

**UNCONFIRMED MINUTES OF THE FIFTY-NINTH MEETING OF THE
BOARD OF DIRECTORS
FRIDAY 29 AUGUST 2014, 9AM, BOARD ROOM, WHH**

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
Ms E A Shutler	Director of Strategic Development and Capital Planning	LS
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
Dr J P Spencer	Non Executive Director	JS

IN ATTENDANCE:

Peter Gilmour	Director of Communications	PG
Sarah Swindell	Assistant Trust Secretary (Minutes)	SS

MEMBERS OF THE PUBLIC AND STAFF IN ATTENDANCE:

John Sewell	Elected Governor (Shepway)	JSe
Junetta Whorwell	Elected Governor (Ashford)	JW
Karen Ashenden	Pfizer	KA
Alison Moore	HSJ	AM
Mr Smith	Member of the Public	JSm
Selina Moore	Ward Clark, Trauma and Orthopaedics	SMo

MINUTE NO.		ACTION
181/14	CHAIRMAN'S WELCOME NW welcomed members of the Board and members of the public to the meeting.	
182/14	APOLOGIES FOR ABSENCE Mr P Presland, Non Executive Director Alison Fox, Trust Secretary	
183/14	DECLARATIONS OF INTEREST SB, JB, PS and PM were noted as nominated Directors of EKMS and SB/JB of Healthex.	
184/14	MINUTES OF THE PREVIOUS MEETING HELD ON 25 JULY 2014 The minutes of the previous meeting were agreed as an accurate record, with the following amendment: <ul style="list-style-type: none"> Page 3, fifth paragraph, 'referred' would be removed. 	

185/14 **MATTERS ARISING FROM THE MINUTES**

The Board of Directors noted updates from the previous meeting as per report. The following verbal updates were noted:

108/14 – Clinical Quality and Patient Safety Report

NW confirmed he had discussed with JP and LS a future presentation to the Board providing an update on all Trust IT initiatives. This would be scheduled for the Autumn, date to be confirmed by LS.

LS

160/14 – Clinical Quality and Patient Safety Report

- JP confirmed that water chillers would be implemented in A&E. In addition, comfort rounds would take place offering refreshments.
- JP updated the Board on the two bed closures in ITU reported to the last meeting due to staffing difficulties. These were additional beds put in place to address operational pressures. Work was ongoing within intensive care and with clinical leads to ensure there was no impact on the standard of care provided to patients. Beds would be reinstated once issues had been addressed. An update would be provided at the next meeting.
- Communication of lessons learned from complaints would form part of the work ongoing regarding cultural change for staff and patients.

Noted

JP

Noted

162/14 – Key National Targets, including Orthopaedic Backlog Update

JP reported that work was ongoing to understand the sub-specialty issues following the Board's decision at the last meeting to address the backlog position, resulting in non-compliance for Q2 and Q3.

Noted

171/14 – 2013 Inpatient Survey

JP confirmed she would work with PS to incorporate the EDN into the Trust's action plan.

Noted

186/14 **CARE QUALITY COMMISSION (CQC) INSPECTION UPDATE**

SB provided the following update.

A Quality Summit (Chaired by Monitor) was held on 8 August which was well attended by key stakeholders, to discuss the key findings from the CQC inspection, specifically the 'Must Do's'.

The Must Dos would form the basis of an action plan which was required to be submitted to the CQC on 23 September 2014.

A number of well attended staff and Governor briefing sessions took place following publication of the report. Feedback had been positive and balanced.

Monitor would be considering a request from the CQC to place the Trust in special measures. This would be decided at a meeting later today (29 August 2014).

Monitor had been kept informed of action taken by the Trust to date, specifically commissioning PriceWaterhouseCoopers to undertake a governance review.

The Trust would be actively engaging staff at all levels to develop and implement the Trust's action plan. As the action plan was developed, this

would be published on the Trust's website.

