

**MINUTES FROM THE TWENTY-SIXTH PUBLIC MEETING OF THE
COUNCIL OF GOVERNORS
MONDAY 7 JULY 2014, SANDWICH GUILDHALL**

PRESENT:

Nicholas Wells	Chairman	NW
Jocelyn Craig	Elected Governor – Ashford	JC
Geraint Davies	Nominated Governor – South East Coast Ambulance NHS Trust	GD
Brian Glew	Elected Governor – Canterbury	BG
Carole George	Elected Governor – Dover	CG
Cllr Patrick Heath	Nominated Governor (Local Authorities)	PH
Alan Hewett	Elected Governor - Shepway	AH
Reynagh Jarrett	Elected Governor – Thanet	RJ
Eunice Lyons-Backhouse	Elected Governor – Rest of England and Wales	ELB
Michael Lyons	Nominated Governor – Volunteers Working with the Trust	ML
Dee Mepstead	Elected Governor – Canterbury	DM
Liz Rath	Elected Governor – Dover	LR
John Sewell	Elected Governor – Shepway	JS
Philip Wells	Elected Governor – Canterbury	PW
Marcella Warburton	Elected Governor – Thanet	MW _a
Junetta Whorwell	Elected Governor – Ashford	JW
Martina White	Elected Governor – Dover	MW _h
Roy Dexter	Elected Governor – Thanet	RD
Paul Durkin	Elected Governor – Swale	PD
June Howkins	Elected Governor – Shepway	JH

IN ATTENDANCE:

Stuart Bain	Chief Executive (<i>Minute Numbers 42/14-45/14</i>)	SB
Steve Innett	Chief Executive, HealthWatch (<i>Minute Number 46/14</i>)	SI
Julie Pearce	Chief Nurse and Director of Quality and Operations	JP
Alison Fox	Trust Secretary	AF
Peter Gilmour	Director of Communications	PG
Bruce Champion-Smith	Head of Equality and Diversity	BCS
Jonathan Spencer	Non Executive Director	JSp
Sarah Swindell	Assistant Trust Secretary (Minutes)	SS
Stephen Dobson	FT Membership Engagement Co-ordinator	SD

OBSERVER:

Tiffany Vinton	PA, Divisional Director, Clinical Support Services	TV
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MINUTE NO.		ACTION
42/14	<p>CHAIRMAN'S INTRODUCTIONS</p> <p>The Chairman welcomed Governors and members of the Board to the meeting.</p>	
43/14	<p>APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST</p> <p>Apologies were noted from:</p> <p>Derek Light, Elected Governor - Ashford David Bogard, Elected Staff Governor Mandy Carliell, Elected Staff Governor</p>	

Peter Jeffries, Nominated Governor, University of Kent
 Vikki Hughes, Elected Staff Governor
 Professor Alan Colchester, Elected Staff Governor
 Peter Presland, Non Executive Director
 Steven Tucker, Non Executive Director
 Richard Earland, Non Executive Director
 Chris Corrigan, Non Executive Director
 Valerie Owen, Non Executive Director

There were no declarations of interest.

44/14

MINUTES FROM THE LAST PUBLIC MEETING HELD ON 9 MAY 2014 AND MATTERS ARISING

The Minutes of the previous meeting were approved as an accurate record, with the following amendments:

- Page 6, 5th paragraph, should read Northumbria NHS Foundation Trust.
- Page 2, minute number 33/14, 4th paragraph should read: '.....concerns about the split of cellular pathology and microbiology *across two sites.*'
- Distinction would be made between MWa and MWh.
- LR would liaise with SS regarding wording of her comments regarding nurse training.

Updates on actions from the previous meeting were noted as per report. The following verbal updates were noted:

35/14 – High Risk Surgery Update

The presentation received by the Board at their June meeting on the findings from the visit to Northumbria NHS Foundation Trust had been circulated to Governors.

Closed

37/14 – NHS Staff Survey Results – 2013 Benchmarked Results

NW had met with DM/ELB regarding Governor involvement in the work he was leading on staff engagement. An update was provided under the PSE Committee Report (*minute number 51/14*).

Closed

38/14 – Patient Story

JP reported that the Trust's Medical Director was taking forward a piece of work to review national guidance on 'named consultants' responsible for patient care. An update would be brought to the Council of Governors once this work had progressed with clinicians in the Trust.

PS

Matters Arising

RJ reported that the R&D Team were in attendance at a meet the governors event at QEQM which had been positively received.

