

**UNCONFIRMED MINUTES OF THE SIXTY-FIFTH MEETING OF THE
BOARD OF DIRECTORS
FRIDAY 24 APRIL 2015, 9AM, BOARD ROOM, WILLIAM HARVEY HOSPITAL**

PRESENT:

Mr N E J Wells	Chairman	NW
Dr J P Spencer	Non Executive Director	JS
Mr R Earland	Non Executive Director	RE
Mrs V Owen	Non Executive Director	VO
Prof C Corrigan	Non Executive Director	CC
Mr C Bown	Interim Chief Executive	CB
Mrs J S Pearce	Chief Nurse and Director of Quality and Operations	JP
Dr P Stevens	Medical Director	PS
Ms S Le Blanc	Director of HR	SLB
Ms J Ely	Chief Operating Officer	JE
Mr D Baines	Interim Director of Finance and Performance Management	DB

IN ATTENDANCE:

Mrs S Lewis	Improvement Director	SL
Mrs A Fox	Trust Secretary	AF
Ms R Jones	Director of Strategy and Business Development (<i>For Liz Shutler</i>)	RJ
Sally Smith	Deputy Chief Nurse	SSm
David Hargroves	Clinical Chair for the Improvement Plan Delivery Board (<i>Minute No 53/15 – 58/15</i>)	DH
Mrs S Swindell	Assistant Trust Secretary (Minutes)	SS

MEMBERS OF THE PUBLIC AND STAFF IN ATTENDANCE:

Mr and Mrs J Smith	Members of the Public
Sarah Andrews	Elected Governor (Dover)
Chris Warricker	Elected Governor (Ashford)
Junetta Whorwell	Elected Governor (Ashford)
Torben J. Hilligsoe	Member of the public
Susan Evans	Ward Manger, Richard Stevens Ward
Caroline Mackenzie	Ward Manager, Rotary Ward
Selena Moore	Ward Manager, Kings D
Jacqueline Frape	Ward Manager, Cambridge M2 Ward
Carol Allen	Ward Manager, Kings C1 Ward
Susan Greenstreet	Ward Manager CCU
Maria Linden	Ward Manager, CDU
Sara Button	Ward Manager, Kings C2 Ward
Erin Toner	Ward Manager, CL
Philip Higgs	Cardiology Matron
D.C. Jenner	

MINUTE NO.		ACTION
53/15	CHAIRMAN'S WELCOME	
	NW welcomed members of the Board, Governors, members of staff and members of the public to the meeting.	
54/15	APOLOGIES FOR ABSENCE	
	Mr P Presland, Non Executive Director	

Initials

Ms E A Shutler, Director of Strategic Development and Capital Planning

55/15

DECLARATIONS OF INTEREST

DB and SLB were noted as nominated Directors of EKMS and DB of Healthex.

56/15

MINUTES OF THE PREVIOUS MEETING – 27 MARCH 2015

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

57/15

MATTERS ARISING FROM THE PUBLIC MINUTES OF 27 MARCH 2015

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

32/15 & 215/14 – Clinical Quality and Patient Safety Report

Mandatory Training trajectories and the recovery plan had been circulated to the Board. There was a concern regarding the infection control mandatory training compliance and this was being refreshed.

A review was being undertaken by the Information Team to analyse the key drivers behind the small rise in SHIMI from .97 to 1.03. In terms of HSMR there had been no real change. A report would be brought to a future Board meeting (attached to the CQPS) once the work had concluded. PS to advise timing.

PS

32/15 & 09/15 – Ward Establishment Review

Prioritisation of business cases had been discussed by Management Board and would be received at a future Finance and Investment Committee.

Closed

32/15 & 16/15 – Fit and Proper Persons Test

SLB confirmed that all Board members had been cleared.

Closed

32/15 & 20/15 – Delivering Our Future

RJ confirmed a roll out plan had commenced to issue feedback questionnaires to Estuary View patients.

Closed

34/15 – Cultural Change Project Update

SLB confirmed the latest communication to staff was attached to the April pay slips.

Closed

35/15 – Clinical Quality and Patient Safety Report (CQPS)

JP confirmed the Information Team was working to revise the CQPS report which would include the development 'heat maps'.

RE stressed there was a need for early sight by the Board of differentiation of heat maps where progress had been made and where challenges remain.

SL agreed and added heat maps could start to come through to the Board as the report was developed.

JP/DH agreed to aim to bring heat maps through as part of the May Board report.