SB reported that the external response to the report had been mixed. Local MPs had expressed the view that the CQC's findings were not consistent with the positive comments received from their constituents. The Trust had also received a number of supportive letters from patients following publication of the report, as had the press.

SB reported that the Trust had been open about the challenges faced by the Trust to the CQC ahead of their visit and had shared improvement plans already in place (linked to the Trust's clinical strategy). SB was disappointed this had not been reflected in the report.

LS joined the meeting.

Board of Directors discussion:

NW reported feedback received from staff during routine visits to areas in the Trust. Many staff were disappointed with the CQC's view of the Trust.

NW went on to say that the priority task for the organisation was the formulation of a robust and focussed action plan.

The Board of Directors recognised the importance of engaging with staff to develop and deliver the CQC action plan. In addition, engagement with partners was also crucial to the plan's delivery.

PS highlighted historic cultural issues that exist between sites which had contributed to the feeling of disconnect highlighted by the CQC. The Board of Directors recognised the importance of strengthening staff engagement, specifically when implementing service change. Ensuring staff felt listened to at times of important business decisions was important.

JP added that operational pressures existed due to increased demand on trust services. Staffing supply issues (in specialist areas) remained a challenge.

Issues raised by staff regarding access to equipment would be mitigated now the Trust's equipment register was in place.

RE recognised the day to day pressures on staff and asked if there was sufficient resource to deliver the action plan at all levels in the organisation.

SB responded the pace of deliverability would need to be considered carefully. Work was ongoing to review portfolios at executive level to increase capacity.

It was noted that NEDs and Governors would have input into the action plan as it was developed. It would be the role of the Board and the Board's Quality Committee to ensure delivery of the action plan in a timely fashion.

VO stressed the importance of joint working with the CCGs and asked how the Trust could obtain the same level of ownership with external partners to deliver health economy wide actions.

JP referred to the Integrated Urgent Care Board which supported the A&E recovery programme. This was beginning to gain traction to increase external

capacity.

LS added that the CCGs were engaged in working with the Trust to take forward the clinical strategy. Further meetings were taking place with the CCGs to discuss the detail and strategic agendas across primary and secondary care. Strategic plans were becoming more aligned, specifically in terms of integrated practices.

It was noted that a stakeholder meeting was being arranged by NHS England and Monitor to review the progress with the action plan ahead of its submission on 23 September 2014.

Board of Directors decision/agreed actions:

- The Board of Directors noted the update.
- The CQC Report highlighted good performance in terms of 'caring' and NW (on behalf of the Board) thanked all staff for the ongoing care they provide to patients.
- The trust would be exploring the root cause of the disconnect felt by staff.
- JP went on to say that staff had fed back during briefing sessions good ideas for strengthening the Trust's raising concerns processes. These would be explored by the Trust with a view to incorporation in the Action Plan where feasible.
- CQC Action Plan would remain a standing item on the Board's agenda until further notice.

Noted
Noted

Noted
Noted

Monthly
Updates

187/14

**FEEDBACK FROM MONITOR, TO INCLUDE:
MEETING TO DISCUSS A&E PERFORMANCE AND 2-5 YEAR STRATEGIC
PLAN**

SB reported a meeting took place with Monitor in July 2014 to discuss the Trust's A&E recovery plan and 2-5 year strategic plan.

Monitor fed back to the Trust they were confident in the completeness of the recovery plan in place.

It was noted that the Trust's Programme Office meets regularly to review performance against the contract with each partner organisation to discuss variation and specific actions required.

