

**UNCONFIRMED MINUTES OF THE SIXTIETH MEETING OF THE  
BOARD OF DIRECTORS  
FRIDAY 26 SEPTEMBER 2014, 9AM,  
ABBOTTS BARTON HOTEL, NEW DOVER ROAD, CANTERBURY**

**PRESENT:**

Mr N E J Wells	Chairman	NW
Mr S Bain	Chief Executive	SB
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
Ms S Le Blanc	Director of HR and Corporate Services	SLB
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

**STAFF IN ATTENDANCE:**

Daniel Marsden	Practice Development Nurse For People With Learning Disabilities ( <i>Minute Numbers 210-216</i> )	DM
Michelle Webb	Associate Medical Director for Patient Safety ( <i>Minute Numbers 210-221</i> )	MW
Helen Goodwin	Deputy Director of Risk, Governance and Patient Safety ( <i>Minute Numbers 210-221</i> )	HG
Sara Mumford	Clinical Director Diagnostics, Therapies and Pharmacy – MTW ( <i>Minute Number 225/14</i> )	SM
Prof Fritz Muhlschlegel	Clinical Director Laboratory Medicine ( <i>Minute Number 225/14</i> )	FM
David Baines	Deputy Director of Finance ( <i>From Minute 226/14 to close</i> )	DB
Sue Lewis	Improvement Director	SL
Alison Fox	Trust Secretary	AF
Peter Gilmour	Director of Communications	PG
Sarah Swindell	Assistant Trust Secretary (Minutes)	SS

**MEMBERS OF THE PUBLIC IN ATTENDANCE:**

Mr John Smith	Member of the public	JSm
Brian Glew	Elected Governor (Canterbury)	BG
Paul Durkin	Elected Governor (Swale)	PD
Matt Williams	Elected Governor (Swale)	MW
Junetta Whorwell	Elected Governor (Ashford)	JW
Jocelyn Craig	Elected Governor (Ashford)	JC
Michael Lyons	Nominated Governor – Volunteers Working with the Trust	ML

MINUTE NO.		ACTION
---------------	--	--------

210/14

**CHAIRMAN'S WELCOME**

NW welcomed members of the Board, Governors and members of the public to the meeting. NW introduced SL who had been appointed to the Trust by Monitor as Improvement Director. SL provided an overview of her background and stated she was looking forward to working with the Trust to provide support during the implementation of the CQC Action Plan.

Initials .....

211/14 **APOLOGIES FOR ABSENCE**

Mr S Tucker, Non Executive Director  
Mr J Buggle, Director of Finance and Performance Management

212/14 **DECLARATIONS OF INTEREST**

SB, JB and PS were noted as nominated Directors of EKMS and SB/JB of Healthex.

213/14 **MINUTES OF THE PREVIOUS MEETING HELD ON 29 AUGUST 2014**

The minutes of the previous meeting were agreed as an accurate record, with the following amendment:

- Page 14, 203/14, should read LNC.
- PP was noted as in attendance in error.

214/14 **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

A presentation updating the Board on the latest Trust IT developments would be planned for the Autumn 2014. The same presentation would be scheduled for a Council of Governors meeting.

Noted

160/14 – Clinical Quality and Patient Safety Report

JP reported that following a successful recruitment exercise, it was anticipated ITU beds would be re-opened in mid-November 2014.

Noted

188/14 – Clinical Quality and Patient Safety Report

It was proposed that a staff ratios workshop be scheduled to coincide either before at the same time as the next 6 monthly staffing establishment review.

JP

190/14 – Key National Performance Targets

This action was addressed as part of the main agenda.

Noted

195/14 – Annual Review of Patient Access Policy

This action would be carried forward to the next meeting for an update.

Out-  
Standing203/14 – Medical Director's Report: Trauma Visit Update

PS reported a positive visit by the Trauma Network with engagement from all personnel. The review by the panel was extremely thorough. Areas requiring further improvement related to transfer times.

