust to understand our data and the impact of their 'see and treat'.

NW referred to the need for a better understanding of the key elements of demand and capacity. He referred to a discussion at the Finance and Investment Committee regarding challenges faced by the change to the ICATs service. JP stated the Trust had formally written to the CCGs about this. In addition, this was being discussed by the Planned Care Board.

Board of Directors decision/agreed actions:

The Board of Directors noted the report.

Noted

111/14

CORPORATE PERFORMANCE REPORT

JB presented the report as at April 2014 which had been discussed by the Finance and Investment Committee at a meeting held on 20 April 2014. JB drew attention specifically to: activity; income and expenditure; and cash position (as per commentary within the report).

The Board of Directors recognised there were activity trend and profiling issues as Month 1 data (2014/15) was based on actuals from the previous year.

The Finance Team discuss variances with Divisions to understand the impact on contract arrangements.

In summary, financial performance at Month 1 broke even, achieved through use of the Trust's contingency. This position was driven by high expenditure and CIPs which reported below plan by £0.5m. A CIP action plan had been requested from UC< and an update would be reported at the June 2014 Board of Directors.

For Month 1, the Trust reported a rating of 4 under Monitor's Continuity of Service Risk Rating.

JSp (as Chair of the Finance and Investment Committee) confirmed the above summary and Corporate Performance Report reflected discussions at the Finance and Investment Committee on 20 May 2014.

Board of Directors discussion:

RE asked what we know about our agency spend compared to other organisations. PM reported that from the latest benchmark information available, this Trust was strong performer in terms of percentage agency spend. Junior doctor locum rota cover explains for the majority of agency spend.

PS added that agency spend was driven by patient safety.

LS reported that capital expenditure would need to be re-profiled as quarter 1 was linked to the interim centralisation of surgery. This would be brought to the next Finance and Investment Committee. NW raised Monitor's tolerance levels of 15% (above/below) planned expenditure and received assurance that these would not be breached.

NW added that the Finance and Investment Committee monitor capital expenditure in detail on a quarterly basis.

Board of Directors decision/agreed actions:

The Board of Directors noted the finance and activity position as at Month 1 2014/15.

Noted

112/14

QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THIS SECTION

MW (Governor) referred to the increased referrals from primary care. She commented that GPs do not necessarily specialise in specific areas and referral to a consultant would seem reasonable.

JP explained the agreed referral thresholds in place, jointly agreed between primary and secondary care. Primary care was not always adhering to this criteria

when they refer. This impacted financially and was also a quality issue as referral may not add value to the patient.

SB added that referral and treatment criteria were developed from a clinical perspective.

CG (Governor) referred to the number of complaints regarding lack of food and drink in A&E (raised under minute number 108/14). She referred to vending machines available in hospitals which had been taken out of institutions such as schools to promote healthy eating. CG further added that from her experience in A&E, patients were not often informed whether they were permitted to eat or drink.

JP reported there was evidence to suggest (through friends and family feedback) further work was required to improve communications with patients throughout their stay in A&E. Where it was safe for people to have food and drink, the Trust was looking at ways to use volunteers. Availability of vending machines was mainly for visitor convenience.

Following a question raised by CG, JP confirmed the Trust monitors peaks in activity trends.

JSm relayed a personal experience of a delayed transfer of care into rehabilitation services. He asked what impact delays such as this have on the Trust.

JP referred to impact on work load of staff and cost to the Trust. Focussed work was ongoing with commissioners, community Trust and Social Services to ensure appropriate capacity outside the hospital. SB added that collaborative working was key.

JSm referred to discussions regarding the CAMHs service and supported an effective outcome.

113/14 ANNUAL MEMBERS' MEETING

AF presented the report which outlined the format and planning process for the Trust's Annual Members' Meeting scheduled for 2 October 2014.

She invited discussions on the two proposed presentations: Cardiac services (including pPCI, monitoring and pacing and the investment made in the Cath Lab) and a piece on the strategic direction of the Trust "Delivering Our Future".