188/14

**CLINICAL QUALITY AND PATIENT SAFETY REPORT, TO INCLUDE
FALLS IMPROVEMENT PROGRAMME UPDATE**

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

- There had been a slight reduction in harm free care in July, primarily linked to improved performance related to pressure ulcers and falls. Overall, the Trust was performing above the national averages.
- There had been a higher than expected number of *C.difficile* cases in July 2014. Contributing factors included not adhering to policies and some related to clinical condition of the patient.
- Mortality rates continued to report an improved position.
- The Trust was performing positively in terms of incident reporting in comparison with its peers. Eight serious incidents were reported in July 2014. The CQC report stated the Trust was under-reporting. Assurance

was provided to the CCGs that this was not the case. The CCG had also complimented the Trust on the quality of root cause analysis submitted.

- Further discussions were taking place with CCGs regarding the policies and criteria for mixed sex accommodation.
- Complaints, compliments and the friends and family test performance were noted as per report. JP highlighted that response times to complaints had reported below the 85% standard for July 2014. JP went on to report that since the publication of the CQC report, compliments had increased and there had been a downward trend in the number of complaints.

Board of Directors discussion:

NW commented that there had been an increase in the number of incidents reported via STEIS compared to the previous year. He observed that a number of incidents related to avoidable pressure ulcers and asked if it was anticipated that these would reduce as the improvement work embeds. JP responded the Trust had always reported avoidable pressure ulcers on STEIS. There had not been a deep ulcer in the Trust for the month of August to date (29th). The Board of Directors would receive an update on the pressure ulcer improvement programme later in the meeting.

JP added that processes were now in place within CCG area teams for more timely closure of STEIS reportable incidents.

RE referred to page 4 of the report which reported 50 incidents related to treatment delays, a large proportion of which were in the recovery at William Harvey Hospital. JP agreed to find out the contributing factors.

RE referred to appendix 1 (nurse staffing data) and referenced the CQC report's findings related to ward shortages on a specific night. He asked if Board of Directors could understand the risk profile ward staffing in terms of assurance that appropriate escalation processes were in place.

JP referred to page 28 which provided ward situations where investigation had been undertaken related to staff shortages (through vacancies or short term sickness). Challenges remained in terms of mitigation of short term sickness.

JP explained the night in question referred to by the CQC in their report related to unexpected staff absence. An extra HCA was put in place and the adjacent ward provided oversight and support. The Trust would be reviewing how situations such as this would be approached in the future.

ST observed the positive decrease in bed occupancy (as per report). He asked if this was a sign that operational pressures were improving.

JP reminded the Board that bed occupancy was reported as at 00:00 midnight. During the day there would be variances. The Trust had a better understanding of patient flow. The greatest delay related to continuing healthcare. It was important that commissioners understood the level of demand post acute care.

Falls Presentation:

Debbie Janaway, Osteoporosis and Falls Lead Nurse/Matron, was in attendance for this item. She reminded the Board of Directors of the increase

in falls resulting in fracture at the WHH last year and provided a presentation updating the Board of Directors on the falls improvement programme.

The Board of Directors noted that overall the improvement plan had delivered positive performance results.

Board of Directors discussion (Falls):

NW referred to a patient safety visit where issues were raised regarding availability of crash mats. DJ provided assurance that crash mats were available. The challenge related to storage and access. The newly implemented medical equipment library would assist with this.

CC commented that it was impossible to prevent every fall. DJ agreed but stated that ensuring harm strategies were in place was important to mitigate risks and avoidable incidents.

Following a question raised by VO, DJ provided assurance that walking aids were available in the Trust.

Board of Directors decision/agreed actions:

- The Board of Directors noted the latest quality performance.
- The Board of Directors recognised the comprehensive work undertaken in the Trust to reduce patient falls.
- NW agreed to discuss with JP a short workshop for the Board to understand the dynamic nature of ward staffing and escalation processes. NW/JP would advise timing.
- JP agreed to find out the contributing factors behind the incidents related to treatment delays (specifically in recovery at William Harvey Hospital).

Noted
Noted

NW/JP

JP

189/14

PATIENT STORY

JP presented the report which detailed the experiences of a patient with a long term condition. The report outlined the importance of listening to patients who were experts in dealing with their own conditions.