JP/DH

39/15 – Key National Performance Targets (KPI)

In the region of 13,000 records had been validated as part of the external review on incomplete pathways. JE would bring this through as part of the next KPI report.

JE

Initials

43/15 – Strategic Workforce Committee Terms of Reference

Interim membership to be determined (NED element) to enable the first meeting to be established. SLB would discuss with JS.

SLB/JS

45/15 – Delivering Our Future Programme: Update on Clinical Strategy

Financial implications would be presented to the May Board (Part II).

Closed

47/15 – Corporate Risk Register – Top 10

Work was ongoing to review the Risk Register to ensure it was fit for purpose. SL stressed the importance of moving this work forward.

Matters arising:

PS asked members of staff in the room whether they were aware of the clinical strategy and a mixed response was received. One member of staff commented that opportunities were there but further work was required to embed.

The Board noted the importance of linking the staff engagement programme to the clinical strategy. It was important staff had an awareness of the case for change and understanding of affordability options. Messages needed to be translated into appropriate messages for front line staff.

58/15

CQC ACTION PLAN UPDATE

David Hargroves, Clinical Lead, Improvement Programme Board, was in attendance for this item.

He reminded the Board, members of staff and members of public of the background and role of the improvement programme following the CQC visit in March 2014.

He referred to page two of the report which detailed the achievements since the previous report. Over March and April there was a reported improvement. Two thirds of the actions would be complete prior to CQC re-inspection.

The Board of Directors would receive a presentation at the May meeting on the latest Dashboard development.

Site based teams were now in place consisting of multidisciplinary staff working together on a daily basis to ensure areas of improvement were acknowledged and improvements were taken forward.

A staff hand book had been developed. In addition, an organisational presentation would be delivered at all meetings.

A mock inspection was planned for 8 May 2015.

Board of Directors discussion:

DH drew attention to the areas reporting as red or where there were anticipated delays:

Must Do 10: Ensuring cleaning schedules were in place in all areas, etc.

It was noted this would remain as red until measures had been embedded.

Initials

RE asked if there was a concern this would not be fully embedded prior to the CQC re-visit. RJ responded a three month plan was in place and was on track to deliver by the end of May 2015. This was monitored at ward level and management level.

DH added Trust Matrons were working with Serco to review all audits and flag when improvements had not materialised.

CC stressed the importance of stability of Serco staff on wards.

M01, M18, KF08 – Ensure sufficient number and mix of suitably qualified skilled and experienced staff across the Trust, etc.

Recruitment and retention plans were being developed by HR. The Board of Directors were aware of areas of specific challenge (national issues). Links had been made to KSS and work had commenced to look at alternative workforce models.

RE asked, give the scale of challenge, whether there was more the Board could do to move this forward.

SLB responded not at this point. The aim of the recruitment and retention plan was to ensure substantive staff was in place for consistency and quality. Use of agency staff was less safe and it was not always easy to fill rota gaps due to resource challenges. This was being managed on a day to day basis.

The Board of Directors went on to discuss particular challenges in A&E recruitment. This was a national problem. The Trust was looking to engage an external party to work with the Trust on this area.

SL commented it was important the Board of Directors and staff fully understand where recruitment challenges were and the improvement plans for the future and risks. SLB responded the workforce strategy was an essential element of this understanding and this was under development.

JP stressed the importance of a whole health economy standing of these challenges and key drivers. The issue would not be resolved prior to the CQC re-visit but a clear understanding of improvement plans was required.

KF17 – Poorly maintained buildings and equipment, etc.

M08 – Ensuring that the environment in which patients are cared for is well maintained.

M15, M16, M17, KF18 – Improve the patient experience within outpatients by reviewing the Trust communication, etc.

Equipment libraries were now in place and a maintenance programme has now been produced for all areas. However, this was anticipated to report amber in July in respect of compliance with mixed sex accommodation.

A plan was in place regarding the booking of follow up appointments in outpatients.

Following a question raised by JS regarding the opening of Dover Hospital, JE confirmed there would be no change to the central booking arrangements. Dover Hospital would also be the first site to implement self check-in.

Initials

M20, M21 – Ensure the flow of patients through the hospital is effective and responsive, etc.

The work to develop a health economy wide solution was ongoing.

General discussion points:

NW commented on the importance of staff to put forward ideas for development and innovation.

DH responded the role of the Improvement Board was to ensure plans were in place and to drive improvements. The aim of the site teams was to ensure staff felt engaged in the process.

VO commented she felt she did not have a full understanding of how wider issues were being incorporated into the improvement plan.

DH provided assurance that there was an issues framework and a number of improvement plans that sit alongside the high level improvement plan.

