

**MINUTES OF THE FIFTY-SECOND MEETING OF THE BOARD OF DIRECTORS
HELD ON 30 JANUARY 2014, 09:00
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)
Mr P Presland	Non Executive Director (PP)
Dr 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)	
Dr James Nash	Director of Infection Prevention and Control – <i>Min No 09/14</i>	
Sally Smith	Deputy Chief Nurse) <i>Min no 14/14</i>
Jill Howes	Chair of Staff Side (JH))
Deborah Bicker	RCN representative (DB))
Nkantha Gitonga	Pharmacist (NG))
Paul Kirby	Staff Governor (PK))
Andrea Reid	Therapies Inpatient Team Leader (AR))
Jo Nightingale	Head Biomedical Scientist)
Marion Clayton	Divisional Director (Clinical Support Services)
Prof. Friedrich Muhlschlegel	Clinical Director EKHUFT) <i>Min No</i>
Sara Mumford	Clinical Director (MTW)) <i>15/14</i>
Vivienne Bertram	Finance Divisional Lead)
Sarah Swindell	Assistant Trust Secretary (SS) (Minutes))

MEMBERS OF PUBLIC:

John Sewell	Elected Governor (JSe)
Jocelyn Craig	Elected Governor (JC)
Brian Glew	Elected Governor (BG)
Junetta Whorwell	Elected Governor (JW)
Cindy Slater	Thyroid MDT Co-ordinator (CS)
Mr John Smith	Member of the public (JSm)

MIN. NO.		ACTION
01/14	CHAIRMAN'S WELCOME	
	NW welcomed the Board and members of the public to the meeting.	
02/14	APOLOGIES FOR ABSENCE	
	Apologies for absence were received from: Prof C Corrigan, Non Executive Director (CC)	
03/14	DECLARATIONS OF INTEREST	
	SB, JB and PM were noted as nominated Directors of EKMS and SB/JB of Healthex.	

04/14	MINUTES OF THE PREVIOUS MEETING HELD ON 18 DECEMBER 2013	
	Minutes of the previous meeting held on 18 December 2013 were agreed as an accurate record.	
05/14	MATTERS ARISING FROM THE MINUTES	
	The Board noted the update on actions from the previous meeting as per report. The following verbal updates were noted:	
	<u>186/13 – Francis Report Theme</u> PM/AF/NW had discussed at a Francis Report Steering Group the proposal to introduce regular invitations to staff to attend Board meetings for specific discussion items.	Closed
	<u>211/13 – Corporate Risk Register (CRR)</u> JP confirmed that adjustments (as discussed at the December Board) would be considered as part of the next review of the Risk Management Strategy. AF would be involved to strengthen links with Board Assurance Framework.	Closed
	<u>231/13 – Minutes of the previous meeting</u> <u>Outpatients Strategy</u> It was noted that over 600 people attended the Herne Bay public meeting to discuss the Outpatient Strategy. A number of significant points had been raised which would be considered by the Trust. NW commended LS, SB and the Divisional Director of Clinical Support in the way they conducted proceedings.	Closed
	<u>231/13 – Minutes of the previous meeting</u> <u>Medical Director Report – HEKSS Visit Update</u> It was noted that PM was putting together a paper regarding changing workforce models. He agreed to share this with NW.	PM
06/14	CLINICAL QUALITY AND PATIENT SAFETY REPORT	
	<p>JP introduced the report and the Board of Directors noted the main issues (as per summary of the report). JP highlighted the following in particular:</p> <ul style="list-style-type: none"> • Pressure Ulcers and Falls data was noted as per report. The Trust was seeing an increase in acuity of patients. Learning had been identified. • MRSA and <i>C.difficile</i> performance as at December was noted as per report. JP reported that the number of <i>C.difficile</i> cases had reported a slowing trend, with 4 cases reported in January 2014 to date. • <i>E.coli</i> was reported for the first time. The Trust's rate appeared to be high and work was ongoing to understand the context of this. • Mortality indicators continued to report a strong performance. • Two serious incidents were reported in December (as per report). There had been an increase in reported incidents related to staffing difficulties. The Trust was working to mitigate the impact of extra beds over the seasonal period which had now reported an improved position, although there was further work was ongoing internally and externally to improve patient flow. • Complaints reported a downward trend. • Overall, the Trust met its Friends and Family Test commitment (details as per report). Further work was required in A&E. <p>Board of Directors discussion:</p> <p>JP reported that national data should soon be available to compare Friends and Family Test response rates. JP provided assurance (following a question raised by RE) that the methodology used by the company 'iWantGreatCare' (details as per report) was a valid methodology.</p>	