Board of Directors decision/agreed actions:

The Board of Directors noted the report, key learning and actions taken.

Noted

190/14

KEY NATIONAL PERFORMANCE TARGETS

JP presented the report. The following was noted for the month of July 2014:

- Non-compliance against the A&E standard. However, it was anticipated a compliant position would be achieved in August 2014 (to be confirmed). Actions taken were noted as per report.
- Compliance with all RTT targets. However, T&O as a specialty reported non-compliance (as planned).
- Compliance with the six week diagnostic target.
- Non-compliance against the Breast Symptomatic Breast referral and 62 day GP standards.

Work was ongoing to implement the decision made by the Board of Directors at the July 2014 meeting to aggressively address the backlog position. The Board was reminded that this would result in non-compliance for quarter 2 and

3.

Board of Directors decision/agreed actions:

Discussions had taken place at performance meetings with CCGs regarding some GPs not using appropriate referral forms. Non-compliance against the breast symptomatic referral and 62 day GP standard predominantly related to lapses in patient choice. Further work was also required to stress the importance that GPs explain to patients the referral pathway they are on.

PS raised an observation regarding A&E. The Integrated Care Board was due to receive a presentation from the 111 Service at their next meeting where it was anticipated a rising trend in the percentage of patients advised to attend A&E by the 111 service would be reported.

SB added that work was ongoing to understand the increase in the number of 2 week wait referrals from primary care. Although referrals had increased, conversion rates remained static.

VO asked for an update on the A&E recruitment. JP reported there were 12 vacancies at William Harvey Hospital and 6 at Queen Elizabeth The Queen Mother. All vacancies had been recruited to but not all were in post. A small number were newly qualified nurses. Overseas recruitment had also taken place.

With regard to consultant recruitment, JP reported that there were consultants who were keen to work with the Trust. A consultant training programme was now in place and the Trust had been successful in recruiting middle grades.

Board of Directors decision/agreed actions:

- The Board of Directors noted the report and the performance position as at July 2014.
- It was agreed that JP would bring back more detail in terms of A&E staffing (new staff, training consultants, middle grades) to the next meeting.

Noted

JP

191/14

INFECTION PREVENTION AND CONTROL: ANNUAL REPORT 2013/14 AND ANNUAL PROGRAMME 2014/15

Sue Roberts, Interim Director of Infection Prevention and Control, and members of her team were in attendance for this item. She provided a presentation which provided assurance regarding the Trust's ongoing compliance with the *Code of Practice on the prevention and control of infections and related guidance (Health and Social Care Act 2008)*. The presentation also provided key highlights from the Annual Report 2013/14 and Annual Programme 2014/15.

Board of Directors discussion:

The Board of Directors were reminded of the stringent *C.difficile* targets placed on the Trust during 2013/14. A total of 49 cases were reported during that year. However, the Trust was pleased to report that no cross infection had been identified.

The presentation included an overview of the reduction programme in place.

VO commented that environment cleanliness was a key factor for improved performance. SR provided assurance that close links were in place to strengthen working relationships with Serco.

VO referred to the CQC report which highlighted ineffective infection control audit processes. SR/JP clarified that annual audits were undertaken on every ward and department. As part of their inspection, the CQC asked for a 6 month period of audits which did not encompass all the annual audits undertaken. The Trust had challenged this with the CQC prior to publication of the full report and provided evidence for a full year. However, the Trust would be looking to strengthen processes which would enable staff to demonstrate audits were in place in a more timely fashion.

The Board of Directors noted that it was impossible to eradicate *C.difficile*. SR provided assurance that the aim of the Infection Control Annual Programme was to keep prevalence to a minimum and to ensure timely action.

SB/PS agreed with the principle used by the Trust to proactively test and monitor prevalence. SB contextualised the current performance by reminding the Board of Directors that the Trust remained one of the highest performers in the country.