PS/SL clarified the difference between the regulatory regimes of the CQC and Monitor. Preparation for the CQC re-visit should include scoping the intelligence held by the CQC and ensuring effective plans were in place.

RE asked if thought had been given to aligning NEDs to site based teams. DH confirmed this would be taken forward.

Board of Directors decision/agreed actions:

- The Board of Directors noted the position to date.
- DH agreed to circulate the wider issues framework which sits alongside the high level improvement plan.
- DH to take forward plans for aligning NEDs and Governors to site based teams.

Noted
DH

DH

This being NW's last Board, DH thanked him for his support with the improvement programme and within the stroke services.

59/15

CULTURE CHANGE PROGRAMME

SLB presented the report which had been provided to Monitor at the last Performance Review Meeting. Key messages were noted:

The Hay Report into bullying and harassment had been received which made recommendations for the future.

The report also provided an update on the development work being undertaken to revise the current organisational values.

The Leadership Development Programme would be commencing shortly. SLB was also looking at a Divisional Management programme.

A survey had been undertaken with Medical Staff which reported themes similar to the wider staff survey. A session with medical staff was planned for 6 May 2015 to

Initials

look at strengthening engagement.

Board of Directors discussion:

CB stressed the cultural change programme was a priority and he would lead this from the front. This would have a direct impact on recruitment and morale. He had spent the last few weeks visiting staff in areas and themes of feedback was similar to the staff survey results.

NW referred to correspondence sent to him by a former member of staff who recognised the behaviours outlined by the CQC. He stressed a fundamental change of behaviour was required.

The Board of Directors went on to discuss the intended refresh of organisational values. The recognised the importance of ensuring values were clear to all staff.

SLB explained the current We Care Values (adopted by the Board in January 2014) were developed by staff and patients. Following conclusion of the work undertaken by Hay, there were recommendations to add to the existing We Care Values. The Executive Team would need to discuss how to move forward with these.

JP added it was important the Trust was clear about behaviours and standards together with the consequences of certain behaviours.

RE referred to the delivery of the cultural change programme and asked how improvement would be evidenced.

SLB responded measures had been agreed with the Improvement Board. The mood had changed positively but there was further work to be done. The Trust would be implementing a further friends and family test in May/June 2015 to test whether the programme was having an impact. In addition, turnover would be monitored and exit interviews would be undertaken.

At this point, members of the public and staff were invited to put forward questions to the Board of Directors.

The Ward Managers present raised a concern. The Board was asked how the Trust would ensure staff involvement and engagement with the seasonal pressures plan.

JE agreed joint working was important to ensure there was an open and transparent process. Seasonal plans needed to be formulated as a health economy and this year the target was to establish plans by June 2015. Each Division had been asked to work up plans which would be incorporated into the overall plan.

Ward Managers felt the process had been prescriptive from Divisional levels. The collective view expressed by the Ward Managers was that little had been learnt from previous years and the difficulties encountered. Front line staff were very keen to be involved in current and future Seasonal planning.

In addition, the Ward Managers felt that nursing staff were passionate about embedding the We Care Values. However, there is often a dissonance between consistently delivering the We Care values when departments and or wards are

Initials

under extreme pressure.

CB reported that nationally the Winter of 2014/15 was challenging. The Trust had specific challenges related to: delayed transfers of care; staff resources; increased workload and capacity; and financial challenges. The Trust needed to strengthen forward planning and would need to take financial risks to improve long term sustainability of the organisation.

JE further added the Trust and health economy needed to be more astute and responsive to pressures throughout the year. Further work was required to share with staff to raise awareness of work being taken forward externally.

DB reported £4m would be available to the health economy, with a large portion to be spent with the Trust. This needed to be planned for wisely. With the involvement of staff, the Trust could set processes in place to improve operational and financial challenges.

PS stated there were challenges which were outside of the Trust's control. The strategy was to avoid admission.

Board of Directors decision/agreed actions:

- The Board of Directors noted the cultural change programme update.
- The Board of Directors noted clear messages from staff present that the We Care values were appropriate but there were challenges in delivering within the current operational environment.
- There was an acknowledgement that the Trust needed to create further opportunities for staff involvement in seasonal planning. JE to take this forward.
- RE proposed feedback be received at the next Board as to whether staff had been consulted and whether this had been effective. JE would take this forward.

