

**MINUTES OF THE FIFTY-FIFTH MEETING OF THE BOARD OF DIRECTORS**  
**HELD ON 25 APRIL 2014, 09:00**  
**BOARD ROOM, WILLIAM HARVEY 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 V Owen	Non Executive Director	VO
Mrs J S Pearce	Chief Nurse and Director of Quality and Operations	JP
Mr P Presland	Non Executive Director	PP
Ms E A Shutler	Director of Strategic Development and Capital Planning	LS
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:**

Mr B Campion-Smith	Head of Equality & Engagement (Minute No. 95/14)	BC-S
Steve Inett	Chief Executive, HealthWatch Kent (Minute No. 95/14)	SI
Mr Alex Chipperfield	Consultant Orthopaedic Surgeon (Minute No. 80/14-85/14)	AC
Mrs A Fox	Trust Secretary	AF
Mr P Gilmour	Director of Communications	PG
Sarah Swindell	Assistant Trust Secretary (Minutes)	SS

11 members of staff from various disciplines were in attendance for the Francis Report discussion.

**MEMBERS OF PUBLIC:**

Mr J Sewell	Elected Governor	JSe
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MIN. NO.		ACTION
<b>80/14</b>	<b>CHAIRMAN'S WELCOME</b>	
	NW welcomed the Board and members of the public to the meeting.	
<b>81/14</b>	<b>APOLOGIES FOR ABSENCE</b>	
	Apologies for absence were received from: <ul style="list-style-type: none"> <li>• Prof C Corrigan, Non Executive Director (CC)</li> <li>• Dr P Stevens, Medical Director (PS)</li> </ul>	
<b>82/14</b>	<b>DECLARATIONS OF INTEREST</b>	
	SB, JB, PS and PM were noted as nominated Directors of EKMS and SB/JB of Healthex.	
<b>83/14</b>	<b>MINUTES OF THE PREVIOUS MEETING HELD ON 28 MARCH 2014</b>	
	The minutes of the previous meeting were agreed as an accurate record.	
<b>84/14</b>	<b>MATTERS ARISING</b>	
	The Board of Directors noted the updates on actions as per report. The following verbal updates were noted: <p><u>22/14 – Medical Director's Report</u></p> JP reported that there had been positive engagement from the junior doctors	Noted

with useful actions that were being taken forward. PS had agreed to keep the Board informed as part of his Medical Director's Report.

#### 61/14 – Patient Story

LS reported she had taken a paper to the Finance and Investment Committee on 24 April 2014 on the back office review, in particular patient administration services. The Board would be receiving a presentation at its May 2014 meeting.

May  
Board

#### 66/14 – Francis Theme: Middle Grade Doctors and Matrons as Guardians of Safety

The Board noted the processes being put in place to take forward the actions from the last meeting. As an example, JP reported that at the William Harvey Hospital senior matrons were meeting regularly with junior doctors to promote closer working relationships.

Noted

#### 67/14 – CQC Visit Update

JP reported that a draft report from the CQC was still awaited.

Noted

#### 69/14 – 2014/15 and 2015/16 Business Plan

JB confirmed that the Business plan had been submitted to Monitor by the required deadline. Monitor would be undertaking a review of the submissions and would identify plans which require further interrogation. The Trust was in the process of working up the 2-5 year Strategic Plan for submission in June 2014. NW had met with John Sewell and Brian Glew (Governors) to agree arrangements for Governor input into the process.

Noted

#### 72/14 – National Staff Survey 2013

NW confirmed he had met with PM and the Head of HR to discuss the disappointing staff survey results. A staff engagement project would be taken forward (led by NW) and the HR department was working up the detail. Learning from other organisations would be incorporated.

PM

ST commented that the projected needed to complement the Trust's We Care Programme. JP added that as part of the We Care Programme, work was undertaken to link staff wellbeing to patient care.

VO proposed that the Trust also look at work undertaken in the private sector to establish a comprehensive people strategy. PM reminded the Board of the Trust's workforce strategy and it was agreed that the profile needed to be raised. SB commented that the Trust needed to understand the behaviours and culture of the organisation.

#### 74/14 – Corporate Risk Register

Regarding the temporary closure of the Aseptic Unit, JP reported that mitigating actions had resulted in a much more robust service. The MHRA would be inspecting as part of their normal inspection profile.