The Board of Directors noted that William Harvey Hospital had not reported a case of *C.difficile* in July and August 2014 to date.

JP reported there was evidence to link antibiotic prescribing and *C.difficile*. She proposed the Trust consider working with public health and primary care to mitigate the risk in the community.

Board of Directors decision/agreed actions:

The Board of Directors noted the annual report 2013/14 and annual programme 2014/15 and ongoing compliance with the *Code of Practice on the prevention and control of infections and related guidance (Health and Social Care Act 2008)*.

Noted

192/14

CORPORATE PERFORMANCE REPORT

JB presented the report as at July 2014 which had been discussed at the Finance and Investment Committee on 26 August 2014. JB drew attention specifically to: activity; income and expenditure; and cash position (as per commentary within the report).

Primary care referrals reported higher than planned levels. The Programme Management Office had requested CCGs formulate an action plan for T&O and dermatology, two of the main contributors to this increase in referrals. Part of this review was to look at additional orthopaedic capacity.

Admitted activity was broadly in line with contracted levels.

A&E attendances remain above plan by 4%. There was variability in daily A&E attendances which causes pressure within the department.

The financial position reported at £700,000 behind plan after application of the contingency reserves. Adverse variances related to temporary staffing. However, it was noted that fill rates for August rotas reported an improved

position.

The Trust's cash remains healthy. As at close of play 28 August 2014, this reported at £37m.

Exec performance reviews were undertaken with each Division. Action plans for adverse variances at divisional level were in place.

Overall, the Trust was reporting a continuity of service rating of 4, in line with plan.

JS added (as Chair of the Finance and Investment Committee) that although financial performance reported an improved position in July, further improvements were needed to get back on to plan: significant challenges remained and this would be monitored closely by the Finance and Investment Committee.

Board of Directors discussion:

The Board of Directors noted the report and financial and activity performance as at July 2014.

Noted

193/14

ONGOING REVIEW OF ONGOING COMPLIANCE AGAINST SELF CERTIFICATION

SS reported that AF had presented a paper to the August Integrated Audit and Governance Committee comparing Quarter 4 performance forecasts with Quarter 1 outcome. SS reminded the Board of Directors of the non-compliance with the *C.difficile*, 4 hour standard and 2ww symptomatic breast standards as at quarter 1.

194/14

QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE PERFORMANCE SECTION OF THE AGENDA

JSe asked how the Trust's action plan would be made available to staff and governors. JP reported that a mapping exercise had been undertaken and a high level action plan would be shared with staff and Governors as it is developed. A 'bottom up' approach was being undertaken with ward specific action plans and divisional action plans which feed into the high level action plan.

JSe asked if the Trust was appealing against the findings in the CQC report. SB confirmed there was the opportunity to appeal against the ratings issued. However, a formal appeal would not be submitted by the Trust.

JSe asked if the delivery of the Trust's operational and strategic plan would be affected by the CQC report. SB/LS responded the Trust's operational and strategic plans formed the backbone of the Trust's improvement plans and delays were not anticipated linked to the CQC report.

JW asked if the Trust received international guidance in relation to emerging diseases. She referred specifically to the Ebola Virus. PS provided assurance that alerts were received from the Department of Health and cascaded internally. All A&E Departments have their own processes for recognising signs and symptoms to ensure patients receive appropriate care and staff was protected.

195/14 **ANNUAL REVIEW OF THE PATIENT ACCESS POLICY**

JP presented the revised policy. A small number of amendments had been made and areas for awaiting clarification were noted as per report summary.

Board of Directors decision/agreed actions:

The Board of Directors approved the plan, subject to the following:

- PS raised a concern regarding paragraph 4.1.5, consultant to consultant referrals. The policy would require referral back to GPs which could result in treatment delays. The Board of Directors agreed this should be discussed further with the clinical commissioning board.
- RE highlighted that 'war veterans' in paragraph 4.1.10 should be referred to as 'veteran' in line with DH Guidance.