Noted
Noted

JE

JE

60/15

CLINICAL QUALITY AND PATIENT SAFETY REPORT

The report was received and discussed in detail at the Quality Committee on 28 April 2015. JP pulled out key messages:

- The trust had achieved its trajectory to reduce the number of pressure ulcers. Congratulations were noted to all nursing staff.
- Patient falls reported a static position. The falls collaborative would ensure focus.
- 48 cases of *c.difficile* were reported in 2014/5, one above trajectory. However, Public Health England confirmed one not to be attributable to the Trust. The Trust's official position reported at 47 cases. The target for 2015/16 was 45.
- Readmission rates reported a reduction. This was as a result of better recording.
- The new Mixed Sex Policy had been agreed and implemented.
- Complaints response times reported an improving position. Plans were in place for further improvement.
- The Friends and Family Test results reported an in-month improvement.

Board of Directors discussion:

NW referred to the significant achievements in reduction of pressure ulcers. A total of 18 wards achieved 365 days consecutively without a pressure ulcer, 6 wards

Initials

achieved 300 days, 14 wards 200 days and 5 wards 100 days.

RE referred to page 10 providing a summary of serious incidents. He felt the narrative could be strengthened to report remedial action and change in clinical practice.

JP provided assurance that actions and learning points were discussed in detail by the Quality Assurance Board and were published through the risk wise circular in the Trust.

JP added NHS England had issued a recent publication clarifying the types of serious incidents to be reported via STEIS with an emphasis on reporting definite learning outcomes. Discussions would take place with commissioners to agree a collective view.

RE referred to Appendix 1 (publication of nurse staffing data) and felt there needed to be more understanding of the fill rate within the supporting narrative.

JP explained in areas where there was a small establishment, absences and ability to backfill at short notice would affect the percentages reported. The data in Appendix 1 needed to be triangulated with the quality indicators to identify hot spots. As part of the review of the CQSP report, work would be undertaken to ensure this was more visible.

PS highlighted the high friends and family test response rate in the SAU reporting at 65%. Out of a total of 512 responses received, four were not content with the service provided. The Board noted the significant achievement in this area.

Board of Directors decision/agreed actions:

- The Board of Directors noted the latest performance position.

Noted

As part of the review of the CQSP report, work would be undertaken to:

- Ensure more understanding of the staff fill rate as part of the narrative in future reports.
- Strengthen the narrative around clinical incidents in terms of remedial action and change in clinical practice.

JP

61/15

PATIENT STORY

Unfortunately, due to equipment failure it was not possible to show the DVD. This would be brought forward to the May Board.

PH (Cardiology Matron) explained it was a powerful story that focused on end of life care and cultura, attitudes and behaviours.

The relatives of the patient concerned had asked for this to be a training DVD for staff and for students at Christ Church University.

62/15

KEY NATIONAL TARGETS

JE presented the report. The report had been revised to incorporate feedback received internally and from the Council of Governors.

Initials

A&E

The Trust was non-compliant with the four hour A&E standard in March 2015 at 87.6%, and for the quarter four at 88.1%. Quarter three performance reported ahead of most Trusts nationally. The Board of Directors was reminded of the significant pressures faced in this area.

Activity figures on page two of the report showed an increase to the previous year by 2%. Activity had been broken down by age group which reported patients aged 75+ as a significant area of activity. There had been a rise in length of stay between November 2014 and March 2015.

Page three outlined the conclusions of the breach analysis conducted. Further work was required to strengthen medical management internally. Delay in specialty review was a specific area for improvement.

Work was ongoing with the community to reduce admissions.

A project was being established 'discharge to assess' with the aim of reducing bed requirements.

A refreshed emergency department recovery plan was being developed. All health and social care providers had been asked to produce similar plans. The aim was to pull together a single plan by 1 May 2015.

Board of Directors discussion (A&E):

CB reported the challenges around emergency department performance had been escalated. All partners were under additional pressure from Monitor and NHS England to ensure a whole systems plan was in place to strengthen governance and performance management.

RE asked how the Board would have visibility of delivery of the plan.

JE responded going forward the report would include updates on the delivery of the health economy wide plan. There was recognition by Monitor of the challenges faced by the wider health economy.

RE requested detail of the criteria applied to the 'discharge to assess' pilot. He had a concern regarding the impact on carers and relatives.

JE responded there would be a 24 hour care package for the period of assessment. This would be maximised or withdrawn once assessment had concluded. SL added this was common place in other parts of the country.

VO referred to page one of the report which reported 10% less attendance in Q4 compared to Q1 but twice as many breaches. She asked for the reasons behind this and further asked regarding the impact of losing winter resources.