PM reported that the Trust would be required to use the Friends and Family test amongst its staff.

ST commented that bed occupancy was a key indicator of the effectiveness of the care provided by the Trust. He asked for reassurance that this was an improving position. JP stated that bed occupancy was monitored in line with length of stay and activity levels to monitor patient flow. The winter period reported more pressure within the whole system. Responsiveness of the wider health economy had not been as robust as committed in the Season plan.

The Seasonal Plan outlined plans for 60 step down beds. At present 38 were on line. Delays were noted related to CQC registration for one home that was opening 22 additional beds.

In terms of the current bed occupancy levels (94%), VO asked if the Trust's staff/patient ratios were appropriate. JP stated that quality metrics were closely monitored within the Trust to identify any adverse trends. She stressed that patient flow was a whole system issue.

Board of Directors decision/agreed actions:

- The Board of Directors noted the performance to date.
- NW proposed, and the Board agreed, that it would be helpful to understand the detail behind the mortality data trends. JP agreed to include further detail within the next report to the Board.

JP

07/14

PATIENT STORY

JP introduced the story which highlighted the importance of effective communication to patients. The report also demonstrated how the learning had been used to undertake improvement work with staff. Communication and attitude was one of the main themes of Trust complaints.

Board of Directors discussion:

JP provided assurance (following a question raised by RE) that Health Care Assistants were supervised by registered nurses, effectiveness was monitored via appraisal. Peer challenge (through the work of the Trust's We Care Programme) was noted by the Board of Directors as important.

JP provided further assurance (following a question raised by VO) that action had been taken regarding the clinical learning aspects of the patient story.

Board of Directors decision/agreed actions:

- The Board of Directors noted the report.
- Matrons were encouraged to make face to face contact with patients following concerns raised, the Board of Directors thanked Matron Biffen for the work she had undertaken in this regard.

Noted

08/14

KEY NATIONAL PERFORMANCE TARGETS

JP presented the report which confirmed a compliant position against all Monitor RTT targets; and the six week diagnostic target. Progress was noted as per report.

The Trust reported non-compliance against the A&E 4 hour standard in December and for Q3 as a whole. The report identified reasons and actions taken by the Trust. Week commencing 27 January 2014 the Trust reported an improving position (above 95%).

The Trust reported non-compliance against the 62 day screening standard in December. This was an unvalidated position, but it was unlikely the Trust would achieve compliance for Quarter 3. The report identified reasons and actions taken by the Trust.

There were '0' patients waiting 52 weeks and '0' cancelled operations for the second time.

NW provided feedback from the NED Governance Group and the following was noted:

- Assurance was provided to the Group that the 18 week backlog was reducing. In particular, action plans within orthopaedics had started to be taken forward at its next meeting. The Group had asked for more detailed feedback on the plans in place and asked that this work be presented to the Board of Directors in June or July 2014.
- The Group reviewed a multifaceted plan for the use of additional A&E funding and were assured by its comprehensiveness.
- The Group reviewed the contributing factors to cancer non-compliance. The Group discussed the need to anticipate major awareness campaigns to ensure capacity.

RE added that assurance should be taken that the NED Governance Group takes time to discuss the detail of key performance areas on behalf of the Board of Directors.