JP/Ps

JP

196/14 **SEASONAL PRESSURES PLAN 2014/15**

Karen Miles, Associate Director of Operations, was in attendance for this item. She provided a presentation updating the board on the development of the plan. The presentation supported the paper which accompanied the Board agenda.

Board of Directors discussion:

Engagement with the health economy was discussed, specifically the testing of health economy plans. JP had written to the Chief Operating Officer responsible. Schemes the Trust had put forward had been supported. It was important to jointly understand the capacity they were likely to generate.

NW referred to the 60 additional community beds commissioned the previous year. He asked if the analysis was indicating additional beds were now required. KM confirmed that 20 additional beds were being procured (80 in total). The 20 additional beds would be for patients with dementia.

The impact on patient flows resulting from the closure of two nursing homes in Thanet by the CQC was discussed and noted.

JP reported that Kent County Council (KCC) had undertaken mapping of nursing and residential care home capacity which identified 120/130 shortfall of short term and long term care beds. The Trust's view differed at 140. The Trust's modeling included elective and emergency care.

SB asked for progress on the roll out of the new assessment model implemented by KCC. JP reminded the Board that KCC were implementing a model of assessment outside of hospital. Risks had been mitigated by integrated hospital teams being available at the front door with the aim of admission avoidance and facilitation of more timely discharge.

RE asked whether the plans across the health economy were realistic, given the pressures that were like to emerge. He referred to the increased pressures during the previous Christmas Period as a specific example.

KM reported that the plan was realistic based on modeling used. However, further work was required to understand the schemes funded by the CCG to test the capacity they were likely to generate. In addition, plans from other key partners would need to be reviewed.

JS asked if there would be pressure on the Trust to introduce additional internal beds beyond the 44 identified in the plan. He further asked that should this be the case, would there be a risk to delivery of elective surgery. NW referred to the Board's decision in July 2014 to aggressively work off the RTT backlog which would be taking place alongside the seasonal plan.

JP confirmed that delivery of the 44 beds was on plan. However, the Trust would be strengthening escalation processes and thresholds had been reviewed. The Trust would be expecting assistance from external partners during periods of increased operational pressure. JP added that specific discussions were taking place with the CCG regarding the Board's decision around the RTT backlog.

PS referred to the current number of delayed transfers of care and the current bed occupancy level. He asked which element of the model was designed to address this. JP clarified that the schemes were designed around admission avoidance.

Board of Directors decision/agreed actions:

- The Board of Directors noted the seasonal pressures plan 2014/15.
- The Board of Directors expressed support for the need to understand the risks in all partner organisations to establish a common approach across the whole system. Sharing and testing all partner plans was crucial. This would be raised with the CCG at a Joint Board meeting later this year.

Noted
Noted

197/14

EAST KENT HOSPITALS CHARITY ANNUAL REPORT AND ACCOUNTS 2013/14

JB presented the Annual Report and Accounts 2013/14 which had been discussed by the Charitable Funds Committee in May 2014 and the Integrated Audit and Governance Committee in August 2014. KPMG had provided an unqualified opinion on the accounts.

The Annual Report reflected the work of the Charity during 2013/14.

Board of Directors decision/agreed actions:

- The Board of Directors approved the Annual Report and Accounts 2013/14. The Letter of Representation was also approved.
- The Board of Directors commented on the well presented document and congratulated the finance and strategic development teams for the work undertaken.

Approved

Noted

198/14

PAS SINGLE TENDER WAIVER

The Board of Directors noted the electronic process undertaken during August 2014 to approve a Single Tender Waiver for the Annual Support and Licence of Software of the Trust's Patient Administration System.

The Board of Directors noted the value required Board approval in line with the

Trust's standing financial instructions. All Board members had responded approving the Single Tender Waiver on the basis that:

- CSC was the only supplier and was the developer and of the solution implemented. There would be a significant risk of engaging a third party supplier to perform the platform.