JE explained the performance position was complex. The Trust had seen an increase in the acuity of patients and a change in attendance profiles. The health and social care needs of patients after hospital care had also changed significantly, specifically the number of patients not known to social care prior to hospital admission.

SL added increased social care challenges were in line with the national picture.

18 Weeks

JE reported significant improvements made in reducing the backlog position, with a reduction of 370 patients. Scrutiny continued by specialty on a weekly basis.

There were specific risks around urology as a specialty.

Significant progress had been made in terms of cancelled operations. In March 2015, no second or subsequent cancellations of urgent operations was reported.

Diagnostics

The six week target was being achieved consistently. Sustained performance impacted positively on 18 weeks and cancer performance.

Cancer

The un-validated position for March 2015 reported compliance across all performance measures with the exception of the 62 day standard.

There were specific challenges in urology in terms of demand and pathway management Colorectal reported some improvements. The demand for gastroenterology was significant.

Board of Directors discussion:

NW reported the Quality Committee had a detailed discussion regarding 18 weeks, A&E and cancer performance. The Committee received an understanding of the trajectory.

Board of Directors decision/agreed actions:

- The Board of Directors noted the performance to date.
- The Board of Directors recognised the importance of health economy solutions which impacted on Trust performance.

Noted
Noted

63/15

CORPORATE PERFORMANCE REPORTS

DB presented the report and the key headlines were noted:

- Full Year consolidated EBITDA is £18.5M (£11.8m adverse to plan) and bottom line is £7.8M loss (£6.8M adverse).
- In line with operational Forecast excluding risks of Aseptic stock take (£0.6M) and RTT previously flagged. RTT risk realised was lower than maximum flagged at £1.1M).
- Year end bottom line better than forecast due to gain in revaluation of assets of £0.9M.
- CoSRR remains at 3.
- Cash is £3.9m above plan.

Key drivers of the loss were noted:

- Shortfall of £7m in delivery of planned savings.
- Excess premium staff costs for dealing with winter and waiting list pressures.

Initials

- Divisional costs above budget.
- One off write-off of drugs in the aseptic suite and aseptic wastage (£1.5m). Internal Audit had looked at this area and identified areas for improvement.
- Implementation costs of KPP.
- Settlement of 2013/14 contract with East Kent CCGs.

The financial position was not sustainable. The financial position was subject to Monitor scrutiny.

JS reported, as Chair of the Finance and Investment Committee, the Trust had reported a significant financial deterioration since October 2014.

Board of Directors discussion:

CB reminded the Board the Trust had not been a deficit position for some years. Discussion had taken place at Management Board and the Finance and Investment Committee to develop a recovery plan which was credible and supported the clinical strategy to move to a sustainable position. The financial position was also reliant on the delivery of the clinical strategy and delivery of a £20m (£25m internal target) cost improvement programme. The current projection was £16.7m in deficit despite the cost improvement programme.

CB had established a Financial Recovery Board which would oversee the delivery of the recovery plan and provide scrutiny to the cost improvement programme.

CB would be raising awareness amongst staff of the financial position of the trust through CEO Forum meetings on each site.

RE proposed the scorecard be revisited to ensure it accurately reflected the agenda faced by the Trust. The Board needed to focus on financial recovery but not lose sight of quality and safety.

NW agreed and added ensuring the cost improvement programme did not impact negatively on patient safety was a top priority.

AF confirmed the Director of Information was leading a piece of work to look at the scorecard with the involvement of Non Executive Directors.

Board of Directors decision/agreed actions:

- The Board of Directors noted the deteriorating financial performance. More detailed financial information would be brought to the Board going forward as the Trust moves into financial recovery.
- It was agreed DB would organise a workshop of Executives and NEDs during May 2015 to review the corporate scorecard. SL agreed to identify scorecards used by other Trusts.

Noted

DB

63/15

QUARTER 4 RETURN TO MONITOR

DB presented the report. The Board of Directors agreed the return was in line with performance reported to the Board.

Board of Directors decision/agreed actions:

Initials

- The Board of Directors agreed to report a Continuity of Services rating as 3 for the quarter.
- The Board of Directors anticipates that the Trust will operate under a Continuity of Services Risk Rating of 2 over the next 12 months.
- The Board of Directors declared not all healthcare targets and indicators had been met.

DB reported minor changes to the wording of the commentary following discussion at the Finance and Investment Committee.

NW would pass on minor amendments following the Board of Directors.

AF to arrange submission to Monitor.

AF

64/15 **REVIEW OF ONGOING COMPLIANCE AGAINST SELF CERTIFICATION**

AF reported the IAGC received a paper comparing Q2 declarations against Q3 actuals. Monitor was aware of challenges faced by the Trust.

