

**UNCONFIRMED MINUTES OF THE SIXTY-SIXTH MEETING OF THE
BOARD OF DIRECTORS
FRIDAY 21 MAY 2015, 9AM, BOARD ROOM, KENT AND CANTERBURY HOSPITAL**

PRESENT:

Dr J P Spencer	Deputy Chairman/Non Executive Director (Chair)	JS
Mr R Earland	Non Executive Director	RE
Mrs V Owen	Non Executive Director	VO
Mr P Presland	Non Executive Director	PP
Mr B Wilding	Non Executive Director	BW
Mr C Tomson	Non Executive Director	CT
Mr C Bown	Interim Chief Executive	CB
Dr P Stevens	Medical Director	PS
Ms S Le Blanc	Director of HR	SLB
Ms J Ely	Chief Operating Officer	JE
Mr N Gerrard	Director of Finance and Performance Management	DB
Dr Sally Smith	Acting Chief Nurse and Director of Quality	SSm
Ms E A Shutler	Director of Strategic Development and Capital Planning	LS

IN ATTENDANCE:

Mrs A Fox	Trust Secretary	AF
David Hargroves	Clinical Chair for the Improvement Plan Delivery Board (<i>Minute No 80/15 – 87/15</i>)	DH
Dr Marc Farr	Director of Information (<i>Minute No 86/15</i>)	MF
Wendy Hills	Director of Nursing and Care Services, Pilgrims Hospice (<i>Minute No 89/15</i>)	WH
Phil Higgs	Cardiology Matron (<i>Minute No 89/15</i>)	PH
Richard Davis	Chairman, Pilgrims Hospice (<i>Minute No 89/15</i>)	RD
Mandy Carliell	Corporate Events and Membership Manager	MC
Mrs S Swindell	Assistant Trust Secretary (Minutes)	SS

MEMBERS OF THE PUBLIC AND STAFF OBSERVING:

Neil Richardson
Margo Laing
Chris Warricker
John Sewell
Junetta Whorwell
Iain McMillan

MINUTE NO.		ACTION
80/15	CHAIRMAN'S WELCOME JS welcomed members of the Board, members of staff and members of the public to the meeting. JS extended a specific welcome to new Non-Executive Directors, Barry Wilding and Colin Tomson who had been appointed to the Trust from 11 May 2015. JS reported Nikki Cole, the newly appointed Trust Chair, was unable to attend the meeting due to an unavoidable prior commitment.	
81/15	APOLOGIES FOR ABSENCE Mrs N Cole, Chair	

Initials

Prof C Corrigan, Non-Executive Director

82/15 **DECLARATIONS OF INTEREST**

SLB was noted as nominated Director of EKMS.

83/15 **MINUTES OF THE PREVIOUS MEETING – 24 APRIL 2015**

The Board of Directors agreed the minutes reflected an accurate record of proceedings.

84/15 **MATTERS ARISING FROM THE PUBLIC MINUTES OF 24 APRIL 2015**

The updates on actions were noted and the following verbal updates were received by the Board:

57/15 & 39/15 – Key National Performance Targets

JE reported the summary report following the External review into incomplete pathways was received 20 May 2015. Key messages would be included in the June Board Report.

JE

57/15&43/15 – Strategic Workforce Committee

SLB reported membership had been established and the first meeting would be held on 20 June 2015. RE would Chair the committee.

Closed

55/15 – CQC Action Plan Update

Updates on actions would be picked up as part of the main agenda item.

Min No
86/15

63/15 – Corporate Performance Report

NG confirmed Grant Thornton would be commencing work shortly to undertake a financial governance review. Meetings would be held with Board members. RE requested the use of Skype where possible.

Closed

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72/15 – Annual Objectives 2015/16

Comments had been reflected following the previous Board discussion. Annual objectives had been cascaded to the wider organisation.

Closed

85/15 **CHIEF EXECUTIVE'S REPORT**

CB presented his report which summarised key Trust priorities. He referred to the following:

The first Senior Medical Staff Forum was held on 6 May 2015 to discuss the results of the recent medical engagement survey. The event was well attended (a third of the consultant workforce) and was positively received.

The Trust's survey results demonstrated substantial room for improvement and reflected cultural issues identified in the CQC Report. Further meetings would be held which would contribute towards moving to a clinically led organisation.