Approved

199/14

PAS TENDER WAIVER – SPENCER WING ACTIVITY

Orthopaedic NHS work

The Board of Directors noted the value required Board approval in line with the Trust's standing financial instructions.

The Board of Directors approved the single tender waiver to send orthopaedic activity to Spencer Wing. The Board of Directors recognised the rationale to sustain the current activity levels and manage waiting times.

Approved

Ophthalmology NHS work

This report was circulated as a late paper and tabled at the meeting.

The Board of Directors noted the value required Board approval in line with the Trust's standing financial instructions.

The Board of Directors approved the single tender waiver to send ophthalmology activity to Spencer Wing. The Board of Directors recognised the rationale to address capacity issues within the service.

Two typographical areas were noted: second sentence should read £2m; 'orthopaedic' should read 'ophthalmology' under 'consequences for not taking action'.

Approved

200/14

QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE DECISION SECTION

No questions were raised at this point in the meeting.

201/14

DELIVERING OUR FUTURE

LS reported the following updates:

Good progress had been made on the work streams. Master classes continue at Board level and to the Council of Governors Strategic Committee.

Engagement with CCGs had strengthened and the Trust's strategic and commissioning plans were aligning. LS referred specifically to a working group set up in South Kent Coast and presentations were scheduled for two membership meetings in September and October.

A clinical strategy stakeholder event was scheduled for 22 September 2014. Eighty providers had been invited.

202/14

QUESTIONS FROM MEMBERS OF THE PUBLIC ON PAPERS WITHIN THE STRATEGIC SECTION

No questions were raised at this point in the meeting.

203/14

MEDICAL DIRECTOR'S REPORT: TRAUMA VISIT UPDATE, MEDICAL REVALIDATION AND CLINICAL EXCELLENCE AWARDS**Trauma Unit Visit Update:**

PS tabled a paper updating the Board of Directors on the preparations for a Trauma Network Peer Review visit scheduled for 23 September 2014 at William Harvey Hospital and Queen Elizabeth The Queen Mother Hospital. PS agreed to update the Board of Directors on the outcome.

PS

Medical Revalidation Annual Report

PS presented the report which updated the Board of Directors on progress with medical appraisal and revalidation. PS, as responsible officer, would continue to work to ensure effective processes were in place. Any non-engagement with the process would be reported to the GMC.

Noted

Clinical Excellence Awards (CEA)

PS presented the report which provided past and current information on the CEA scheme and recommendations for the future processes.

PS reminded the Board of Directors that the last awards round was in 2014, back dated to 2013 when 51 points were awarded.

PS invited discussion regarding the process for future award rounds. He reminded the Board of Directors there were no contractual requirements for CEA. Local Medical Directors had held discussions to ensure a consistent approach across the County.

In the absence of national guidance, PS proposed a modification to the weighting system to different scoring system and weighting to enhance the importance of developing high quality patient care and the importance of training and research. Page 4/5 of the report referred. It was further noted that national guidance may become available in the future.

Page 3 of the report detailed other Trust arrangements. MTW was not included in the report but PS reported they had not yet decided on a mechanism to use but were keen not to disengage staff.

Board of Directors discussion (CEA):

RE felt that if other Trusts in the locality were adopting a CEA system, EKHUFT should do the same as an incentive for staff.

PM reminded the Board of Directors that no other staff group received such awards. In addition, he pointed out that the Trust would be foregoing an efficiency saving. The awards were also pensionable.

SB commented that there may be national guidance for Trusts in the future, probably 2015. However, he agreed with RE regarding a risk to disengagement should the Trust not proceed with CEA. Recruitment and retention of staff would also be at risk.

NW asked the rationale behind the importance of research. PS responded research activated units and attracted recruitment and retention of staff.