Board of Directors decision/agreed actions:

The Board of Directors noted the performance to date.

Noted

09/14 MRSA PERFORMANCE UPDATE

Dr James Nash, Director of Infection Prevention and Control, was in attendance for this item.

E.Coli

Further to JN's presentation to the January 2014 Board he reported that *E.coli* was increasing nationally. The Trust's rate was high in comparison with its peers and work was ongoing to understand the contributing factors, with assistance from Public Health England. 80% of cases were community acquired.

MRSA

JN provided a presentation on the Trust's performance 2006/07 to 2013/14 which demonstrated an increase in cases during 2013. The presentation also included details of control measures put in place.

Board of Directors discussion:

PS stated that age standardised rates would be beneficial, particularly in light of the age demographic of the East Kent population.

With regard to MRSA, JN stated that most patients were asymptomatic. He provided assurance that systems were in place to screen on admission and also to screen patients with a long term stay.

JN explained that the Trust's MRSA performance was slightly above the average rate (cases per 100,000 bed days).

Board of Directors decision/agreed actions:

- The Board of Directors noted the presentation.
- Monitoring would continue monthly as part of the performance reports.
- A copy of the presentation would be circulated to the Board and Council of Governors.

Noted
Noted
SS

10/14

CORPORATE PERFORMANCE REPORT

JB presented the report to include the performance, activity and financial performance as at December 2014 (details as per report).

In summary, the Trust reported a risk rating of 4, ahead of a plan of 3. The outturn forecast was £3.7m surplus with full application of contingency and assumptions of a positive settlement with CCGs in terms of over performance. Affordability of CCGs was a risk.

JS confirmed that the Finance and Investment Committee discussed the Trust's financial position in detail at its meeting held on 29 January 2014. He reiterated JB's comment regarding the end of year position and the potential impact on the next financial year.

Board of Directors discussion:

Following a question raised by NW, it was noted that there was no correlation between activity and the level of agency spend. PM explained that the majority of agency spend was in relation to junior doctor cover. PM further reported that there was variation in controls across divisions which were being reviewed.

SB added that the Trust continues to pursue efficiency. However, strategic plans (as a health economy) were required to secure sustainability long term.

Board of Directors decision/agreed actions:

The Board of Directors noted the performance to date.

Noted

11/14

QUARTER 3 RETURN TO MONITOR

JB introduced the paper. The Trust would be reporting to Monitor a Continuity of Services risk rating of 4 and a Governance Rating of 3. Exception reports for areas of non-compliance were noted:

- A&E Performance.
- 62 day screening.
- *C.difficile*

Board of Directors decision/agreed actions:

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

- The report would be amended in paragraph 10 to reflect the Board's decision regarding the Kent Pathology Partnership (discussed later on the agenda).
- Page, 15 – unfinished sentence.
- Page 6, 'non-compliance' to be noted under *C.difficile*.
- A&E exception report to make reference to ECIST review.

The Board of Directors confirmed the report was in line with performance reported to the Board on a monthly basis.

SS/AF to
co-
ordinate

12/14

REVIEW OF ONGOING COMPLIANCE AGAINST SELF CERTIFICATION

AF and SB reported they were content the Trust was reporting appropriately to Monitor. The Integrated Audit and Governance Committee would receive a

Noted

report at their February 2014 meeting comparing Quarter 3 actual performance against Quarter 2 forecasts.

13/14 QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THIS SECTION

Mr Smith asked if the MRSA increase had a correlation to the Trust's mandatory training figures. NW/PM both reported there was no evidence to suggest this but confirmed that work was in place to continue to improve mandatory training compliance.

JC referred to the Clinical Quality and Patient Safety Report and the increase in incidents reported related to staffing levels. She referred in particular to the Singleton Unit which was fully staffed but reported 18 incidents related to staffing levels. JP agreed to find out the detail behind these incidents and contact JC outside of the Board meeting. A copy would be circulated to the Board for information.