The Trust had launched its largest support and development programme for all people managers within the Trust.

The Staff Charter was launched at the end of April 2015 which made clear the

Initials

Trust's expectations.

A mock CQC inspection took place on 8 May 2015 which would inform preparations for the CQC re-inspection in July 2015.

Recent media interest in the Trust's Clinical Strategy was expected to continue. CB stressed no decision had been made by the Trust to date and the Trust would be consulting on options when in a position to do so.

The Trust would be reviewing its strategy in terms of long term sustainability and affordability. The Trust would not be developing its strategy in isolation and a number of meetings had been held with the CCGs to look at the whole system. A joint meeting was also planned with CCGs and MPs.

A proactive internal and external communications programme would be put in place.

There was an increasing recognition from staff that the current service configuration was not sustainable.

Performance challenges continued in A&E. A whole systems recovery plan had been developed which had been submitted to Monitor and NHS England.

Weekly meetings had been arranged with CCGs and Kent County Council to monitor and update the plan. Meetings were well attended by the CCGs. JE would continue to encourage regular attendance from KCC.

CB thanked all front line staff for their hard work and commitment in addressing the operational issues.

The Trust's Operational Plan for 2015/16 would be reviewed in light of the month one position. The Trust had agreed with Monitor a three year recovery plan which would be submitted by the end of July 2015. Financial performance was a specific focus for Monitor at monthly performance review meetings.

The GMC visited the William Harvey Hospital on 12 May 2015. PS reported a recurrent theme linked to the shortage of junior doctors. A review of the sustainability of medicine on all three hospital sites formed part of the Trust's clinical strategy review.

The GMC had highlighted surgical training and teaching as a particular area of good practice during their visit.

The Board Governance Review recommended the development of Trust's leadership teams. The first executive development team workshop was held on 5 May 2015 where a code of conduct was agreed.

An Executive Team and Divisional Team Summit had been organised to review recommendations from the Divisional Governance Review and Board Governance review.

The Trust held an internal conference celebrating best practice and innovation which was well received and attended by nursing, midwifery and allied health professionals. The conference demonstrated excellence and best practice.

Initials

Quality continued to report a strong performance: 98.5% harm free care; reduction in bed occupancy; a reduction in readmissions; and a reduction in patient falls. There were no MRSA bacteraemias reported for April 2015 and four *C.difficile* reported cases.

The Friends and Family test results reported a high level of satisfaction with services.

Same sex accommodation reported variable compliance and this needed to be addressed. The Trust's response time to respond to complaints needed continued focus.

Board of Directors discussion:

CT proposed Monitor's recently updated Well Led Framework was used as part of Board development. AF reported there was no fundamental change. She added the Trust's Corporate Governance Statement and Compliance against the Provider Licence links to the Well Led Framework and that could be used in Board development.

RE referred to recent media interest in the clinical strategy and asked if the Trust's communications strategy was robust and proactive.

CB would be meeting with local media editors and the Trust would be reviewing its communications function looking at skills and capacity. The Trust had issued a clear statement to the media that no decision had been made on the future strategy for the Trust. A joint statement would also be issued by the four clinical chairs of the CCGs.

PS suggested a more proactive approach such as a fortnightly column in the media providing general updates of all Trust developments. CB agreed the Trust needed to be more proactive and would include this consideration in its communications review.

SLB reported the review of the communications function would conclude at the end of May 2015. A report would be brought to the next Board meeting.

CT proposed that a strategic review of communications functions across the health economy could be factored into the current piece of work.

Following a question raised by VO, SSm confirmed a communication regarding the Nurse, Midwife and Allied Health Professionals Conference would be included in the next Trust News publication.

Board of Directors decision/agreed actions:

- The Board of Directors noted the Report.
- The Staff Handbook for the CQC would be circulated to the Board for information.
- CT asked to attend the next Consultant Engagement Forum. PS would send details to all NEDs.
- The Board of Directors would monitor engagement at the weekly health economy meetings to monitor the A&E recovery plan. A letter from the Chair

Noted
SLB

PS

JE

Initials

would be considered if attendance by partners fell below acceptable levels. JE to inform the Board.

- A paper on the Trust's Communications Strategy following the outcome of the review of the Trust's Communications function was required for the June 2015 Board.
- A regular news column in the media would be considered as part of the communications strategy.