Noted

It is anticipated that the report from the visit would recommend a review of the interim designation of for the trauma unit. LS reminded the Board that the interim status was linked to the surgical move and was not a quality issue.

Noted

PS highlighted that the success of the trauma unit was largely due to clinical engagement, clinical leadership and good team working.

The Board of Directors thanked Dr Matthew Jones (Consultant Anaesthetist), Mr Fernando Candal Carballido (Senior Charge Nurse Emergency Department) and all members of the Trauma Team.

Noted

#### 203/14 – Medical Director's Report: Clinical Excellence Awards

PS confirmed that the Board's decision has been put forward to the Local Negotiating Committee. An outcome was awaited.

Noted

215/14

### **CLINICAL QUALITY AND PATIENT SAFETY REPORT**

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

- Harm free care reported a stable position at 98%. Work to reduce pressure ulcer prevalence was impacting positively. The campaign to reduce heel ulcer was on target to achieve the trajectory reduction.
- The Trust continued to report all falls (including those resulting in no harm). Four were reported in August (2 resulted in fracture). All RCAs had been undertaken.
- No MRSA bacteraemias were reported in August.
- Four cases of *C.difficile* were reported in August. Two wards were under special measures due to increased prevalence (Cheerful Sparrows and Harbledown). No cross infection had been reported. A retrospective review of cases had been undertaken with Commissioners and few had been identified as "lapses of care". Discussions were taking place with Commissioners regarding the management of antibiotic prescribing in the community.
- Mortality performance was noted as per report. It was noted that the latest SHMI data had been published (2013/14) which demonstrated a positive reduction compared to other Trusts. Both HSMR and SHMI reported below the national average.
- Over 1000 clinical incidents were reported in August which further demonstrated the Trust's open culture of reporting. Three were graded as death and 4 were graded as severe.
- There were 41 incidents relating to staffing in August 2014. There were no links to vacancies.
- Fifty-five qualified nurses would commence employment with the Trust in September 2014. The Trust had also employed a number of overseas nurses from Spain and Portugal. Additional practice educators would be employed to provide support.
- Positive progress had been made against CQUIN indicators (as per report).
- There had been no reported breaches against mixed sex accommodation against criteria agreed with previous commissioners. Criteria were being reviewed with current commissioners and would be resolved shortly.
- There had been an increase in the number of complaints during August. The Trust was working with commissioners to understand the key drivers. Work was also being undertaken internally to strengthen processes and quality of responses sent.
- Friends and family test continued to report lower than the national average for A&E which had impacted on the overall score. Further work was required.

Initials .....

**Board of Directors discussion:**

NW referred to the intake of overseas nurses which was welcomed. He stressed the importance of retention and asked how this was being addressed in the Trust. SLB confirmed that her team was looking at this and agreed to report back to a future Board.

NW recognised that the 28 day readmission rate was performing in line with the target. However, the 7 day readmission rate remained high. JP/PS explained contributing factors as previously reported to the Board: links to community capacity; delayed transfers of care; and internal operational pressures.

The Trust had entered discussions with commissioners via the Programme Delivery Board regarding bridging services whilst community capacity was addressed. In addition, certain conditions would be better managed within a community setting.

SB reminded the Board of Directors of the unique way in which the Emergency Care Centre at Kent and Canterbury Hospital was established. The previous commissioners had requested all attendances be coded as an admission. This resulted in a subsequent admission being recorded as a 'readmission'.

RE referred to staffing levels and requested the Board of Directors have more understanding of the tolerance levels, given the requirement in the CQC report to ensure sufficient staffing levels at all times. RE proposed that contributing factors behind those wards that report repeated low staffing levels be reported to the Board by exception. JP responded the report represented national reporting requirements. She agreed to give RE's proposal further thought.

Following a comment made by JS JP confirmed that when determining staffing levels, the Trust uses the tools in the NICE guidance and triangulates with professional judgement in terms of acuity and workload.