JP

BG referred to the number of patient safety initiatives being taken forward in the Trust and asked where the responsibility lay for central monitoring. SB explained that it was the responsibility of the Executive Team to set the tone and policies. Implementation was devolved to Divisions which was complex due to the geography of the Trust. JP explained the work of the We Care Steering Group and Patient Safety Board.

Following a question raised by JW, PS explained that an antibiotics usage policy was in place within the Trust. Usage would depend on cultures and known sensitivities.

Following a further question raised by JW, JP confirmed that maternity was not an area routinely screened for MRSA.

14/14 FRANCIS REPORT THEME: WE CARE VALUES AND TONE OF VOICE

Sally Smith, Deputy Chief Nurse, was in attendance for this item. She set the scene of the discussion by providing a presentation outlining the development of the organisation's 'We Care Values'.

Board of Directors and Staff discussion:

The Board of Directors and members of staff present for this item were invited to discuss the values and ways in which these can be embedded within the organisation. The following discussion points were noted:

- The Trust should ensure staff felt valued by the organisation. This would then transfer into their working practices.
- We Care values need to be reflected into all Trust communications (internal and external). Examples were provided: reflect on tone of internal emails; work ongoing to review outpatient letters.
- Staff awareness of consequences for patient pathways from actions taken and behaviours was important. In addition, empowerment to challenge their peers constructively.
- The importance of open and honest discussions with staff (face to face and from the top down) was noted. In addition, managing expectations and the outcome of final decisions made by the Trust.
- Processes for change management in the Trust can be felt to be impersonal. The importance of communicating the reasons for change and staff engagement (at the most appropriate stage the process) was stressed. The Board of Directors recognised this was particularly important, particularly when implementing the Trust's clinical strategy.
- Development of middle managers to manage change appropriately whilst

maintaining service provision.

- A proposal was made to introduce more mediators in the Trust to help manage change and conflict.
- Communicating practical examples of 'good' and 'bad' behaviours to staff. In particular, behaviours that generate compliments.
- Leading by example was important. A proposal was made to introduce a 'We Care champion mentoring system'.

JP reported that each staff member would be asked to confirm that they have read and understood the values. GS added that the Communications Team would be looking to engage teams and encourage discussion of the We Care Values to embed within the organisation.

Governors and members of the public present were invited to put forward their views and the following summarises feedback received:

- The Trust should be mindful of not making the 'we care' process overly process orientated. Behaviours and style were important and this should be evidenced at senior levels. Demonstrate to staff how a change in behaviour can positively impact the work they do.
- JC referred to her work with the Trust on the We Care Steering Group and Way Finding Group. She commented on the need to overlap the 'we care' values into all initiatives.
- JW stressed the importance of communication and the way in which we relay to others. She relayed a positive experience following a theatre observation.
- Mr Smith commented on the positive discussions (such as this) which take place at Board level.

Board of Directors decision/agreed actions:

- The Board of Directors noted the key discussion points raised.
- Change management processes in pharmacy were mentioned as part of the discussions. SB would be meeting with pharmacy teams.
- It was proposed this item be discussed further at the Chief Executive Forum.

Noted
Noted

SB/GS

15/14

FULL BUSINESS CASE FOR THE RECONFIGURATION OF PATHOLOGY SERVICES – THE CREATION OF THE KENT PATHOLOGY PARTNERSHIP (KPP)

Marion Clayton, Divisional Director (Clinical Support Services; Prof. Friedrich Muhlschlegel, Clinical Director (EKHUFT); Sara Mumford, Clinical Director (MTW); Vivienne Bertram, Finance Divisional Lead, were in attendance for this item.

A presentation was provided which outlined: the key project drivers; service transformation governance standards; impact of not implementing the project; benefits of entering into a joint venture (including clinical and financial benefits); preferred option 5; governance and proposed management structure; benchmarking data; risks and mitigating actions; and conclusions.