SLB

SLB

86/15

CQC ACTION PLAN UPDATE, TO INCLUDE:

- **CQC RE-INSPECTION UPDATE**
- **NHS CHOICES ACTION PLAN**
- **CQC DASHBOARD DEMONSTRATION**

DH presented the report and highlighted the latest position against the Trust action plan and areas of challenge. In addition, the report provided an update on preparations for the CQC re-inspection.

Over 40% actions were reported as delivered. There were some areas which had been delayed, rated as amber.

DH went through the achievements since the last report to the Board on 24 April 2015. Three areas rated as red were noted:

Must Do 2: Ensure that appropriately trained paediatric staff provided in all areas of the hospital where children are treated.

The Trust currently had trained nurses in A&E between 8am-8pm and envisaged a 24 hour service by September 2015. In the meantime, work would be undertaken to review activity profiles to quantify the risk.

Must Do 24: Ensure medications are stored safely

An audit in April reported 42% of medicine fridges were locked. Work was ongoing with Matrons to implement improvements.

Must Do 25: Ensure the administration of all controlled drugs is recorded

The change in policy had not been embedded fully. Risk to patients was low. Awareness of the policy would continue to be cascaded.

DH referred to the report which outlined thirteen areas forecast to be delayed, the reasons why and mitigating actions being taken forward.

MF provided a presentation on the newly developed CQC Dashboard which would be used to measure outcomes and evidence against all CQC actions.

Board of Directors discussion (CQC Action Plan):

RE commented the CQC Dashboard did not appear to reflect the geography of the organisation. MF demonstrated all metrics could be drilled down to identify trends split by specialty.

RE asked if the dashboard would identify areas of focus where trust policy was not being followed. MF confirmed this to be the case. Performance would be challenged at Executive Performance Review meetings.

Initials

DH commented the Trust was a data rich organisation. The challenge was to determine a standard for clinical practice to ensure good use of the data.

VO asked how the dashboard would be regularly recalibrated to reflect the current position of the Trust. The Trust position had moved on considerably since the CQC report.

DH responded many of the parameters in the action plan and dashboard were improvements identified after the CQC report. The Improvement Board would ensure the process was not static to capture all new challenges and areas of good practice.

CQC Re-inspection Update

DH reported the Trust had developed site based teams which operated from an improvement hub. The CQC inspection in July would be coordinated through these hubs. Teams report into weekly meetings.

A mock inspection was conducted on 8 May 2015 which included external partners. The detailed results would be available shortly. Initial feedback was encouraging.

The cultural change temperature had been tested and there were early indications this had improved.

There were ten areas of risk which had been identified in the report.

Although it could not be guaranteed the Trust would move out of special measures in July 2015, DH stated that he hoped Trust would be able to demonstrate significant progress to the CQC during their re-inspection.

Board of Directors discussion:

JS observed the list of risks reflected the cultural and staffing issues which would take time to resolve completely, but also identified a number of more straightforward granular issues. He asked for assurance that actions on the latter would be completed prior to the CQC re-inspection.

DH responded the 'Must Dos' would be completed by July 2015. There were challenges around staffing and estates which were beyond the Trust's control. The report identified areas where delays were anticipated.

BW asked for background to the issues related to mandatory training. PS/SLB reported compliance rates across all elements of training was 80%. The challenges were linked to IT interface with the NLMS system. Staff had been completing training but not at the pace required. There were also issues with recording and links to the staff record.

The Trust was looking to implement a virtual system at the end of June 2015. In the meantime, Divisions were being asked to risk assess their mandatory training compliance and prioritise training linked to patient safety. Mandatory training was monitored through Executive Performance Reviews.

BW asked if the CQC did not move the Trust out of special measures in July when

Initials

would be the next opportunity for review.

CB explained the CQC would decide the timeline for re-visits. AF referred to the CQC's recent consultation document which included a proposal for Trusts to request re-visits. However, it was anticipated the CQC would prioritise those Trusts in special measures.

DH stressed that expectations of staff, partners and members of the public would need to be managed. Improvements were linked to long term improvement and were not linked solely to re-inspection.

RE welcomed the clarity of the report and progress made. He asked if awareness of the improvement journey was included in staff induction.

SLB reported face to face welcome days were being introduced to include awareness of the cultural change programme. Further work was required in terms of recruitment and retention and employer branding.