VO felt there was a correlation between staffing levels and harm free care. Areas which reported an increased number of falls also reported staffing shortfalls.

PS responded with feedback from the hip fracture review team visit which took place w/c 18 August 2014. This highlighted estate issues in some areas (due to the age of Trust property), specifically areas with dementia care and elderly care. The Board recognised improvements were linked to the clinical strategy.

The Board recognised the significant investment made in additional low beds. JP referred to the additional measures put in place by the falls team (as presented to the last Board) which had resulted in a reduction in falls.

SLB reported that the Staff Friends and Family results were available. Early indications for Quarter 1: staff who would recommend the Trust for care and treatment reported 78% (national average was 75%); staff who would recommend the Trust as a place of work reported at 55% (national average was 62%). The latter was disappointing and improvement was linked to the cultural/staff engagement element of the CQC Action Plan.

CC commended the Trust on its MRSA performance. He raised a concern regarding *C.difficile* performance and agreed there was a need to work jointly with the community to reduce prevalence. JP commented although the Trust reported above trajectory, *C.difficile* performance was a reducing trend and patterns were similar to the previous year.

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

- The Board of Directors noted the latest quality performance.
- NW requested an improvement in the take up of infection control mandatory training. SLB agreed to take this forward.
- SLB agreed to report back on work the Human Resources Team was taking forward in terms of retention of overseas nurses. SLB would advise timing.
- NW requested further information be made available to the Board on how the volume and nature of complaints had changed over time. JP would include this as an appendix to a future report.
- The Board agreed the 7 day readmission rate required close monitoring.
- JP agreed to review the ward staffing data reported to the Board to ensure an ongoing understanding of issues and tolerance levels. In addition, she agreed to consider reporting contributing factors behind wards that reported repeated low staffing levels by exception to the Board.

Noted  
SLB

SLB

JP

Noted

JP

216/14

#### MORTALITY TRENDS IN YOUNG ADULTS

Michelle Webb (MW), Associate Medical Director for Patient Safety, was in attendance for this item. Although overall the Trust's mortality trends were below the national average, mortality trends for the 18-49 age group reported above national levels. This prompted a case note review and MW provided a presentation outlining the results.

The methodology behind the audit of 33 case notes (19-52 year olds) was explained. A breakdown of identified causes of death reported sepsis and pneumonia as the predominant cause of death.

National data related to Sepsis prevalence was explained. The physical parameters of young patients often remained normal until the late stages. This required early recognition and awareness by staff of acuity and deterioration.

The audit also highlighted a disproportionate representation of vulnerable groups. Possible reasons behind this were noted as per presentation.

Whilst the Trust was not an outlier, the audit identified areas for improvement. A Sepsis Collaborative was launched in September, with representation from primary care, community, ambulance service. The aim was to improve recognition of sepsis; ensure timely delivery of sepsis pathway; and continuous audit of pathway.

#### Board of Directors discussion:

RE asked for assurance that the Trust adhered to the legal requirements of the Equalities Act. MW stated the Trust recognised its legal duty. An area which needed to be strengthened was clarity around communication with ITU and decision making in terms of judgement calls. The Sepsis Collaborative would be looking to develop a process ensuring that reasons for not accepting

Initials .....

patients were clearly documented.

RE asked if there was sufficient capacity within the Trust to embed improvements. MW stressed the importance of staff awareness of the signs and symptoms of patients presenting with severe infection. Improvements needed to be driven clinically via the Sepsis Collaborative. MW had been granted 6 months' leave from her current position to drive this forward.

Work undertaken by SECAMB in Surrey was referred to where an escalation tool was used to triage patients with treatment commencing prior to arrival in A&E. GPs were also recognising their role in taking blood cultures. However, there needed to be more board focus to drive improvement.

JS asked if the Trust was managing end of life care of patients with alcoholic liver disease appropriately. MW reported that 5 cases in her study were of patients with alcoholic liver disease and all had received the appropriate level of care. The study highlighted that patients often presented to the Trust at the latter stages of their illness which was too late to impact on behaviours.