Noted

45/14

PERFORMANCE UPDATE, TO INCLUDE:

- **CQC VISIT – UPDATE ON LATEST POSITION**
- **OUTPATIENTS CONSULTATION VISIT**
- **HIGH RISK SURGERY UPDATE**

SB was in attendance for this item and provided the following updates.

A&E Performance

The Trust had not achieved A&E compliance for Quarter 1. This would be

reported to Monitor. Contributing factors related to increased attendances (average 575 per day, with some days reporting 600) and compression of activity towards the latter part of the day.

The Trust was working with CCGs to analyse key drivers. Referrals had increased specifically from the South Kent Coast area (minor attendances). In addition, the Trust had experienced higher attendances from 18-30 year olds.

SB added he was concerned should the trend continue into the winter period.

Council of Governors discussion (A&E performance):

GD reported that SECAMB activity had increased 4.5% (2% above contract). Activity patterns had reported increased pressure between 7am-12am and 4:30pm-8pm. SECAMB had reviewed rotas to help address this activity shift.

JC asked if activity patterns were the same across East Kent. SB reported there was a significant increase in A&E attendances from the South Kent Coast area (16%). Other areas reported 2-6% increase.

CG relayed a personal experience of QEQM A&E when accompanying a patient (Saturday 5 July 2014). Patients not aware of waiting times; patients could not always hear when called; and no water machine. The unit was extremely busy at the time. JP agreed to look into this.

AH had heard that the South Kent Coast walk in centre had plans to reduce hours and review minor injury services. SB reported he was not aware of this.

SB reported that the Trust was working with the CCG to ensure all patients were aware of alternative services available to them other than A&E. However, it was important to ensure the whole system was responsive.

RJ commented that in his experience, same day GP appointments were not always possible. There was a culture of using A&E as an alternative service.

LR commented that an education programme in schools or an advertising campaign would inform the public, specifically young people about alternative services available.

JP informed the Council that Commissioners have in place an Intergrated Urgent Care Board. The communications expert who sits on this Board had been asked to review media engagement.

Following a question raised by JW, SB reported that day surgery indicators were aligned to 18 week RTT performance.

JW went on to relay a personal experience of long waiting times in day surgery. However, she complimented staff on their professionalism at the time.

SB reported that work was ongoing improve efficiencies across all patient pathways.

MWa asked if support was provided from GPs to prevent attendances at night. GD responded that GPs do not have 24 hour responsibility for patients. Care transferred to out of hours services.

CQC Visit update:

SB reported that the draft report had been received from the CQC following their visit to the Trust at the beginning of March 2014. The Trust had responded to factual accuracies within the required deadline. SB clarified that the CQC would organise a quality summit and would invite key stakeholders to work through the findings of the report and any actions.

Outpatients Consultation update:

SB reminded the Governors of the background to the outpatients consultation and the process used by the Trust. The consultation had been extended to accommodate additional meetings in Herne Bay and Faversham. The evaluation process for the North Kent site was re-run taking into account additional criteria identified from public meetings. Feedback from the consultation had been independently analysed by the University of Kent.

The Consultation report had been submitted to the Kent Health Overview and Scrutiny Committee. This Committee was content the process used by the Trust was sufficiently robust.

The final report was subject to a lengthy discussion by the Board of Directors at their meeting held on 27 June 2014. The Board of Directors considered the underlying principles of the strategy to rationalise and enhance services and increase accessibility and approved the following recommendations in the report:

- To implement new ways of working in an outpatient setting.
- Reduction of specialist acute outpatient clinics from 15 sites down to 6 sites.
- The choice of Estuary View Medical Centre as the centralised site for specialist acute outpatient services on the North Kent Coast.
- Investment of £455,000 into the extension of public transport links.

In addition, SB reported that it was the intention of the CCGs to develop community hub services. The overall strategic intent was to decrease pressure within the acute setting.

DM joined the meeting.

Council of Governors discussion (Outpatient Consultation):

NW commented it was important that CCGs progressed the development of the community hubs quickly. In addition, that this development was communicated to the public.

PD referred to the issue he had raised throughout the consultation. He felt that 'one stop' clinics should be piloted prior to implementation. He referred to the investment by the Trust into public transport and asked what this means. He referred specifically to elderly patients who were not able to use their bus passes during peak times.

SB referred to work undertaken with patients to understand their views on outpatient services. Parents with small children and members of the public who work indicated a preference for longer working days. It was essential that the Trust became smarter at scheduling.

DM referred to the national shortage of GPs and asked if there were plans to address this. SB reported it was the intention to allocate more training places to general practitioners nationally. He further reported that specialists in the Trust were proactively working with GPs to provide more joint working.