The longevity of the Improvement Board was discussed. CB was keen to maintain momentum. Good clinical leadership at all levels would continue to drive improvements.

Board of Directors decision/agreed actions:

- The Board of Directors noted the latest position against the action plan.
- DH would be updating the wider issues and external framework (action from the April Board) and would circulate this to the Board.
- DH would confirm NED alignment to site based teams (action from the April Board). Governor alignment had been confirmed.

Noted
DH

DH

87/15

CULTURAL CHANGE PROGRAMME

SLB provided a summary of the background to the programme for the benefit of new members of the Board.

The Hay Group had been commissioned to work with the Trust to: Phase 1 – in-depth diagnosis and planning; Phase 2 – develop the programme; and Phase 3 – embed the culture. Phase 1 was complete and two reports had been produced.

The programme focussed on three areas: leadership and management; communication and engagement; and bullying and harassment.

The CQC report had highlighted silo working, bullying and harassment. However, the report also identified the Trust as 'good' at providing care to its patients.

A number of initiatives had been put in place to strengthen staff engagement. A trust wide leadership and development programme had also been launched.

A respecting each other programme had been launched and a staff charter was now in place.

The next steps would to establish a longer term strategy to embed and sustain change. In addition, a Human Resources organisational development strategy would be developed.

Initials

The Trust had reviewed the We Care Values and following feedback from staff focus groups would add 'respect' as a fourth value.

Board of Directors discussion:

CT asked if the Trust was using the appraisal system to determine staff behaviour and culture. SLB responded the appraisal process was an element but the leadership and development programme would be used to lever change. The programme was in its infancy.

RE commented on the positive work undertaken to date. He would like to see more development of the metrics through the Strategic Workforce Committee.

DH reported the mock inspection had demonstrated engagement had been strengthened. Linking NEDs and Governors to site based teams would enable further opportunity for testing.

VO relayed a positive experience of staff engagement from a recent executive patient safety visit. She asked if personality traits could be captured and shared across the organisation. SLB confirmed the programme would look at profiling certain individuals.

Board of Directors decision/agreed actions:

The Board of Directors noted the project update.

Noted

88/15

CLINICAL QUALITY AND PATIENT SAFETY REPORT

CB had provided an update against quality metrics under his earlier report (Minute number 85/15). SSm provided the following additional updates:

The Trust had met its trajectory in relation to pressure ulcers for month one with two avoidable cases against a trajectory of four. There were no deep ulcers reported for April to date.

Appendix one demonstrated improved performance in terms of nurse staff data (actual versus planned). Areas which reported as red had been triangulated against quality/nurse sensitive indicators.

Board of Directors discussion:

PS referred to the reporting of incidents which had significantly improved. He referred to a cultural issue within maternity and obstetrics which required further work. A review was being undertaken on all neonatal deaths to ascertain whether these had been recorded on STEIS, also to establish whether, where appropriate, admissions to NICU had been reported on Datix.

Following a question raised by CT, SSm clarified nurse establishment was in line with other Trusts (22%-23% above establishment). Lower percentage would necessitate greater reliance on agency staff during periods of absence.

CT proposed that identifying what 'good' would look like would be a worthwhile exercise.

Initials

NG responded the metrics in the report reflected nurse rotas. There were wider issues around retention and recruitment to avoid additional agency expense.

Board of Directors decision/agreed actions:

- The Board of Directors noted the latest performance position against quality and patient safety metrics.
- RE proposed consideration be given to demonstrating links to nurse data and CIPs as the report develops.

Noted

SSm

89/15

PATIENT STORY

SSm introduced the patient story which demonstrated a powerful story that focused on end of life care and cultural, attitudes and behavioural issues.

One of the Trust's Governors had proposed the Hospice be invited to participate in discussions in terms of shared learning.

The DVD was shown. PH explained the relatives had asked for this DVD as a learning tool for the Trust.

WH reminded the Board of Directors she had been Lead for End of Life care for the Trust prior to taking up her new role at Pilgrims Hospice. She would maintain links with the Trust through the End of Life Board.

During her time working at the Trust she had engaged with relatives to hear their experiences. WH went on to refer to the recently published Dying Without Dignity Report. Data had been reviewed in this Trust which identified conversations were not taking place early enough. Further work was required to continue to improve end of life pathways and empower staff. The DVD demonstrated the impact of **not** having early discussions with patients and their relatives.