Following a question raised by JE, MW confirmed that 1 neutropenic sepsis was included in the audit. The audit identified delays with diagnosis.

VO referred to safeguarding vulnerable adults reports received by the Integrated Audit and Governance Committee. She felt more work needed to be undertaken urgently, linked to the learning disabilities.

MW reiterated that early recognition of symptoms and the focused work referred to with ITU was important.

SLB reported that she was the Equality Lead for the Trust and will be reviewing the Trust's position against the Act for assurance.

PS concluded discussions by stating it was clear from the presentation areas which needed to be strengthened. He further reminded the Board that the CQC Report identified the Trust as 'good' for caring overall. There were times when maintaining compassion during care could be challenging and it was important that staff were supported to deliver consistent care.

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

- It was agreed that an update would be brought to the Board in a year's time, with a 6 monthly interim report.
- PS/MW agreed to explore ways to ensure broader dissemination of awareness amongst staff.

Noted

PS/MW

217/14

#### **PATIENT STORY**

JP presented the report which described the experience of a couple during the birth of their first child: issues of privacy and dignity not being maintained; lack of information; unprofessional behaviour of some staff and poor pain control were noted as per report.

Since the concerns were raised with the Trust, the couple had met with the matron and specific actions had been put in place.

Initials .....

JP reported that unfortunately, this was not an isolated incident. Matrons and the Head of Midwifery would undertake improvement across all teams.

#### **Board of Directors discussion:**

RE asked for assurance that there was sufficient resource available to embed the actions and learning highlighted in the report. JP reported that staff listening events held post CQC inspection had enabled staff to positively discuss their experiences. Unfortunately, there were historic cultural and leadership issues which needed to be addressed.

NW asked how widely learning from patient stories such as this was disseminated in the Trust. JP reported that this was being explored via the We Care Steering Group. In addition, this was an important element of the staff engagement improvement work led by SLB and the Human Resources team.

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

The Board of Directors noted the report.

Noted

218/14

#### **KEY NATIONAL PERFORMANCE TARGETS**

JE presented the report. The following was noted for the Month of August 2014:

- The Trust achieved compliance against the A&E standard at 95%.
- The Trust was non-compliant against the admitted RTT standards (in line with the Board's decision in July). All other RTT standards were met.
- The Trust was non-compliant against the six week diagnostic target.
- The Trust was non-compliant against the breast symptomatic referral, 31 day and 62 day GP standards. It was anticipated that for the quarter as a whole (Q2) the Trust would be non compliant against these standards.

#### **A&E 4 Hour Standard**

JE reported that activity in August 2014 reported lower levels. However, challenges remain (as previously reported to the Board): delays to be seen; and shift in attendance patterns. In terms of the latter, analysis was being undertaken to understand the key drivers.

A&E recovery plans were in place (as per report).

A&E recruitment was progressing and it was anticipated 10wte would be in place by December 2014. Different working models were being implemented (as per report) and nine additional middle grades were being recruited.

A&E nursing was a concern. There were twelve wte vacancies at William Harvey Hospital.

The impact of community capacity was noted as per report. JE referred specifically to the closure of two care homes in Thanet by the CQC which had adversely impacted on hospital admissions and discharges. There was a concern a third care home in Thanet was due to be closed by the CQC.

Changes in CDU were due to go live 1 October 2014. This included the

Initials .....

implementation of an integrated discharge team.

#### **Board of Directors discussion (A&E 4 Hour Standard):**

NW was encouraged by the progress being made in relation to A&E recruitment. He asked for details of ongoing plans to achieve the target of 16wte. JE agreed to bring back the trajectory as part of her next report. SB reminded the Board of Directors of recruitment difficulties experienced nationally.