LR asked whether work had been done to analyse the impact of the outpatients consultation on patients in terms of clinical and financial outcomes. SB reported that modelling had been undertaken and it was anticipated that outpatient appointments would reduce by approximately one third through reduced follow ups and increased community access.

High Risk Surgery update:

SB reported that 4 colorectal surgeons had been appointed. This would enable the Trust to maintain compliant rotas at QEQM and William Harvey Hospital in the short to medium term. Work would continue on the long term strategic aim of centralisation.

Council of Governors discussion (High Risk Surgery):

RJ asked if the appointment of surgeons would reduce the Trust's agency bill. SB reported that to some extent it would. However, the Trust's agency spend related more to middle grade doctors.

Council of Governors agreed actions/decisions:

The Council of Governors noted:

- The latest performance position (as per report and SB's verbal updates).
- The CQC visit update.
- The outcome of the Board's decision regarding outpatient services.
- The high risk surgery update.

Noted

JP agreed to look into the issue raised by CG regarding her experiences of A&E at QEQM on Saturday 5 July 2014.

JP

SB left the meeting.

46/14

HEALTHWATCH PRESENTATION

Steve Inett (SI), Chief Executive HealthWatch was in attendance for this item. He provided a presentation on the role of HealthWatch in Kent.

Council of Governors discussion:

JC asked how HealthWatch appointed volunteers and how representative they were across Kent.

SI explained there were initial challenges when setting up HealthWatch from its transition from Kent Links. HealthWatch advertised for volunteers who were interviewed and inducted into the organisation. Specific roles were created to ensure volunteers had a clear understanding of their remit. SI was confident there was broad representation. The organisation was still actively looking for volunteers, specifically in West Kent.

JC asked how HealthWatch addresses overlap between Governors and its volunteers. SI reminded the Council that two of EKHUFT's Governors were HealthWatch volunteers.

BG asked how HealthWatch could contribute to the integration between different elements of the health economy. He further asked if HealthWatch could influence accountability of the CCG.

SI reported he attended a number of local board meetings to promote discussions around joint working. Mechanisms were in place for more integration. The role of HealthWatch was to ensure that the views of the wider population were being heard.

MWh recognised the role in HealthWatch to 'listen' to views. She asked to what extent the organisation took forward specific actions. As an example, she referred to earlier discussions regarding pressures on A&E and challenges in primary care.

SI is aware of and proactively communicated challenges faced by the NHS. He provided examples of positive work undertaken by HealthWatch in the mental health sector. HealthWatch would be careful to not contradict discussions already taking place between organisations and prioritise accordingly.

LR referred to the role of HealthWatch to 'enter and view'. She asked how volunteers were selected and trained for this purpose. CG further asked whether 'panels' were in place and whether these were representative of East Kent.

SI stressed that 'enter and view' was not an inspection. The aim was to discuss with users the services they were receiving. Training was available from HealthWatch England and in-house. HealthWatch would also ensure volunteers had appropriate communication skills and to ensure appropriate background checks were undertaken.

SI further added that volunteers were local people. HealthWatch does not have a membership as a Foundation Trust does. However, HealthWatch engages via a network of voluntary organisations.

RD referred to the intention of HealthWatch to facilitate public engagement and asked for details of an event in Thanet. SI explained that public engagement was facilitated in the form of attending events or meetings already in place within an area. HealthWatch also hold quarterly public meetings.

NW referred to challenges in EKHUFT ensuring increased public understanding of the way healthcare was changing. He asked if HealthWatch would have a role in helping to facilitate this.

SI responded that it was in all interests to ensure awareness was raised. HealthWatch was part of the group reviewing the Health and Wellbeing Strategy. Communicating messages from this strategy was important and HealthWatch had established a video to assist with this.

Council of Governors decision/agreed actions:

The Council of Governors noted the presentation.

Noted.

JP presented the report which described the experiences of a patient following the development of a temporary paralysis due to a medication side effect. The report also described the lessons learned and actions taken (page 5).

Council of Governors discussion:

DM relayed a personal experience and stressed the importance of disseminating learning. JP provided assurance that learning had been effectively disseminated to consultant teams – page 5 of the report described actions taken.

MWh reported she had visited the Trust's pharmacy department at WHH and was impressed with facilities, specifically the inventory control. WWh, RJ, LR queried the length of time taken to locate this particular drug. JP provided assurance that pharmacy processes had been strengthened. In this particular case, delays occurred in establishing the cause of the patient's reaction and the course of action to take.

Council of Governors decision/agreed actions:

The Council of Governors noted the report.