PS added links to the Cancer Centre needed to be strengthened. However, not all deaths were cancer related and education and support needed to be provided to all clinicians.

All clinicians who provided a diagnosis of cancer were required to undertake a three day communications training course. Embedding this into practice needed to be strengthened.

VO asked if planning for end of life care was achievable when receiving patients at short notice. WH reiterated the need for early discussions.

SLB referred to the CQC Improvement Plan which reported 'blue' (completed) against the element of end of life care. From discussions today, the process was in place but the outcome required further work.

WH confirmed education had been put in place. A further snap shot audit was being undertaken in terms of understanding. She explained embedding was a challenge as the majority of nursing staff and medical teams rarely experienced end of life needs on medical and surgical wards.

RE referred to today's patient story which demonstrated a break down in supervision and asked if this had been addressed by the ward.

Initials

PH responded a letter had been received from a family a few months after this particular experience relaying a positive end of life experience.

Board of Directors decision/agreed actions:

The Board of Directors noted the report and two key lessons to be taken forward:

- The need for earlier discussions with patients/relatives/carers.
- Strengthen handover processes to ensure the best possible care over weekend periods.

SSm/PS

PS agreed to follow-up this particular case with clinician involved.

PH requested the inclusion of the DVD as part of the induction process for all front line staff. SLB agreed to consider the best way of incorporating end of life care into induction processes.

SLB

90/15

KEY NATIONAL PERFORMANCE TARGETS

CB had provided an update on A&E performance under his earlier report (Minute number 85/15). JE provided the following additional updates:

A&E

The Trust was non-compliant against the A&E standard for April 2015 at 89.3%. In addition, the Trust missed the 90% trajectory in the recovery plan.

The number of medical outliers had reduced.

Conversations had commenced with staff around recruitment and culture. The investment in the emergency department had demonstrated a commitment to staff.

Weekly meetings were now in place with teams.

Breach analysis had been completed in depth to identify areas of focus.

As reported earlier in the meeting a whole systems recovery plan was now in place.

Performance was reported regularly to Monitor.

18 Week RTT

The main focus had been to clear the backlog and reduce waiting lists. The CCGs had introduced processes to manage referrals. There had been surges of activity in general surgery and maxillo facial.

There had been zero cancelled operations.

Performance was reported regularly to Monitor.

Diagnostics

The target was being consistently met. The number of patients referred for endoscopy was high but this was being managed.

Initials

Cancer

The Trust continued to report a large number of cancer referrals. However, the Trust was now consistently reporting compliance against the two week wait and symptomatic breast standards.

There was additional pressure in colorectal and this was being managed.

Board of Directors discussion:

JS asked for an update on the resourcing position for the emergency department.

NG reported £4m was in the operational plan 2015/16 for resilience and winter pressures. £800,000 was included in the month one position, this could not be sustained.

Discussions would take place with CCGs in terms of continuation of schemes. There was an assumption this money would be received following verbal agreement but this needed to be firmed up.

LS felt the reported the reasons for breaches reflected her recent experience as executive on call. She added the emergency department could at times feel cut off from the rest of the hospital and this was an important area of focus.

PS referred to effective processes for specialty review put in place within the Surgical Assessment Unit at William Harvey Hospital

PS reported that one area of challenge within A&E was orthopaedic specialty reviews as response times could not be instant at times.

JE reported ECIST had visited each hospital site week commencing 11 May 2015. Initial feedback identified internal improvements and recognised the need for a whole systems review.

PS commented recommendations were similar to the last visit to include the development of senior review in the emergency department.

PS added the GMC visit highlighted the need to address support for F1s between 5pm-9pm Saturday and Sunday. The A&E activity had right-shifted to this area of time. This was not easy to resolve in light of the national picture.

Board of Directors decision/agreed actions:

The Board of Directors noted the latest performance position against Key National Performance Indicators.

Noted

91/15

CORPORATE PERFORMANCE REPORT

NG presented the report. The report had been subject to detailed scrutiny by the Finance and Investment Committee on 19 May 2015.

In summary, the Trust reported a month one deficit position of £2.81m. As reported earlier in the meeting, the Trust was reforecasting its operational plan 2015/16.