NW asked if discussions with community partners were moving forward. JE referred to additional resilience funding received. The Trust was working with community partners to allocate funding to areas where efficiencies were certain of delivery, specifically to reduce demand on A&E. These include: extended GP opening hours (8am-8pm); and the procurement of an additional 20 step down beds.

#### **RTT Standard**

JE reminded the Board of Directors of the decision at the July Board to become non-compliant with the RTT standard to address the backlog position (in line with the national initiative).

JE raised a concern that the overall waiting list had increased, specifically in orthopaedics. The Programme Management Board was reviewing this with community partners. Patients were being reviewed to ensure they were appropriately triaged or whether an alternative provider could be offered. However, this was labour intensive.

#### **Board of Directors discussion (RTT Standard)**

NW referred to the decision at the July Board and asked if the original assumption to be non-compliant for the next two quarters needed to be reviewed. JE confirmed that the orthopaedics element would need to be reviewed separately due to the increased referrals. She agreed to report an update to the next Board.

SB referred to the complexities of the case mix issue which impacted on the backlog and overall waiting times.

#### **6 week diagnostic target**

JE reported that non-compliance in August 2014 related to staffing shortfalls within non-obstetric ultrasound and endoscopy. This was being addressed.

#### **Cancer target compliance**

JE reported the reasons behind the non-compliance against three of the cancer targets:

- Symptomatic Breast: Patient choice issues.
- 62 day GP Standard: Small patient numbers result in a volatile performance position.
- 62 day screening: Capacity problems in urology and head and neck.



Recovery plans were in place, but the Trust would be reporting a non-compliant position for the quarter as a whole.

### **Board of Directors discussion (Cancer target compliance):**

SB reminded the Board of Directors that the Trust reported a high level of referrals compared to its peers nationally, but conversion rates were reducing. He raised a concern regarding forthcoming national campaigns which were likely to impact further on referrals.

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

- The Board of Directors noted the performance position as at August 2014.
- JE agreed to report details of ongoing plans to achieve the target of 16wte consultant posts in A&E (this would form part of her next report).
- JE agreed to update the next Board (as part of her next report) regarding the increased referrals in orthopaedics and impact on backlog trajectory.
- NW highlighted recurrent themes across all key national targets: capacity (internal and external); patient choice; challenges with GP communication to patients. It was agreed this would be picked up as a topic for discussion with the CCG at a Joint Board to Board in November 2014.

Noted

JE

JE

SB/NW

219/14

## **CORPORATE PERFORMANCE REPORT**

SB presented the report as at August 2014 which had been discussed in detail at the Finance and Investment Committee meeting held on 23 September 2014. SB drew attention specifically to: activity; income and expenditure; and cash position (as per commentary within the report).

JS reported (as Chair of the Finance and Investment Committee) that the financial position had been discussed in detail and was in line with the reports presented to the Board. He added that the Spencer Wing was performing ahead of plan and had been consolidated into the financial position as presented.

The Finance and Investment Committee also discussed the business planning process for next year. Governor input would be built into the cycle. The Committee also asked the Executive Team to identify areas of potential tension between quality and finance.

### **Board of Directors discussion:**

NW reported that the Finance and Investment Committee requested intensive work with Divisions to recover the cost improvement programme.

VO referred to the outstanding settlement of 2013/14 CCG contract and asked if this would have a detrimental impact on this year's outturn.

SB responded discussions were ongoing internally regarding the managed contract approach. The Trust was keen to ensure a risk shared approach to manage capacity and financial support. He would ask JB to circulate an update on the latest position.

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

Initials .....

- The Board of Directors noted the financial performance position as at August 2014.
- SB agreed to ask JB to circulate a briefing note to the Board updating members of the latest position regarding non-settlement of 2013/14 contracts.

Noted

SB/JB

220/14

## QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN PERFORMANCE SECTION

Following a question raised by JSm, JP confirmed that peroxide was now used across the organisation. This was positively impacting on *C.difficile* performance.

PD (Governor) referred to an article he had written for 'Our Hospital' on Sepsis.