Board of Directors decision/agreed actions (CEA):

The Board of Directors agreed that CEA would continue with the revised weightings (as per PS paper), pending fresh national guidance. In addition, the Board of Directors agreed:

- The importance of demonstrating a consistent approach to the scoring with a multidisciplinary panel.
- The quality of applications needed to be strengthened in terms of clarity and focus.
- It was agreed the Trust would award up to 40 CEAs. Consultants would be expected to demonstrate excellence over and above what is expected in their job plans. Awards would not be allocated if this is not clearly evidenced and a minimum achievement score would be set.
- Clear rules about timeframes would be set.

PS would communicate this to the LMC for agreement.

Approved

PS

204/14

CORPORATE RISK REGISTER – FULL REGISTER

The Board of Directors noted the full register which is presented to the Board of Directors twice per year. The Board receive the Top 10 risks at each meeting.

It was noted that as the CQC action plan develops, emerging risks would be incorporated into the risk register. JP would keep the Board informed as part of monthly reporting.

JP

205/14

BOARD COMMITTEE FEEDBACK

Finance and Investment Committee

The Chair's report was tabled. JS reported the Committee had reviewed latest financial performance and activity (as discussed under minute number 192/14). In addition, the Committee had noted the Kent Pathology Partnership Agreement was being developed. It was anticipated this would be brought to the Committee and to the Board of Directors in September 2014.

Noted

Charitable Funds Committee

The Board of Directors noted the Chair's report. NW highlighted that the Committee had further discussion about the priority areas for the latest major appeal, the theme of which would be Dementia. In addition the Committee received a fundraising update and a finance report.

Noted

Integrated Audit and Governance Committee

The Board of Directors noted the Chair's report. RE (on behalf of PP) highlighted the Committee received a report on adult safeguarding. The importance of partnership working was stressed to the Committee. The Committee also received a report on whistle blowing. Although concerns were being raised in the Trust, the whistle blowing route was not being used. Internal Audit would be undertaking a review. It was noted that CQC Report was not using the term in the same context. The Committee received an update on mandatory training and the regular reports from the Trust Internal and External auditors.

Noted
Approved

The Board of Directors endorsed the revised terms of reference. The IAGC had amended the Terms of Reference in line with the updated Audit Handbook.

Quality Committee

The Board of Directors noted the Chair's Report. NW reported that this was the first meeting to discuss the work programme and the terms of reference. The Board of Directors endorsed the terms of reference, recognising an iterative process. NW referred to page 2 of the terms of reference which detailed 'possible' additional responsibilities of the Committee. These would be firmed up as the Committee evolved.

Noted
Approved

206/14

CHIEF EXECUTIVE REPORT

The Board of Directors noted the report. SB referred to the report published by the Commonwealth Fund which rated the NHS in England number 1 in the world.

PM referred to the friends and family test which was now being issued to staff. It was anticipated that comparative results would be available in September.

207/14

FEEDBACK FROM THE COUNCIL OF GOVERNORS

NW reported that the Council of Governors had not met since the last Board of Directors meeting.

The Council of Governors Strategic Committee met in August 2014.

SB/NW provided a briefing to the Governors on the CQC report. The Council of Governors provided a collective response to the report which was circulated to staff, local press and the HSJ.

The next meeting of the Council will be a joint meeting with the Board in October 2014.

208/14

ANY OTHER BUSINESS

NW reminded the Board of Directors he was on leave for two weeks from 1 September 2014. JS would be acting Chairman in his absence.

NW reminded the Board of Directors that this was PM's last Board of Directors meeting. SB/NW thanked PM (on behalf of the Board of Directors) for his professional contribution during the 14 years he had worked with the Trust.

209/14

QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE INFORMATION SECTION

No questions were raised at this point in the meeting.

Date of Next Meeting: 26 September 2014, Abbots Barton Hotel, New Dover Road – *New date*

Signature

Date