Noted

85/14

### **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 in particular:

- The Harm Free Care elements reported an improving position, in particular pressure ulcers reported an overall improvement, but challenges remain in reducing grade 3/4s. There had also been a reduction in falls resulting in fractures.
- HCAI performance was noted as per report (MRSA; *C.difficile*; and E.Coli). It was noted in particular that *C.difficile* performance had been brought back in line with previous good performance in 2012/13. There was evidence linking HCAI performance to hospital pressures and the Trust was working with commissioners to improve patient flow.
- Mortality rates reported an improving position (noted as per report).

- Risk Management issues were noted as per report. JP highlighted that the reported “never event” was being discussed with NHS England and commissioners as to whether it meets the criteria for a never event.
- Bed occupancy: The Trust continued to experience delays associated with social care. The Trust was discussing with commissioners and Kent County Council
- Good progress had been made against CQUINS. The Trust would meet all 4 national standards at year end. Discussions and validation remain ongoing with Commissioners regarding the outcome of local indicators.

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

RE highlighted a risk to quality associated with extra beds. He asked if there were any additional measures the Trust should be taking. JP provided assurance that this was taken seriously and was monitored by Heads of Nursing and Matrons via performance dashboards to identify any impact on quality. Challenges related to staff resources to manage the extra beds. Sourcing temporary staff could sometimes be a challenge.

The Trust was discussing with commissioners the process for holding them to account to improve patient flow. The CCGs were receptive to indicators which trigger pressures on beds. This would be an area to pick up with the CCGs at the forthcoming Board to Board meetings.

VO expressed disappointed with the Trust’s pressure ulcer performance (specifically relating to grade 3/4) and performance against falls resulting in fracture. She also referred to initial feedback from the CQC proposing the Trust invest in specialist equipment.

JP offered (outside of the meeting) to explain in detail the areas where the Trust had made improvements in pressure ulcer performance. The area which remained a challenge was heel ulcers and continuity of adherence to the Skins Bundle Programme, linked to hospital pressures. A task and finish group was in place to monitor trends. All other pressure ulcer indicators had reported an improved position.

Audits of tissue viability equipment had taken place prior to the CQC visit. The CQC had highlighted this as an area of improvement following observations made by staff.

In terms of falls, JP reported that the Trust was one of the best performers in Kent and Medway. Performance in this area was an improving picture.

ST congratulated the Trust on its improved complaints performance. In addition, he observed that the number of ‘returners’ had reduced which was an indication of improved quality of responses.

SB reported that he had observed improvements in quality and timeliness in the response to complaints.

NW was a member of the Complaints Management Steering Committee and reported that the Trust’s action plan had started to embed.

ST referred to the themes of complaints related to ‘incomplete examination’ and ‘missed fractures’ and asked the contributing factors behind these areas. JP provided assurance that processes were in place to monitor and review missed fractures. Benchmarking work was being undertaken to compare performance. Incomplete examination encompassed a number of issues, in particular patient perception.

**Update on Hip Fracture/Neck of Femur:**

Mr Alex Chipperfield, Consultant Orthopaedic Surgeon, was in attendance for this item. He provided a presentation updating the Board of Directors on the Trust's action plan to improve mortality rates following an 'outlier' alert. The Trust had experienced a deteriorating position in 2012. The presentation outlined the contributing factors and work undertaken to improve outcomes. A significant improvement had already taken place as a result of the actions undertaken.

**Board of Directors discussion (Hip Fracture/Neck of Femur):**

NW referred to the changing demographics in East Kent, in particular the increasing elderly population. He asked if the Trust was working on a resourcing plan to manage this.

SB reported the Trust would be implementing a sub-specialty team working model in orthopaedics over the coming months. This was linked to ensuring the right level of resource and skills.

AC provided assurance that weight bearing status was achieved for the majority of patients. He also provided assurance that there was a common view amongst clinicians regarding rehabilitation.

AC also provided assurance that the team had managed fluctuating activity levels whilst maintaining outcomes.

Following a question raised by JS, AC stated he was optimistic that the action plan had been embedded. The move to a team working model would strengthen sustained performance.

JB asked if more could be done to influence delayed discharges, in particular nursing home acceptance of patients. AC felt more aggressive discharge planning was needed and engagement with social services. The main area of challenge was patients admitted from residential homes who then require enhanced nursing care.

JP added there were delays with time to assessment by social services and delays with funding decisions. Work was ongoing to identify step down requirements linked to demographics.