Noted

48/14 **LEAD GOVERNOR ELECTION PROCESS 2014 – DECISION**

AF presented the report and reminded the Governors of the process used for this year's Lead Governor review.

Council of Governors decision/agreed actions:

The Council of Governors noted the outcome of the vote and announced BG as Lead Governor. The position would be reviewed again in July 2015.

Noted

The Council thanked Ken Rogers for his work undertaken during his time as Lead Governor.

49/14 **COUNCIL OF GOVERNORS DECLARATIONS OF INTEREST**

AF presented the report. Governors had been asked to review their declarations of interest forms previously submitted to the Trust. The register had been updated to reflect changes notified.

Council of Governors decision/agreed actions:

AF confirmed that if Governors were members of other Foundation Trusts they needed to declare this as part of the register.

All

AF further confirmed that it was a legal requirement for the Trust to hold registers for the Board and Governors. The register would be reviewed quarterly to ensure it was kept up to date.

Noted

50/14 **TRUST AWARDS – GOVERNOR AWARD**

NW reminded the Council of Governors of the Trust Awards evening and the opportunity for Governors to present a 'Governors Award'.

Following discussion, it was agreed that the Council of Governors Patient and Staff Experience Committee would lead the process. Governors were asked to put forward their nominations to ELB and DM.

ELB/DM

NW asked that the PSE Committee inform the Communications Team of their chosen team/individual by early September 2014.

All

The date of the Awards evening was noted as 9 October 2014.

51/14

COUNCIL OF GOVERNOR COMMITTEES

Communication and Membership Committee

The Council of Governors noted the report. BG provided the following additional feedback:

- The Committee was disappointed that there were fewer articles submitted from Governors for the latest membership newsletter. He reminded Governors that this was an opportunity to communicate messages to members they represent.
- The report reflected June membership totals. It was noted that for July 2014 membership increased to 11,181.

The Council of Governors endorsed the revised approach to survey management (as per report).

Noted

AH asked if the membership magazine could include Trust news articles. BG responded the Committee had considered this and decided against this as Trust News was available on line.

Noted

AH raised a concern that not all members had access to information on line. BG agreed to take this back to the Committee.

BG

NW also agreed to consider this as part of the Editorial Board meetings.

NW

Patient and Staff Experience Committee

The Council of Governors noted the report as presented by ELB.

NW referred to staff engagement and reminded the Council of work he was taking forward in the Trust with the Head of HR and Communications Department. He identified three areas where Governors could potentially play a role: We Care Workshops; participation in focus groups; NED/Governor link for each hospital site. NW would circulate an email to Governors inviting requests for interest.

NW

NW encouraged the PSE Committee should continue with its own staff experience project.

ELB/DM

NW referred to a recent email circulation inviting a Governor representative to sit on the Trust's Equality and Engagement Governance Group.

GD stated he would be pleased to share work undertaken in this area at SECAMB.

GD

Strategic Committee

The Council of Governors noted the report as presented by JS. He specifically drew attention to Governor involvement in the Trust's 2-5 year strategic plan. The final plan had been circulated to the Council. Whilst JS recognised the Trust's tight submission deadlines, he expressed disappointment that Governors were not sufficiently notified of updated versions of the plan prior to the Trust's submission.

He further highlighted that the final version of the strategic plan did not acknowledge the view of the governors in some key areas. However, he noted that the Council would receive formal feedback as part of the Closed/Part II session following this meeting.

JS concluded by stating that the process for Governor involvement in the 2-5 year plan and Quality Report would be an item for their August meeting.

Noted

Nominations and Remuneration Committee

The Council of Governors noted the report as presented by BG.

The Council of Governors noted the work undertaken by the Committee to review the size, skills and composition of the NEDs (in line with Monitor's Code of Governance), concluding that there were no gaps at this time.

The Council of Governors endorsed the recommendation to appoint Jonathan Spencer for a further one year term of office. The rationale was noted and agreed as per report.

52/14 **FEEDBACK FROM GOVERNORS WHO ATTEND WIDER TRUST GROUPS/COMMITTEES**

DM was a member of the End of Life Board. She reported a recent 'in your shoes' event at KCH was a success.

53/14 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

No members of the public were present.

54/14 **ANY OTHER BUSINESS**

CG had heard that KCH was not able to deliver chemotherapy as it was not ordered by the pharmacy department. NW agreed to ask JP to send a response.

NW/JP

LR asked if patient story DVDs could be reinstated. NW explained that the Board of Directors and Council of Governors will continue to receive patient stories in a variety of formats, including DVDs.

Date of Next Meeting: 7 November 2014, Julie Rose Stadium

Signed _____

Date _____