MC provided assurance that workforce changes would be implemented in a phased, planned and risk assessed way to ensure quality of care was not compromised.

MC also reported that links had been made with pathology accreditation advisers to establish a project plan to maintain accreditation.

IT solutions were crucial to the project's success. This was a key element of the phased implementation (as per presentation).

Board of Directors discussion:

Following a question raised by NW, MC provided assurance that the contractual joint venture would enable shares and profit to be flexed to account for any future changes in the financial position of either organisation. This would be reviewed on a quarterly basis. There was also the flexibility to review and develop the financial and income stream.

Following a further question raised by NW, MC provided assurance that the staffing reduction (as per business case) would not impact on service provision. Benchmarking information had been used to inform the business case together with professional critical friend advice. MC reported that clinical leads were confident the staffing levels were appropriate for a clinically safe ESL. Continual monitoring would take place and reported to both Boards.

AF reported she had obtained legal advice on the joint venture and confirmed that the turnover did not meet the merger or significant transactions thresholds set by Monitor (as outlined in their Risk Assessment Framework 2013/14).

ST stressed that the engagement of staff was important and asked what issues had been raised and how these were being addressed. MC reported the main concern of staff related to future hosting arrangements. Once the business case had been approved, this would be progressed. Assurance was provided that terms of conditions would remain as they are for all staff. Further concerns regarding the future of posts had been raised by staff. The business case does reflect a reduction in workforce (over a period of time) and the need for a well-managed HR process had been recognised.

JC (Governor) declared an interest in this business case. Although now retired, she was a biomedical scientist for 35 years. As a Governor, she raised the following concerns:

- Biomedical scientists do not feature in the business case. She raised a concern as this group of staff form the majority of the workforce.
- Incorrect reference in the business case to the Institute of Biomedical Science (IBMS).
- RCPATH Consulting had not been approached to test the business case and she encouraged the Board (particularly the NEDs) to consider this.
- The impact of the split of histopathology and cellular pathology and whether the current key performance indicators were being fulfilled.

MC, FM and SM responded:

- FM apologised for the error in the reference to the IBMS. He referred to page 38 of the business case which reported this correctly.
- A significant number of staff in the service were registered with the Royal College of Pathologists and were revalidated and appraised continuously. Staff of both Trusts had significant experience of running services in their respective Trusts.
- SM reported that engagement from the Royal College of Pathologists had been secured onto the governance and quality workstream of the project. Consideration would be given to engaging RCPATH Consulting as part of this project.
- The Trust had taken advice from other Trusts who had entered into similar joint ventures to learn from their experiences.
- SM explained the rationale behind the cellular pathology and histopathology split. Learning from the Sherwood Forrest Trust demonstrated that Cellular Pathology should not be centralised. Consideration had been given to the

current estate of both Trusts and extensive discussions with cellular pathology staff with regard to future models. As a result, histopathology (processing only) and molecular would be centralised.

- MC reported that the Royal College of Pathologist KPIs were used by the Trust and form part of the balanced scorecard for East Kent. Monitoring of KPIs would form part of the assurance process during implementation.
- With regard to the mention of biomedical scientists, the business case views staff in its entirety recognising that the department incorporated a variety of different disciplines.

The Finance and Investment Committee discussed the business case in detail at their meeting held on 28 January 2014. JS reported, as Chair, that the Committee was assured by the proposal that implementation of the business case would provide a sustainable and enhanced service provision which should safeguard future pathology provision.

VO asked for assurance that the financial costs ensured the service would be competitive in the future. SB reminded the Board that the service was essential to the work of the Trust. The business case would ensure future quality whilst driving efficiencies and provide future business opportunities. The risk of not proceeding with future service change was significant (as per business case).

Following a question raised by JS, MC confirmed that both services currently have the capacity to attract future business. Implementation of the business case would provide further opportunities.