65/15 **QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE PERFORMANCE SECTION**

Mr Smith referred to the challenges around falls performance. He asked if improvements would be addressed in a constructive way.

JP reminded the Board of Directors and members of the public all forms of falls were reported and only small volumes result in harm. However, the Trust was not complacent and the falls improvement programme and collaborative would provide a real focus in the Trust

Mr Smith referred to the deficit position of the Trust and asked if this had been exacerbated by CCG commissioning.

DB responded the main key driver related to tariff changes. There was no difference to the CCGs commissioning.

The Matrons present expressed their thanks to the support provided by JP during her time with the Trust which had been appreciated by all. They would be sorry to see her go and wished her well in her future role.

Chris Warricker referred to the cost improvement programme and asked whether any schemes would deliver later than expected or never materialise.

DB responded some schemes identified had not delivered. An action plan needed to be put in place to drive forward delivery of schemes.

Junetta Whorwell asked if there were contractual penalties owed to the Trust for not delivering Dover Hospital to time. DB responded discussions would take place once handover had been completed.

Discussion ensued as to whether the patient story DVD would be available in the public domain. Philip Higgs (Matron) explained the family had requested this be used for training purposes for staff and students at Christ Church University. They

Initials

did not want wider public circulation.

Sarah Andrews proposed representatives from the Hospice be invited to attend when the DVD was shown to the Board in May 2015 as there were opportunities for more joint working. SSm would arrange.

SSm

66/15

ASEPTIC UNIT WRITE OFF

DB presented the report. He explained that due to the amount of write off it required the Board of Directors to formally endorse.

Internal audit undertook a stock take and identified process issues, specifically linked to the ledger. In addition to this, the Aseptic Suite had not undertaken a stock take at the end of last year which had exacerbated the issue.

DB reminded the Board of Directors of the background to the challenges within Aseptics. He provided assurance that R&D would be prioritised once the service was back up and running.

Board of Directors decision/agreed actions:

The Board of Directors formally endorsed the write off.

Noted

67/15

QUALITY AND IMPROVEMENT STRATEGY 2015-2018

JP presented the strategy for approval.

The Quality Committee would monitor performance quarterly. Performance would be aggregated into the end of year quality account.

Work was ongoing to simplify presentations to staff.

Board of Directors discussion:

RE asked for future reports the cover sheet include details of the benefit of consequence at ward levels and next steps being taken forward.

JP responded implementation and monitoring of the strategy would be subject to the normal programme management arrangements.

NW commented the strategy was comprehensive and set clear goals over the next three years. The health service was moving towards more outcome measures.

Board of Directors decision/agreed actions:

The Board of Directors approved the strategy.

Noted

68/15

REGISTER OF INTERESTS

AF presented the report and asked for any amendments to the register. Members of the Board would be asked to re-sign their declarations.

- VO and SLB would pass changes.

Amendments to be made and published. AF to take forward.

AF

69/15

DELIVERING OUR FUTURE PROGRAMME

RJ reported the following updates:

- Work was ongoing to further roll out one-stop clinics in outpatients. Divisional engagement was positive but data had been delayed due to operational pressures.
- The new Buckland Hospital was due to open in June, with hand over in May 2015. Repatriation of Deal would be undertaken as part of this programme.
- The surgical services work stream had undertaken a significant amount of work at specialty level to identify potential future models of care.
- The Urgent Care and Long Term Conditions work stream was the most challenging area. Work was being undertaken to finalise the acuity modelling and to consider whether there would be a need for an interim reconfiguration. Statistical analysis was due to conclude at the end of April 2015. This would come to the board alongside the financial affordability of the clinical strategy presented in May 2015.
- An ambulatory care work stream was in place with a steering group established.
- The clinical support service work stream was mapping services against models.
- The workforce work stream was looking at workforce options for base sites.
- The Communications and engagement work stream was working to ensure more visibility of the programme. Health Watch had been engaged.

Board of Directors discussion:

PS referred to the work ongoing to establish whether an interim model would be required. He referred to significant implications for an interim model in terms of ITU, emergency care and beds. Some specialities were raising a risk of short term sustainability.

JP reported a detailed piece of work underway to design a more sensitive risk analysis tool with clinician involvement.

JS commented there was a risk that an interim move could prove final if the long term clinical strategy was unaffordable.

VO asked if there was sufficient internal resource to manage this large project. CB stated Monitor had asked for the same assurances.