It was agreed that the 'Mortality Trends in Young Adults' presentation would be arranged for a future Council of Governors meeting.

SS

JC asked (as a point of order) that members of the public were given the opportunity to ask questions on specific presentations immediately after Board discussion of the topic.

JW referred to the patient story and asked about the training received by Serco staff in relation to privacy and dignity. JP provided assurance that the Trust worked closely with Serco and referred specifically to the Ward Housekeeper role.

JW asked if the Trust used an interpreter service. JP confirmed that 'The Big Word' was the Trust's supplier. PS pointed out that interpreters were not available by the bedside 24 hours a day. Sepsis was a dynamic illness and the work being undertaken to improve staff recognition/awareness was important.

221/14

## DRAFT CQC ACTION PLAN

The CQC Action Plan submitted to Monitor and the CQC by the deadline of 23 September 2014 was tabled at the meeting. The version in the Board meeting packs was the draft as at 18 September 2014.

JP thanked Helen Goodwin, Deputy Director Of Risk, Governance & Patient Safety and her team for the work undertaken. In addition, input from staff and stakeholders was acknowledged. HG added that comments had mainly been received from staff and few from the general public. It had been difficult to translate specifics to the high level action plan but HG would be able to signpost to outcomes.

The Trust would be required to produce a progress report against all actions and lodge this with NHS choices on a monthly basis.

A number of detailed action plans sat behind the high level plan. Work was ongoing with Divisions to ensure a consistency of themes.

Monitor had notified the Trust of dates of monthly performance reviews. The first meeting was scheduled for 1 October 2014. The initial meeting was for

Initials .....

the Executive Team only and, going forward, it was likely that meetings would be include commissioners and key stakeholders.

NW added that the key element of the improvement plan was staff engagement. A copy of a project plan for this element of the CQC action plan was tabled.

NW reminded the Board of Directors of the requirement for Foundation Trusts to undertake an external governance review at least every three years. AF had been working with Monitor on a scope for the review and this has been submitted to Monitor on 25 September 2014. Once a response had been received, the tender process would commence. As a consequence of being in special measures, Monitor now requires the Trust to undertake this review as soon as possible

JP confirmed that the review of data quality had been procured via KPMG and this work had commenced.

The Council of Governors will be kept up to date with the implementation of the action plan via full council meetings and via the CoG Strategic Committee.

#### **Board of Directors discussion:**

RE commented that some actions within the plan were easier to monitor than others. He referred to the complexity of measuring improvements related to staff perception of disconnect with senior teams. He further referred to actions which were linked to challenges experienced nationally (recruitment to middle grades). The Trust would need to establish how improvements would be measured.

NW referred to the avenues being explored as part of the work to bring about cultural change in the organisation. Learning would be obtained from other organizations (both NHS and private sector). In addition, NW, SLB and JP would be meeting Helen Donnelly, the Ambassador for Cultural Change.

JS referred to the importance of continual links to stakeholders and the CQC.

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

The Board of Directors acknowledged the action plan and the Board's role in providing clear leadership throughout its delivery.

Noted

222/14

#### **BANK SIGNATORIES**

SB presented the report and the Board of Directors formally endorsed the changes to the authorised signatories (as per report).

Agreed

223/14

#### **LETTER OF DECLARATION AND SELF ASSESSMENT AGAINST NHS CORE STANDARDS FOR EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE**

Karen Miles (KM), Associate Director of Operations, was in attendance for this item. JE presented the report and explained it was a requirement for Trusts to benchmark against the NHS Core Standard for Emergency Preparedness, Resilience and Response as set out in the Civil Contingencies Act, 2004.

Initials .....

A comprehensive self assessment had been undertaken which stated the Trust's overall level of compliance against the Core standard was 'Substantially Compliant'.

There were six areas of partial compliance and plans were in place to become fully compliant by December 2014.

The self assessment had been signed off by the Kent Resilience Forum.