NHS England was seeking applications from large Trusts with a small chain of

Initials

district general hospitals to review how they operate to understand financial pressures and drivers.

Monitor would be undertaking an annual assurance review of the Trust. The focus would be to understand the robustness of plans and to understand the nature of contracts with commissioners. This would inform a national piece of work.

Grant Thornton had been commissioned to undertake a financial governance review which would feed into the Monitor financial review. The review would incorporate a capability and capacity review.

The Trust had implemented a Financial Recovery Group chaired by CB. This was well represented by Divisions and senior clinicians.

Monitor was supportive of actions put in place by the Trust to support financial recovery.

The high cost of temporary staffing, linked to operational pressures, continued to be a particular challenge.

RE chaired the Finance and Investment Committee in the absence of JS. He reported the Financial Recovery plan would have particular focus on the following: use of Aspyre and good visibility of the cost improvement programme; CEO led Financial Recovery Group; and actions required to deliver the cost improvement programme.

JS asked if the slippage during month one linked to the cost improvement programme was anticipated. NG responded the month one CIP position reported £0.7m below target. Work was ongoing to validate the savings to determine what was achievable. There were schemes totalling £4m waiting to move to an amber position.

Board of Directors decision/agreed actions:

The Board of Directors noted the report.

Noted

PP requested the aseptics stock write off should be given greater scrutiny. He was disappointed write offs had continued following assurances provided to the Integrated Audit and Governance Committee in April 2015.

NG reported controls had been put in place and manufacturing was due to commence in June 2015. NG would continue to monitor.

NG

92/15

REVIEW OF ONGOING COMPLIANCE AGAINST SELF CERTIFICATION

AF reported the performance position was in line with the position reported to Monitor.

93/15

QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE PERFORMANCE SECTION

Chris Warricker, Governor, was disappointed he had not seen evidence of more detailed discussion around financial performance. This had been raised at a recent Council of Governors meeting.

Initials

NG responded the work being undertaken by Grant Thornton would inform best practice for reporting to the Board and Finance and Investment Committee. It was important to avoid duplication of reports and discussion.

Margo Laing, Governor, asked for an update on the area of the CQC action plan reported red for PPE for staff and cleaning schedules in place across the Trust.

LS explained performance of the Serco contract had been the subject of Board scrutiny. The improvement trajectory was 95% across all areas by June 2015. There were five areas reporting variable performance which reflected the overall red rated position. LS was not comfortable moving this to a green position until improvements were sustained.

Margo Laing, Governor, asked whether staffing issues had been resolved by Serco. LS confirmed Serco had recruited additional staff above contract and was looking to recruit permanent staff to current temporary positions. All costs had been met at Serco's expense.

JS asked if better reports were being received from Serco. LS reported there were five areas with inconsistencies. It was noted the mock CQC inspection reported positively in terms of Serco performance across all other areas.

Chris Warricker, Governor, asked for the detail of the major causes of the shortfall of the cost improvement programme. NG reported he did not have this level of detail today but there were 450 lines within the cost improvement programme which were subjected to detailed scrutiny at Executive level.

Junetta Whorwell, Governor, attended the nurse, midwifery and AHP conference and relayed positive feedback. Her appreciation and thanks were recorded.

94/15

MEMBERSHIP STRATEGY

Mandy Carliell, Corporate Events and Membership Manager, was in attendance for this item.

During 2014/15, membership had increased to c18,000.

The strategy for 2015/16 outlined priorities for next year. The strategy committed to increased engagement with Governors and members and to continue with recruitment activity in line with the demographic profile of East Kent. Priorities would be focussed on hard to reach areas. Going forward, engagement events would be linked to the Trust's forward plans.

It was the aim to reinstate the virtual panel.

The electronic election process was positively received and this would continue.

The Trust's membership pages of the website would be updated regularly to include an online events calendar.

Board of Directors decision/agreed actions:

The Board of Directors approved the membership strategy.

AF relayed her particular thanks to MC and her team for the work and

Initials

achievements during 2015/16.

95/15

RECOMMENDATIONS FOR PROVIDERS FROM THE SAVILE REPORT

SSm reported following the publication of Kate Lampard's Lessons Learned report and the Secretary of State's announcement that he would accept 13 of the 14 recommendations with a view to further consultation being undertaken to consider how these would be implemented. A response was requested from Trusts by 15 June 2015.