RJ responded the Trust had gone out to the external market and the closing date was 29 April 2015.

RE asked what work had been undertaken to ensure Governors were aware of the latest position. RJ explained the Council of Governors Strategic Committee and full Council meetings were continually updated.

Following a question raised by NW, RJ provided assurance a communications plan was in place ahead of the opening of Dover Hospital.

Board of Directors decision/agreed actions:

The Board of Directors noted the latest developments.

Noted

Initials

70/15

CORPORATE RISK REGISTER

JP reported the Risk Register had been presented to the IAGC and the Management Board in April 2015. As a result, two new risks had been added:

- Trust wide compliance with mandatory training compromised by IT issues; and
- Board stability and potential loss of organisational memory.

One risk had reduced: Clinical patient safety risks associated with the implementation of PACS/RIS.

Three emerging risks were noted:

- Staffing difficulties within the speech and language therapy.
- CQC Fundamental Standards – Legal Duty of Candour
- Potential patient safety issues associated with treatment of cholesteatoma.

Board of Directors discussion:

PS referred to the emerging risk around the treatment of cholesteatoma. An audit would be undertaken to identify the recurrence rate to determine the risk score.

CB reported work would be undertaken to review the whole area of risk management following recommendations with the Deloitte Board Governance Review and PWC Divisional Governance Review.

Following a question raised by CC, SLB reported an IT solution to support mandatory training would be in place by the end of June 2015. SL stressed the importance of ensuring staff awareness ahead of the CQC re-visit.

Board of Directors decision/agreed actions:

The Board of Directors noted the report.

Noted

71/15

BOARD ASSURANCE FRAMEWORK

AF presented the latest BAF and summary of achievement against the annual objectives which would be included in the Trust's annual report 2014/15.

AF stated the Trust had been a lot more focussed and strategic about identifying evidence for assuring the Board in terms of delivering its annual objectives.

The Quality Committee received the quality related section of the BAF at its April 2015 meeting. The Quality Committee proposed a change to positioning of Annual Objective 3 (improve engagement internally and externally with the public, patients and staff) to reflect an outcome between partial and none. This was felt to be more realistic.

Board of Directors decision/agreed actions:

The Board of Directors endorsed the end of year achievement against annual objectives, subject to the following amendments:

- Agreement with the Quality Committee's proposal to more accurately reflect the positioning of Annual Objective 3 (improve engagement internally and externally with the public, patients and staff).
- Annual Objective 9 (Delivering the Trust's CIP) should be 'partial'. The narrative should be updated to reflect the current position.

AF

Initials

72/15

ANNUAL OBJECTIVES 2015/16

AF presented the Annual Objectives for 2015/16 for endorsement. The Board of Directors noted the measures and assurances

It was noted the strategic objectives were the same as the previous year. These would be refreshed ahead of 2016/17.

CB stated the annual objectives would be reflected in the objectives of Executive Directors.

Board of Directors decision/agreed actions:

The Board of Directors agreed the annual objectives for 2015/16 subject to the following amendments:

- A01: The annual objective needed to be more distinctive from the strategic objective.
- A02: The measure needed to be reviewed to relate to the intention to embed.
- A03: Description to include the requirements of Monitor governance standards. The outcome measure needed to reflect the key national targets.
- A04: The description to be broadened to cover the whole range of financial recovery.
- A05: The consultation process needed to be reflected as an outcome measure.
- A06: The measure was wider than the quality strategy. Delivery was reported back to the Improvement Board.

AF would email the revised objectives to the Board of Directors. The annual objectives would be incorporated into the annual plan 2015/16.

AF

73/15

QUESTIONS FROM THE PUBIC ON PAPERS WITHIN THE STRATEGIC SECTION

Chris Warricker asked whether there was any consequence of annual objectives not being achieved. SLB responded the annual objectives were translated into appraisal templates for all senior managers. Although performance related pay was not in place within the Trust, performance management was in place.

Chris Warricker referred to the failure to achieve the cost improvement programme during 2015/16. He asked whether the programme for 2015/16 had been developed.

CB responded a programme was in place. Although some schemes were rated as 'green' there were some schemes that had been identified as potential opportunities. Additional resources had been identified in the interim to work up these schemes. CB added this was not an ideal starting position.

74/15

MEDICAL DIRECTORS REPORT: MEDICAL REVALIDATION

PS presented the report providing an update to the Board on the statutory responsibility in relation to medical appraisal and revalidation.

NHS England undertook a quality assurance visit on the verification of revalidation and appraisal.