#### **Board of Directors discussion:**

RE referred to items 8 and 33 and asked for assurance that effective plans and training was in place.

JE/KM confirmed that training was provided to staff on an ongoing basis. Training was regularly reviewed. KM added that discussions were ongoing with the Trust's trauma expert to ensure the major incident response plan was robust.

NW had asked AF to review the declaration in her Trust Secretary role. AF felt the self assessment was thorough and agreed it should be signed off by the Board. She asked for assurance regarding testing and whether there was a portfolio of evidence to support each declaration.

KM confirmed a robust evidence file was in place which was tested internally and externally via the Kent Resilience Forum. The file was available for viewing if required. KM added that work was ongoing to review how other organisations had applied the criteria to ensure consistency.

VO asked how she could assess whether the data which sits behind the return was sufficient.

KM reported she raised an issue of 'weighting' with NHS England. The Board was asked to sign off the accuracy of the statement. JP added that alongside this declaration continuous scenario testing was undertaken to test robustness of plans.

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

- The Board of Directors approved the 'Letter of Declaration' which stated the Trust's overall level of compliance against the EPRR core standard was Substantially Compliant.
- It was agreed that going forward a detailed review would be undertaken by the IAGC prior to the Board.

Agreed

Noted

224/14

#### **KENT PATHOLOGY PARTNERSHIP (KPP) COLLABORATIVE AGREEMENT**

Sara Mumford, Clinical Director Diagnostics, Therapies and Pharmacy (MTW) and Prof Fritz Muhlschlegel, Clinical Director Laboratory Medicine (EKHUFT) were in attendance for this item.

SB introduced the report and reminded the Board of Directors of the

Initials .....

background and approvals process of the full business case earlier this year.

The full agreement was included in the Part 2 meeting papers due to its confidential nature at this stage. However, the document would be published once signed by both Boards. Maidstone and Tunbridge Wells NHS Trust Board (MTW) met on 24 September 2014 and approved the agreement.

**Board of Directors discussion:**

FM and SM stressed the importance of maintaining services within the NHS.

NW referred to the Board to Board meeting with MTW in October 2013. A number of questions had been raised at that time and assurances had been provided. NW asked if any further issues had been raised at the MTW Board on 25 September 2014. SM responded the main issue was regarding staff TUPE following the publication of EKHUFT's CQC report. MTW's Chief Executive had met with staff to provide reassurance and the outcome was positive.

NW asked for assurance that an ongoing programme of staff engagement was in place. FM provided assurance that an Interim Managing Director was in place and a communication and engagement programme was being developed.

In signing the agreement, the overarching Board would be formed. NW asked that this Board had clear oversight of the engagement programme.

CC asked FM and SM whether they were content with microbiology being centralised at MTW. FM/SM/SB reminded the Board that cultures were already transported across the patch. This had been re-evaluated as part of the options appraisal. Strategies were in place to ensure risks were mitigated and managed.

SB referred to the staffing transfer and stressed this was not a EKHUFT take over. KPP was a new organisation and would serve both Trusts equally. EKHUFT would hold the contract legally.

JS reported that the Finance and Investment Committee had reviewed the KPP Agreement in detail and received a presentation from the Interim Managing Director on how workstreams were developing. The Finance and Investment Committee can recommend approval to the Board of Directors. AF referred to the outstanding aspects which require final amendment and the Finance and Investment Committee had recommended they be delegated to the Chief Executive for conclusion. AF provided assurance that these outstanding issues were minor in nature and would not prevent sign off by the Board.

JC asked how Governors could hold the Board to account without access to the full meeting papers. She asked if she could see the timeline.

AF clarified that the agreement and appendices (redacted where required) would be published once signed. NW agreed that an item would be added to the next Council of Governors Strategic Committee providing an update on the KPP implementation timeline.

SM reported that the timeline would be amended to align with the estates work.