Board of Directors decision/agreed actions:

- The Board of Directors agreed the format worked well and endorsed the proposed presentations.
- RE proposed that the Trust emphasise its investments in quality 2013/14 via JB and SB's presentations.
- NW agreed and added that quality improvement should be the central theme and should also be incorporated into the introductory film. JP proposed that examples from a recent Nursing Conference could be used for this purpose.
- NW reminded the Board that a presentation would also be provided by the Council of Governors on the work of the Council over the previous year.

Noted

JB/SB

AF to
inform
Comms

Noted

114/14 **QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE DECISION SECTION**

BG referred to membership road shows focussing on healthy eating and stroke and proposed these areas be considered for Trust exhibitions at the Annual Members' Meeting.

115/14 **CLINICAL STRATEGIES UPDATE**

High Risk Surgical Services

PS reported that meetings had taken place with surgeons to progress towards interim arrangements at QEQM and WHH. Work continued towards the longer term solution of centralisation. The Trust visited Northumbria to discuss their model of centralisation.

Recruitment to consultant positions was ongoing. Shortlisting had been agreed.

PM

PM agreed to confirm the number of posts to be appointed.

NW reminded PS of the request from the Council of Governors to circulate a briefing note from the Northumbria visit. He requested this also be circulated to the Board. LS proposed this be brought to the Board at the end of June 2014.

LS/PS

Outpatients Consultation

LS met with C4G Board (joint Consultee) last week to ensure both organisations were clear in terms of the decision to be made in June 2014. LS would be working with the Accountable Officer to finalise recommendations for both Boards, scheduled for June 2014.

The final assessment of the North Kent Coast site was due to take place w/c 26 May 2014. The Trust would be inviting a HOSC observer.

As reported at the last Board, the Trust was disappointed that some information from NHS Property Services remained outstanding.

116/14 **PATIENT ADMINISTRATION REVIEW – UPDATE**

JBo, AB, LSh and MF were in attendance. A presentation was provided explaining the background to the review, challenges around the initial timetable (pause until early 2014), focus of the review, governance structure, and timeframe to implementation in April 2016. The presentation also included an update on progress of each of the work streams and objectives.

LS concluded by providing assurance that lessons learned from the PACS/RIS implementation would be considered. The Trust had established a robust specification as part of the procurement process.

Board of Directors discussion:

RE reminded the Board that he was a member of the Back office Review Group. During his career he had experience of IT upgrades of this magnitude. He provided assurance that the governance and the way the business upgrade/replacement was proposed was appropriate.

RE asked if there was sufficient investment in change management and whether there was sufficient contingency. In addition, he stressed the importance of independent business and technical assurance. RE further proposed consideration be given to establishing a model office to test productivity and assumptions.

AB reported that since the initial business case and the one presented to the Finance and Investment Committee, the change management budget had tripled. The next stage was to resource the project with the right calibre of staff. LS added that a project manager had been recruited and the Trust would predominantly be using internal resources from a clinical perspective. However, she agreed to discuss this in more detail at the next Back Office Steering Group.

AB confirmed that the question regarding contingency would be considered outside of this meeting. He also confirmed that the proposal to establish a model office would also be considered as part of implementation.

ST commented on the impressive internal collaboration. He referred to the decision to not involve Serco Consultancy and proposed that consideration be given to seeking alternative external views and comparisons as learning opportunities. LS agreed to make contact with organisations to utilise learning.

MW (Governor) asked for assurance that following the award of the contract, cost would not increase during the period of change. LS responded that potential bidders had been made clear about pathways and working processes. AB added that ways in which the system is configured would be included as part of the fixed price contract.

Following a question raised by CG (Governor), confirmation was provided that the system was compatible with choose and book.

CG (Governor) was in support of the proposal by RE to establish a model office. She further proposed that new and old systems run in parallel. MF confirmed that test environments had been discussed as part of the project.

BG (Governor) was in support of the need for standardisation and rationalisation on hospital reception areas. He asked if patients would be informed of the key objectives of the upgrade. JBo confirmed that work was ongoing to inform patients of the benefits of the change.

Following a question raised by JSp, LS provided assurance that each work stream had been asked to undertake a focussed review of financial benefits to identify cost savings. These would be presented to the Back Office Review Group.