The Trust had identified three recommendations where further action was required:

Three yearly reviews of employee Disclosing and Barring Service (DBS)

SLB reported the Quality Committee had agreed all substantive staff, volunteers and contract staff would be subjected to checks every three years. This was in line with other Trusts. There would be a cost implication which was being reviewed as part of implementation. In addition, an employee relations issue would need to be considered with the Staff Side Committee.

Arrangements for pre-employment checks for agency and contract staff, particularly those recruited using off framework agencies

SLB explained checks were undertaken centrally for all framework agreements. However, standards of checking for off-framework agencies were not known. The Trust was using off-framework agencies when staff could not be obtained through normal framework procedures. This would be reviewed.

Risk Management Strategy

SSm reported a review was scheduled for June 2015.

Board of Directors decision/agreed actions:

The Board of Directors approved the response to recommendations for submission. AF had arranged process for submission with SSm

AF/SSm

The Board of Directors discussed employment checks and noted they were not a complete safeguard. PS reminded the Board of Directors of a recent member of staff identified through its own checking procedures.

96/15

ANNUAL MEMBERS' MEETING ARRANGEMENTS

AF presented the report which set out the arrangements for the Annual Members' Meeting on 1 October 2015. Section five highlighted potential areas for presentation. AF/SS and Mandy Carliell would work on putting this together.

RE referred to previous meetings where the presentation exceeded the time allocated. He requested short and focussed presentations agreed with speakers.

AF

97/15

CORPORATE MEETING STRUCTURE

AF presented the proposed Board and Board Committee structure. The paper was discussed at Executive Team meeting and fully supported.

Board of Directors decision/agreed actions:

The dates were approved subject to Board members informing AF by 29 May 2015

All/AF

Initials

whether there were any dates they could not attend.

CT commented it was not a legal requirement to hold monthly Board meetings.

RE referred to earlier discussions regarding the level of reporting to avoid duplication at Board Committee and board level.

AF responded she had discussed with the Chair a review of reports from Board Committees to ensure more transparency at Board level.

NG would ask Grant Thornton to look at the split between Board and Finance and Investment Committee. Advice would also be sought in terms of Governor attendance at Board Committees.

NG

98/15

QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE DECISION SECTION

Margo Laing, Governor, proposed the membership be canvassed to identify topics of interest for the Annual Members' Meeting. AF would take forward.

AF

99/15

DELIVERING OUR FUTURE PROGRAMME

LS reported the following updates:

Patient acuity modelling continued.

A major piece of work was underway to determine the risks within medicine to maintain three sites and implications for two and one site services. The outcome of this risk assessment would come to the June Board of Directors.

Ernst and Young had been commissioned to review the financial affordability of the strategy and this would be discussed in closed session.

HealthWatch would be working with the Trust in terms of public engagement. Events had been arranged across East Kent to test whether the Trust had a compelling case for change.

A clinicians' event had been organised for 2 July 2015 to discuss the clinical strategy.

Positive steps were being made in terms of engagement with the health economy. A standing item had been placed on the CCGs confederation meeting to update on progress. Further work would be undertaken with Ernst and Young.

Board of Directors discussion:

CT asked if the CCGs were supporting the public events. LS confirmed this was the case. The Trust's Communications Team was working more jointly with the CCGs.

RE asked whether a document was in place which provided an update on the latest position with the clinical strategy (internally and externally). He stressed the importance of the Board communicating a consistent articulation of the strategy.

Initials

LS responded this was not currently in place but would explore this.

SLB stated divisional management teams were used to cascade messages. The new team brief format would further assist with this.

Board of Directors decision/agreed actions:

- The Board of Directors noted the Update.
- A list of public engagement events would be circulated to Non-Executive Directors and Governors.
- LS agreed to look at implementing a regular communication outlining the latest developments with the clinical strategy.

Noted
LS

LS

100/15 CORPORATE RISK REGISTER – TOP 10

SSm presented the report. The Board of Directors were asked to note the top 10 corporate risks, mitigation scores, actions and progress.

There were three new risks:

- Mandatory training compromised by IT issues;
- Board stability and potential loss of organisational memory linked to significant Board changes; and
- Implementation of KPP (ongoing sustainability).