JC asked how often the Board of Directors would receive reports from the KPP to monitor effectiveness of implementation. SB responded that quarterly was envisaged in the long term. However, monthly reports would be received during the early stages.

JW asked if the morale of staff was affected and whether staff had concerns regarding additional travelling. SB reiterated that a risk assessment had been undertaken. Risks would be managed on a day to day basis and contingency plans were in place.

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

- The Board of Directors approved the collaboration agreement and delegated responsibility to the Chief Executive to finalise the outstanding points.
- The Board of Directors received the full documentation as part of the Part 2 meeting packs. The Agreement would be published following approval.

Agreed

Noted

DB arrived at the meeting.

FM and SM left the meeting.

HG left the meeting.

225/14

**QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE DECISION/DISCUSSION SECTION**

No questions were raised at this point in the meeting.

226/14

**DELIVERING OUR FUTURE UPDATE**

LS reported that work continues to establish a model for a single site emergency base site. A number of presentations and staff listening events had been made as part of the engagement process.

Work continues with CCGs to develop the public engagement piece. HealthWatch was keen to work with the Trust to set up public reference groups across the patch.

The following workstream updates were noted:

- Clinical support and outpatients was focusing on delivering outputs following approval of the outpatients consultation. Outpatient refurbishment had commenced at Kent and Canterbury Hospital.
- Surgery: Clinical adjacencies were being explored. An update would be presented to the Board in October as part of the next master class.
- Specialist Services: Child Health and Women's Health were focusing on reviewing clinical adjacencies.
- Medicine: Work was ongoing to review activity profiling.

A provider event was held on 22 September 2014 to review CCG Commissioning Plans. Over 60 providers in attendance. A report would be produced. Themes would include: more explicit information from commissioners in terms of integrated budgets; and how contracting was going to incentivise integration.

Initials .....

A visit to Holland had taken place to review the teaching nursing home models in place. A draft report would be taken to the Clinical Advisory Board.

SB visited the Kent HOSC as part of the final stage of the outpatients consultation process. The HOSC was supportive of the direction of travel.

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

The Board of Directors noted the update on progress. The Board recognised the opportunity to develop long term solutions for patient care.

Noted

227/14

**FEEDBACK FROM COMMITTEES**

**Finance and Investment Committee**

The Board of Directors noted earlier feedback from JS under minute number 219/14. JS added that the Committee received (at its meeting on 23 September 2014) a presentation on Service Line Reporting, a review of the KPP Agreement and review of ICT provision.

228/14

**CHIEF EXECUTIVE REPORT**

The Board of Directors noted the report. SB drew attention to Item 6 which acknowledged awards received by the Trust from the National Apprenticeship Awards 2014 and Kent Learning Disability Awards. SB went on to provide the following verbal reports:

A press article appeared in the Daily Mail today (26 September) regarding a former member of staff.

The Trust was working in a collaborative way with Kent partners to manage urgent capacity issues in Kent. The Board of Directors agreed that support should be taken forward in a programmed way by NHS England and the Trust needed to reflect on its own challenges and performance position. SB would write formally to the NHS area team England highlighting the impact on the Trust.

SB

229/14

**FEEDBACK FROM THE COUNCIL OF GOVERNORS**

NW reported a Council meeting had not taken place since July 2014. Committees had been meeting in the interim.

A Joint meeting of the Board of Directors and Council of Governors was planned for early October 2014. The next full Council would meet in November 2014.

The latest membership magazine had been published.

230/14

**QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE INFORMATION SECTION**

No questions were raised at this point in the meeting.

231/14

**ANY OTHER BUSINESS**

Initials .....

NW reported that the Board's Nomination Committee had been informed that no suitable candidates for the CEO position had been identified for interview. The Nominations Committee had discussed a number of interim options and NW would seek advice from Monitor.

**Date of Next Meeting:** Thursday 30 October 2014, Board Room, Kent and Canterbury Hospital

Signature \_\_\_\_\_

Date \_\_\_\_\_

Initials .....