Board of Directors decision/agreed actions:

- The Board of Directors considered the discussion points raised and assurances provided via the Finance and Investment Committee. A unanimous decision was reached to proceed with the business case.
- NW congratulated the teams of both Trusts for the work undertaken.
- NW requested regular updates be received at the Board with regard to progress with the implementation. He further requested that learning from the PACS/RIS be considered. In addition, consideration should be given to the Trust's We Care Values during implementation.

Approved

ST left the meeting.

16/14 DRAFT 2014/15 ANNUAL PLAN AND PLANNING PROCESS

JB outlined the plan the Trust was developing internally and the timetable (as per report). It was noted that this year's submissions would be split. The first submission (2 year plan) as due in April 2014; the second submission (5 year plan) was due in June 2014.

With regard to the strategic submission in June 2014, NW referred to Monitor's Assessment Tool for strategic planning and stated that this would be brought to the April Board of Directors for consideration.

Board of Directors discussion:

The Board of Directors noted the risks with 2013/14 financial performance (as reported at Board level) and potential impact on subsequent years.

The bottom line surplus for 2014/15 was weak relative to the current year due to non-cash items (impairment of Dover; Kent Pathology Partnership; and re-evaluation of the Trust estate).

Paragraph 3 of the report, 'Better Care Fund' was referred to and it was noted that the Trust was entering the bid process. If successful, funds would be used to improve patient flow.

Assurance was provided that the 2014/15 plan was based on all information and assumptions available to the Trust at this time. The plan would be updated as new information becomes available.

JP commented that clinical engagement was important particularly when aligning commissioning intentions. Understanding of profitability elements to inform discussions with commissioners was also important.

Board of Directors decision/agreed actions:

- The Board of Directors noted the report and the significant challenges facing the Trust going forward.
- LS would work with AF to draft the Trust's response to Monitor's Assessment Tool and bring to the April Board for discussion.

Noted

LS/AF

17/14 BOARD ASSURANCE FRAMEWORK

AF presented the report which had been updated following meetings with Executive Directors to review risk ratings. The summary reported changes since the previous report to the Board of Directors.

Board of Directors discussion:

RE complimented the format and key messages from the report. He commented that he was aware of all the increased risks with exception of one regarding the PAS upgrade.

LS clarified that it was unlikely the up-grade would take place in this financial year. The project had evolved to incorporate 3 IT projects (PAS upgrade; KPP IT reconfiguration; and changes within patient administration). Project plans were in place and LS was the executive lead.

Progress against annual objectives is included in the Trust's Annual Report.

AF stated that when looking at annual objectives for 2014/15, the Trust needed to identify mission critical objectives.

LS referred to the marketing objectives. She reported that work was ongoing to implement the marketing strategy for the Trust. Due to the complexity, this had not progressed as quickly as hoped. The report noted work undertaken to date.

Board of Directors decision/agreed actions:

- The Board of Directors noted the report.
- NW referred to annual objective 8, Research and Development, which was rated as 'red'. PS provided assurance that the service was performing well. The majority of the metrics related to challenges related to housing of the service and requested that opportunities in this regard were reviewed.

Noted
LS/PS

18/14 CLINICAL STRATEGY UPDATE

LS presented the report which updated the Board of Directors on the progress of the Clinical Strategy for emergency and planned surgery, emergency care and outpatients.

Board of Directors discussions:

The outpatients consultation was under way. A total of 6 public meetings had taken place to date. Attendance at each had been variable. There had been useful input from members of the public which would be considered by the Trust as part of the consultation.

Commissioner engagement into the process to date had been disappointing.

It was recognised there needed to be more proactive understanding of the structure of the NHS and working relationships within the local health economy.

Board of Directors decision/agreed actions:

- The Board of Directors noted the progress to date.
- The Trust would be collating all feedback from Outpatient Consultation meetings for consideration. Key messages would also be relayed to the CQC during their visit of the Trust in March 2014.
- The Council of Governors would be considering the process for constructing their response at their meeting on 10 March 2014.