Emerging risks were noted:

- Staffing difficulties within the Speech and Language Therapy Service;
- Fully embedding the legal duty of candour;
- Patient safety issues associated with treatment of cholesteatoma; and
- Out of hours' cover for interventional radiology.

The Management Board this week discussed an emerging risk relating to surgical support (generally and in ECC). This would be discussed at the next Management Board in June 2015.

Board of Directors decision/agreed actions:

- The Board of Directors noted the report.
- RE proposed a review of risk 65 (Kent Pathology Partnership) in light of current developments and broader risks.
- BW agreed to feed into the review of risk management following the Board Governance Review. He had experienced difficulties in interpreting the register and understanding the history of each risk.

Noted

SSm

BW

101/15 QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE STRATEGIC SECTION

Margo Laing, Governor, asked if an issues register was in place within the Trust. AF explained an incidents log was in place which was monitored to identify emerging trends.

102/15

MEDICAL DIRECTORS REPORT:

- **DISCRETIONARY POINTS**
- **CLINICAL EXCELLENCE AWARDS**

PS reported the GMC had asked for a standing item for Medical Education on the Board agenda.

Following discussion, it was agreed a paper would be brought to the Board as an update following the GMC visit. Medical Education would be monitored by the Strategic Workforce Committee regularly with a once or twice yearly strategic report to the Board.

PS reported a draft report had been received following the revalidation visit by NHS England. Areas of good practice had been identified which they would share with other Trusts.

PS presented the discretionary points paper and the Board of Directors approved the recommendation to award 1 point. It was noted RE had been omitted from the group members in the paper.

PS went on to present the clinical excellence awards paper and the Board of Directors approved the recommendation to award 27 points. The Board of Directors noted not all points had been allocated as not all applications had achieved the threshold.

JE asked if consideration had been given nationally or locally to regular review of maintaining CEA awards. PS responded national awards were reviewed once every five years, more stringently than previously. He referred to previous Board discussions around the approach the Trust should take should awards be withdrawn.

As a member of the panel, RE provided assurance those involved in the process bring objectivity and transparency.

PS

103/15

BOARD COMMITTEE FEEDBACK**Finance and Investment Committee**

RE reported the Committee received a comprehensive update on the Trust's 2015/16 operational plan. The Trust would be reviewing the plan in light of the month one position.

Joint Finance and Investment Committee/Integrated Audit and Governance Committee/Quality Report

PP reported the main focus was to receive the annual report and accounts and supporting documentation.

KPMG, External Auditors, would be issuing an unqualified opinion on the accounts and charitable funds accounts. KPMG also reviewed arrangements for securing economy, efficiency and effectiveness in its use of resources for the year end 31 March 2015. Their conclusion in this area was modified as the Trust was placed in special measures by Monitor in August 2014.

Initials

A limited assurance opinion would be issued on the Quality Report against the two mandated indicators.

Baker Tilley, Internal Auditors, also provided an unqualified opinion.

The annual report and accounts would be presented in the Part II/closed session of the Board for formal sign off.

104/15

FEEDBACK FROM THE COUNCIL OF GOVERNORS, TO INCLUDE:

JS reported the last Council meeting took place on 8 May 2015. The meeting followed a new format agreed with Governors to include reports from Non-Executive Director Committee Chairs. The aim was to increase visibility.

Governors also received presentations on the Trust's Operational Plan and clinical strategy.

A discussion took place in closed session around Non-Executive Director objectives and JS would be writing a report for the new Chair.

Communications and Membership Committee

RE was the Non-Executive Director link. The membership strategy was the subject of discussion by this Committee.

Audit Working Group

PP was chair of this Group. The Group had not met but KPMG had provided Governor training on interpretation of NHS Finances in May 2015.

CoG Strategic Committee

JS was the Non-Executive Director link. The last Committee devoted time to the recommendations from the Board Governance Review to identify specific areas to incorporate into Non-Executive Director objectives.

105/15

ANY OTHER BUSINESS

No further business was raised.

106/15

QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE INFORMATION SECTION

John Sewell, Governor, referred to the language used in the recommendations from the Board Governance Review around presentations from Non-Executive Directors to Governors. The format adopted was more formal reports than presentations.

Date of Next Meeting:

Friday 26 June 2015, Lecture Theatre, Queen Elizabeth The Queen Mother Hospital

Signature _____

Date _____

Initials