**Board of Directors decision/agreed actions:**

- The Board of Directors noted the performance to date.
- It was agreed that Falls Team would be invited to a future Board to present the work undertaken to improve performance.
- NW would invite VO to accompany him when presenting awards to Wards and Staff for pressure ulcer performance. This would provide VO with the opportunity to discuss performance with the Tissue Viability Team and staff at ward level.
- The Board of Directors noted the significant work undertaken to improve Hip Fracture and Neck of Femur outcomes.

Noted  
SS

NW/VO

Noted

86/14

**PATIENT STORY**

JP presented the patient story which focussed on an incident of poor staff communication and attitude and the impact on the patient and relatives. The report also included the lessons learned and improvements put in place.

**Board of Directors discussion:**

JP reported the learning from all patient stories was shared with teams to explore with them the impact of their actions (positive and negative). This was linked to the Trust's We Care Programme of work.

With regard to this particular story, JP reported that the majority of staff responded well. Staff do not often realise the way they come across to patients and relatives.

The next edition of the Trust's Risk Wise newsletter would combine with the We Care Programme and would focus on behaviours leading to incidents and complaints. In addition, the Trust would re-invigorate the Grand Round linked to the We Care Programme.

There was evidence that Leadership Programmes had made improvements in culture and behaviour. An element of the programme was personal reflection.

ST stated that a number of organisations moved from having a poor service user experience through concentrated efforts. Role play was often used in addition to vocational training. PM reported that role play was used. NW asked JP/PM to take this forward to see if this could be incorporated into the process.

JP reported the work undertaken at William Harvey Hospital regarding fracture neck of femur has begun to transfer to Queen Elizabeth the Queen Mother Hospital.

**Board of Directors decision/agreed actions:**

- The Board of Directors noted the patient story and the learning outcomes.
- PM/JP would consider the benefit of using role play to change behaviours.

Noted  
PM/JP

**87/14 KEY NATIONAL PERFORMANCE TARGETS**

JP presented the report. The Board of Directors noted the Trust reported a compliant position at the end of quarter 4 against all standards with the exception of the 62 day screening standard.

The Board of Directors noted the significant improvement in-month (March) against the 62 day screening standard. JP reported that this had continued into April 2014 and the Trust was anticipating compliance for quarter 1.

T&O as a specialty would remain non-compliant against the 18 week RTT until the backlog reached a sustainable position.

The Board of Directors noted that zero patients waited 52+ weeks and that there was an improving position month on month against measures of long waiters under 52 weeks.

In-month challenges related to the 6 week diagnostic standard and 31 day subsequent drug treatment standard were noted as per report. Compliance had been achieved overall for the quarter.

**Board of Directors decision/agreed actions:**

The Board of Directors noted the performance position as at quarter 4.

Noted

**88/14 CORPORATE PERFORMANCE REPORT**

JB presented the report as at March 2014 which had been discussed by the Finance and Investment Committee at their meeting held on 24 April 2014. JB

drew attention in particular to the latest performance related to: activity; income and expenditure; and cash position (as per commentary within the report).

The Financial Risk Rating was in line with plan: 3 against Monitor's previous Compliance Framework rating; and 4 against the new Continuity of Service rating.

JS confirmed (as Chair of the Finance and Investment Committee) that the report was consistent with previous reports.

**Board of Directors decision/agreed actions:**

The Board of Directors noted the performance and activity position to date.

Noted

89/14

**QUARTER 4 SUBMISSION TO MONITOR**

JB presented the report. Following discussions at the Finance and Investment Committee on 24 April 2014, the finance commentary would be strengthened.

**Board of Directors decision/agreed actions:**

- The Board of Directors agreed that the submission was in line reports presented to the board. JB would arrange for submission.
- The Board of Directors noted that the Trust would be reporting a Continuity of Service rating of 4, and non-compliance against 1 governance rating: 62 day cancer screening standard.
- NW reported he had minor amendments to the text and would ensure these were incorporated into the return prior to submission.

JB

Noted

NW

90/14

**FRANCIS THEME: ORGANISATIONAL CULTURE**

NW introduced the session and the background to the themes which have been brought to the Board since October 2013.