Board of Directors decision/agreed actions:

- The Board of Directors were assured that potential risk scenarios had been considered as part of the project. The Board agreed the upgrade should be patient centred and should have the right resource.
- RE agreed to track his proposals (model office; sufficient contingency; independent assurance; and investment in change management) via the Back Office Review Group.
- LS agreed to update the Board with progress at appropriate intervals.

Noted

RE

LS

117/14

CQC VISIT UPDATE

SB reported that the CQC draft report had not been received. The report was initially anticipated on 17 April 2014 and the CQC had corresponded with the Trust informing of delays.

A provisional date for the Quality Summit had been set for 23 June 2014. This was yet to be confirmed.

AF reported she had put a question to the CQC to ask if Governor attendance was permissible. She would communicate the response as soon as received.

AF

118/14 **QUESTIONS FROM THE PUBLIC**

No questions were raised at this point in the meeting.

119/14 **MEDICAL DIRECTOR'S REPORT**

- **AWARDING OF DISCRETIONARY POINTS TO ASSOCIATE SPECIALISTS (OLD CONTRACT)**
- **RECOMMENDATIONS OF THE DECISION MAKING GROUP TO AWARD CLINICAL EXCELLENCE AWARD POINTS TO MEDICAL CONSULTANTS 2013**

PS introduced the two reports and explained the background, governance process, objectives and outcome for Board approval.

PS provided assurance that the decision making group represented the ethnicity and diversity of the Trust's consultant body.

Board of Directors discussion:

NW referred to the analysis of CEA awards on page 8 of the report. He commented that allocation of awards on the QEQM site was low in comparison to WHH and K&C. PS provided assurance that the decision making group included cross site representation and the process was fair.

Board of Directors decision/agreed actions:

The Board of Directors approved the recommendations to award Discretionary Points and Clinical Excellence Awards as per the two reports.

Noted

120/14 **CORPORATE RISK REGISTER – TOP 10**

JP introduced the report and the Board of Directors noted the new and emerging risks (as per report). No risks had been removed and none had been reduced since the last report to the Board.

Board of Directors discussion:

Following a question raised by NW, LS confirmed that the Patient Administration Services project had its own risk register. As the project progresses, risks may transfer to the corporate risk register following discussion at the Risk Management and Governance Committee.

PS highlighted a potential risk pending the outcome of the Deanery visit on 15 June 2014.

RE highlighted there may be a generic category of risk related to supply chain. (He reported further details under Any Other Business later in the meeting.)

Board of Directors decision/agreed actions:

The Board of Directors noted the report.

Noted

121/14 BOARD COMMITTEE FEEDBACK**Finance and Investment Committee**

The report from the Chair was tabled. JSp highlighted specifically the detailed discussion on the 2-5 year strategic plan and approval of a PET/CT business case to provide additional diagnostic options to the Trust.

122/14 CHIEF EXECUTIVE'S REPORT

The Board of Directors noted the report. SB specifically highlighted the recent awards to Trust staff and innovation in services the Trust was delivering.

NW referred to the Kent Pathology Partnership and asked when overseeing Board would be formed. SB explained that the legal partnership agreement was being drawn up which would be presented to both Boards (MTW and EKHUFT). SB would discuss with MTW the forming of a shadow Board.

SB went on to report that the process to recruit a Managing Director of KPP was ongoing. Implementation work streams were progressing.

SB

123/14 FEEDBACK FROM COUNCIL OF GOVERNORS

NW reported the Council of Governors met on 9 May 2014. The following was discussed:

- Report back from NW and JSp on NED/Chair appraisals.
- Update on high risk surgery.
- Progress report on the Trust's 2-5 year strategic plan submission and agreed process for Governor commentary.
- Staff Survey results.

The Governors also finalised their commentary on the Trust's Quality Report and NW thanked all Governors for their contribution.

124/14 ANY OTHER BUSINESS

RE reported he had attended a DH briefing on procurement and highlighted that foundation Trusts and non- foundation Trusts would have to comply with guidance to achieve £2m savings (across the NHS sector) in April 2016.

RE was working with LS to produce a paper for the Finance and Investment Committee.

125/14 QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE INFORMATION SECTION OF THE AGENDA

No further questions were raised.

The meeting closed at 12:15pm

Date of the next public meeting – 27 June 2014, The Ark, Dover

Signed: _____

Date: _____