Initials

Overall, 70% of the workforce were engaged with the appraisal process. Areas of non-compliance were raised regularly. A report of non-engagement had been sent ahead of revalidation dates. PS was writing to private hospitals to inform of any non-engagement with the process.

JP reported work was underway in terms of registration of nursing. She highlighted potential retention risks.

Board of Directors decision/agreed actions:

The Board of Directors noted the report and were supportive of actions taken in terms of non-engagement.

Noted

75/15

FEEDBACK FROM BOARD COMMITTEES

Finance and Investment Committee

The Chair's report from 21 April 2015 meeting was tabled.

- Financial performance was discussed in detail at the meeting (covered by minute number 63/15 and 64/15).
- The financial impact of the Dover slippage was also noted.
- The Committee also received an update on the ICT review and HIS replacement. The process was reported to have gone well.

SL and JS asked if there was any risk with the Dover Hospital opening shortly before the CQC re-visit. RJ was not aware of any risk and agreed to report back to the Board the target date for the first patient appointment.

SL referred to the cost improvement programme and asked for assurance a robust process was in place for quality impact assessments. NW confirmed this had been discussed at Quality Committee and scrutiny of the process would be provided through the Finance and Investment Committee.

Integrated Audit and Governance Committee

The report was tabled. The main area to note was the receipt of the Clinical Audit Programme 2015/16 and ongoing monitoring by the Quality Committee.

Quality Committee

The report was tabled.

AF would be working with JE to establish a work programme of priority areas which did not duplicate the work of other committees. The programme would align to the Quality Improvement Strategy and would focus on trends, site variations and deep dives identified by Board.

The Committee would be monitoring delivery of the clinical audit plan 2015/16. Engagement was variable.

SLB highlighted that as a result of the recommendations from the Savile Inquiry the Committee made a decision to subject staff and volunteers to DBS checks every three years.

76/15

CHIEF EXECUTIVE'S REPORT

CB was changing the format of these reports to include a commentary and Trust

Initials

response to specific directives.

CB had met in excess of 1,000 staff during his first few weeks with the Trust. Staff recognised some of the messages in the CQC Report around the culture of the organisation. The engagement of staff and development of leadership at all levels was an important agenda for the Trust.

The report included a number of key Trust events and initiatives, to include:

- A visit by the Archbishop of Canterbury; and
- The successful national kidney study.

The report also included a quarterly report on the use of the Trust seal.

77/15

FEEDBACK FROM COUNCIL OF GOVERNORS, INCLUDING FEEDBACK FROM NEDS ALIGNED TO GOVERNOR COMMITTEES

NW reported the next full Council meeting was in May 2015. All Non Executives were encouraged to attend. Non Executive Directors would be asked to present the latest Board Committee chair reports and to participate in discussions around NED objectives.

RE added he and JS were working with the Council of Governors Nominations Committee regarding Non Executive Director and Chair recruitment.

78/15

ANY OTHER BUSINESS

NW reported the following:

- A positive report was received following a visit from Kings to KCH. Congratulations were noted to all involved.
- The next Schwartz round was 20 May 2015. These provide the opportunity for members of staff to talk about a particular patient experience. They were extremely powerful and Board members were encouraged to attend.

NW passed on the Board's appreciation to DB for the considerable work undertaken during his time as Interim Director of Finance and Performance. Nick Gerrard joins the Trust from May 2015 as Director of Finance and Performance.

NW went to also pass on the Board's appreciation to JP who would be leaving the Trust on 30 April 2015. He reflected on JP's achievements during her time with the Trust, specifically in the area of quality and safety. He also referred to the significant portfolio during her role as Chief Nurse and Director of Quality and Operations. JP cared passionately about her role and the Board wished her well in her new position in Dorset.

JS acknowledged NW's last Board meeting as Chair of the Trust. On behalf of the Board and the wider Trust, he thanked NW for the significant commitment he had made during his time with the organisation. NW had provided sound leadership over the years with a specific drive around strategy, access targets and quality metrics and would be greatly missed. The Board wished him well for the future.

CB and SL also offered their thanks to JP and NW for the support provided to them during their period of working together. They reflected on their leadership and drive as part of the staff engagement programme. SL referred to the CQC Report which

Initials

rated the Trust as 'good' for caring. She had been impressed with the Trust's approach to patient care.

79/15

QUESTIONS FROM THE PUBLIC ON THE PAPERS WITHIN THE INFORMATION SECTION

No further questions were raised.

Date of Next Meeting:

Thursday 21 May 2015, Board Room, KCH

Signature

Date

Initials