**Board of Directors and Staff discussion:**

Members of staff present and Board members were asked to put forward their views on achieving the right organisational culture. The following discussion points were noted:

- Staff do care about patients and were dedicated and loyal. They function within the constraints faced by the NHS.
- Staff want the best for their patients but they do not always deliver due to the conflicting interests of the Trust. *Sir Bruce Keogh's letter to NHS Trusts highlights this as a particular issue.* Work was being undertaken in the Trust to quantify - climate and culture.
- The Trust had an agreed set of values. Challenges were ensuring these were embedded into practice.
- Changing culture was dependent on leadership and the relationships we build. Giving and receiving feedback was at the heart. It was felt that in general individuals were getting better at this but feedback is not often cascaded down the organisational structure. This can result in staff feeling distanced from management.
- Staff were asked to adhere to policies and We Care values. A gap analysis was important. Resolving practical issues could influence culture at an organisational level.

It was important the Trust had a positive overriding culture. Part of this was about empowerment of staff. The Trust had tested various communication channels over the years. Members of staff were invited to put forward their views as to how the Trust could take a balanced approach to supporting members of staff to feel empowered in the reality of a cash strapped system:

- Listen to staff at management and clinical level.
- Understand the roles of front line staff and their challenges on a day to day basis. In addition, staff awareness of the roles of colleagues in other divisions/departments and the reasons behind actions taken was felt to be important.
- Board visibility at Divisional level was felt to be important.
- There were a number of mechanisms in place to obtain the views of patients in order to develop Trust services (market place events; friends and family tests, etc). However, it was felt further work could be done to pull this together to understand the services the Trust provides.
- There was a tension between needing to do things and patient expectations.
- It is the responsibility of the Executive Team and Board to work with clinical leaders to identify improvement areas related to culture and climate. It was recognised that some challenges are externally influenced. Further work was needed with clinical leaders to set the tone of behaviours. There were good examples of clinical teams coming together to problem solve.
- Examples were provided of the benefits of the clinical leadership programme resulting in breaking down barriers at the front line. It was important to invest time in clinical leaders.
- Behaviours at senior level can set the culture of the organisation. Staff should be encouraged to challenge inappropriate behaviour at an appropriate time to add value. The importance of consequences for bad behaviour was noted.
- The Board of Directors was asked to cross reference sources of information it receives to understand the underlying symptoms.
- Positive feedback is important to staff to help them believe they can implement change. In the right culture, patient feedback and values drive organisational development.

#### **Board of Directors decision/agreed actions:**

The Board of Directors thanked all staff members for attending. The notes of the discussion will be considered with tangible actions identified.

The Board of Directors will be introducing a programme of discussion items at future meetings to hear views from front line staff.

SS

Noted

91/14

#### **SAFE SURGICAL SERVICES UPDATE**

JP reported good progress had been made looking at the feasibility of achieving a single service at Kent and Canterbury Hospital in the long term.

The Trust was also exploring with surgeons options for maintaining services at William Harvey Hospital and Queen Elizabeth the Queen Mother Hospital for the short term. Further work was required to understand the gaps to ensure standards were maintained.

NW highlighted the need for clear communication from today's Board meeting to clarify the current position following the February 2014 Board decision in principle to move to a centralised service.

There was a clear message that centralisation in May 2014 would not take place. SB stated the Board's decision in February had led to active engagement by clinical staff in positive discussions about the future service provision both in the short term and long term, the Trust's long term solution being centralisation.

#### **Board of Directors decision/agreed actions:**

The Board of Directors noted progress to date.

Noted

**92/14 BOARD ASSURANCE FRAMEWORK, TO INCLUDE PROGRESS AGAINST ANNUAL OBJECTIVES 2013/14**

AF presented the report.

AF had discussed the future development of the document with Executive Directors, PP (as Chair of the Integrated Audit and Governance Committee) and the Trust's Internal Auditors. Further work was required to strengthen understanding of risks and appropriate degrees of assurance.

AF explained the appendices (as per report). She referred in particular to Appendix 3 'Statement of Achievement against 2013/14 Annual Objectives'. There was a need to ensure status against each objective was adequately moderated and accurately reported in the annual report.

**Board of Directors discussion:**

Comments were received that the BAF was difficult to interpret in this level of detail.

AF referred to the cover sheet which made the proposal to use the Committee structure for in-depth discussions and appropriate reporting at Board level.

The Board agreed that annual objectives going forward needed to be balanced to ensure a sufficient amount of stretch, without being unachievable.