Noted
Noted

Noted

19/14 QUESTIONS FROM MEMBERS OF THE PUBLIC

BG referred to the challenges faced by the Trust in meeting its CIPs programme. He asked if there were further opportunities for joint ventures or mergers. SB reported that there were other services which were challenged strategically. Vascular was mentioned in particular. Discussions were ongoing Kent wide as to how these services could be collaborated on differently.

JSe raised a concern regarding redacted reports circulated by the Trust in the public domain. He referred to the Trust's Annual Plan and Kent Pathology Partnership Business case which were circulated without appendices. He raised a concern (and JC agreed) that Governors in particular would not be able to provide useful comments.

JB/NW/SB responded by explaining the impact of releasing commercially sensitive information in the public domain. NW stated that documents shared in public should enable the Board and Governors the opportunity for a sufficient level of understanding to undertake their roles. Governors have the opportunity to challenge and seek assurance from the NEDs. However, NW agreed as a point of principle that if there were relevant informing appendices that were not confidential these should be shared in future.

20/14 CQC INSPECTION VISIT PROJECT PLANS

The Board of Directors noted the action plan. JP added that briefings for staff were being organised ahead of the visit. Focus groups would be organised by the CQC during the week of the visit which would include Governor involvement.

A copy of the action plan would be circulated to the Council of Governors for information.

SS

21/14 CLINICAL INCIDENTS PRESENTATION

Due to time constraints, this item was deferred to the next meeting.

22/14 MEDICAL DIRECTORS REPORT

PS was pleased to report that the HEKSS had confirmed the measures put in place by the Trust with regard to surgical training were appropriate. Surgical

training would therefore continue at William Harvey Hospital.

Work continues to implement the action plan.

PS further reported that the GMC report for the CQC Visit arrived today (30 January 2014). He agreed to share this with the Board of Directors.

PS

23/14 CORPORATE RISK REGISTER – FULL REGISTER

JP presented the full risk register (presented to the Board on a six monthly basis). The reduced, increased, substantially changed, removed and emerging risks were noted as per report, together with mitigating actions.

She drew attention to the emerging risk related to the diabetic retinal screening service. The contract was due to end in April 2014. A task and finish group had been established to look at the future service and governance implications.

PS reported that learning from a recent clinical incident was underway. Consideration would be given regarding links to the Corporate Risk Register.

AF reported that the Risk Management and Governance Group agreed that the HCAI risk would be added to the Board Assurance Framework.

Board of Directors decision/agreed actions:

The Board of Directors noted the report.

Noted

24/14 BOARD COMMITTEE FEEDBACK

Finance and Investment Committee

The Chair's report was tabled and noted. JS had reported key updates as part of the earlier agenda items.

25/14 CHIEF EXECUTIVE'S REPORT

The Board of Directors noted the report. SB provided the following verbal updates:

- Communication continued with GE regarding the PACS/RIS issue.
- The Integrated Audit and Governance Group received an assurance report regarding Trust plans to bridge the current gap in service following implementation of the Kent-wide NSL Contract for patient transport. SB would update the Board at the next meeting.

SB

26/14 FEEDBACK FROM COUNCIL OF GOVERNORS

NW reported the Council of Governors last met on the 14 January 2014. Items on the agenda included: Performance updates; endorsement of the appointment of external auditors; update on the development of the Trust's Financial strategy; maternity services performance update; endorsement of the revised code of conduct; presentations from the CQC compliance manager and EKHUFT visit preparations.

The next meeting scheduled was the Joint NED and Governors meeting. This meeting would provide an opportunity for detailed discussion regarding the Trust's Annual Plan.

Elections for Governors were underway and results would be reported to the Trust in early February 2014.

The Board of Directors had been previously informed of the death of Laurence Shaw (Dover Governor). The Board formally noted his contribution to the Council during his term and their thoughts were with his family.

The meeting closed at 13:30

Signed: _____

Dated: _____