**Board of Directors decision/agreed actions:**

- The Board of Directors noted the report.
- AF had previously undertaken work to quantify the risks in a more effective and summarised way which had been presented to the Integrated Audit and Governance Committee (IAGC). It was proposed (and agreed) that this work would be re-visited via the IAGC, with the outcome reported to the Board for understanding.
- It was agreed that AF would work with Executive Directors to undertake an appropriate assessment against the annual objectives 2013/14 for inclusion in the Trust's Annual Report.

Noted

AF

AF

**93/14 CLINICAL STRATEGY UPDATE**

LS reported that the first draft of the University of Kent's assessment of the Trust's Outpatient Consultation had been received. A draft would be brought to the May 2014 Board of Directors Part II/Closed meeting for discussion.

May Board

LS/SB reported disappointment that NHS Property Services had not met its commitment to undertake re-assessments of all options for the North Kent site within the timeframe agreed.

The Trust had received feedback from GPs and the HOSC saying they felt the re-run assessment process had been robust.

**94/14 QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE STRATEGIC SECTION**

Following a question raised by JSe, SB confirmed the Trust was proceeding with the recruitment of consultant surgeons as planned. He re-iterated that the Trust remained committed to ensuring safe surgical services.



**95/14 HEALTHWATCH – MEMORANDUM OF UNDERSTANDING**

Steve Inett, Chief Executive, HealthWatch Kent, was in attendance for this item and provided a presentation on the work of the organisation and to sign the Memorandum of Understanding.

**Board of Directors discussion:**

NW noted the positive development of the organisation. He commented that HealthWatch had the potential to gather useful information for the Trust. He asked SI if there were plans for regular contact with the Trust.

JB added that the Trust was always looking at ways to obtain views of hard to reach groups. He asked how successful HealthWatch had been in this area.

SI confirmed it was the intention to share information with organisations. HealthWatch was also keen to understand the strategic direction of the Trust. HealthWatch want to engage with as many community groups as possible and the organisation had identified a number of different mechanisms to take this forward.

JS referred to the list of priority areas of HealthWatch which were heavily weighted to mental health. He commented that there was a mental health dimension to the work of the Trust.

**Board of Directors decision/agreed actions:**

- The Board of Directors noted the presentation.
- JP was keen to explore with HealthWatch the identification of themes from the information gained and the possibility of joint work linked to some of the Trust's challenging areas.
- NW/SB agreed to meet with SI to discuss how the Trust and HealthWatch can work together going forward.

Noted  
JP

NW/SB

**96/14 CORPORATE RISK REGISTER – TOP 10**

3 new risks and emerging risks were highlighted.

**97/14 BOARD COMMITTEE FEEDBACK****Finance and Investment Committee**

The Chair's report was tabled. JS reported that discussions at the 24 April 2014 meeting were focussed on year end performance and was in line with reports to the Board. In addition, the Committee discussed and reviewed the capital programme.

**Integrated Audit and Governance Committee**

The Chair's Report was tabled. PP brought to the attention of the Board the Kent Fire and Rescue Service visit; and mandatory training performance.

PP sought commitment from the Board to improve the overall level of mandatory training performance.

PM reported he had an action to clarify the reported figure against resuscitation training compliance. (Whether it was reported only against staff mandated to undertaken this training.)

PM also referred to discussions at the Committee regarding the need to raise

PM

awareness of consent training. The Board of Directors agreed a firm message should be taken to the Clinical Management Board.

PM highlighted that infection control training compliance reported an improved position.

It was noted that mandatory training compliance would be linked to pay progression going forward.

**98/14 CHIEF EXECUTIVE'S REPORT, TO INCLUDE TRUST SEAL ACTIVITY**

The Board of Directors noted the report. SB drew attention to the ongoing issues with the new NSL patient transport service and the additional investment that have had to be made by the Trust in public transport.

SB reported that the Trust had isolated a new sub-type of haemoglobin which it would have the opportunity to name.

**99/14 FEEDBACK FROM THE COUNCIL OF GOVERNORS**

NW reported there had been no meeting since the last Board.

NW had met with John Sewell and Brian Glew to agree a process for Governor involvement into the 2-5 year strategic plan.

**100/14 ANY OTHER BUSINESS**

No further business was raised.

**101/14 QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE INFORMATION SECTION**

No further questions were raised.

**Date of next public meeting – 22 May 2014, Board Room, Kent and Canterbury Hospital**

The meeting closed at 13:15

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_