

**MINUTES OF THE TWENTY-THIRD PUBLIC MEETING OF THE
COUNCIL OF GOVERNORS
TUESDAY 14 JANUARY 2014, SMITHS COURT HOTEL, CLIFTONVILLE, CT9 2HL**

PRESENT:

Nicholas Wells	Chairman	NW
David Bogard	Elected Staff Governor	DB
Mandy Carliell	Elected Staff Governor	MC
Professor Alan Colchester	Elected Staff Governor	AC
Jocelyn Craig	Elected Governor – Ashford	JC
Paul Durkin	Elected Governor – Swale	PD
Brian Glew	Elected Governor – Canterbury	BG
Alan Hewett	Elected Governor - Shepway	AH
Derek Light	Elected Governor – Ashford	DL
Michael Lucas	Elected Governor – Thanet	MJL
Eunice Lyons-Backhouse	Elected Governor – Rest of England and Wales	ELB
Dee Mepstead	Elected Governor – Canterbury	DM
Ken Rogers	Elected Governor – Swale	KR
John Sewell	Elected Governor – Shepway	JS
Philip Wells	Elected Governor – Canterbury	PW
Junetta Whorwell	Elected Governor – Ashford	JW
Cllr Patrick Heath	Nominated Governor (Local Authorities)	PH
Reynagh Jarrett	Elected Governor – Thanet	RJ
Peter Jeffries	Nominated Governor – University of Kent	PJ
Dr Liz Rath	Elected Governor – Dover	LR

IN ATTENDANCE:

Julie Pearce	Chief Nurse and Director of Quality and Operations	JP
Paul Stevens	Medical Director	PS
Jeff Buggle	Director of Finance <i>Until 10:30am</i>	JB
Peter Presland	Non Executive Director <i>Until 11:00am</i>	PP
Jonathan Spencer	Non Executive Director	JSp
Richard Earland	Non Executive Director	RE
Fin Murray	Director of Estates and Facilities)	FM
Liz Shutler	Director of Strategic Development and) <i>Minute 07/14</i> Capital Planning were in attendance)	LS
Abina Browne	Acting Head of Midwifery <i>Minute 10/14</i>	AB
Mark Austin	Assistant Director of Finance <i>Minute No 09/14</i>	MA
Alison Fox	Trust Secretary	AF
Sarah Swindell	Assistant Trust Secretary	DBo
Stephen Dobson	FT Membership Engagement Co-ordinator	SD

MIN NO.		ACTION
01/14	<p>CHAIRMAN'S WELCOME</p> <p>The Chairman welcomed the members to the meeting. The Council of Governors expressed their sadness when informed by NW of the death of Laurence Shaw, Elected Governor (Dover). Governors noted the contribution he had made to the Council of Governors and their thoughts were with his family.</p>	
02/14	<p>APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST</p> <p>Apologies were noted from: June Howkins, Elected Governor – Shepway Rev. Paul Kirby, Elected Staff Governor Michael Lyons, Nominated Governor – Volunteers Working with the Trust Geraint Davies, Nominated Governor – South East Coast Ambulance Service NHS Foundation Trust</p>	

MIN NO.		ACTION
03/14	<p>Stuart Bain, Chief Executive Valerie Owen, Non Executive Director Steven Tucker, Non Executive Director Christopher Corrigan, Non Executive Director</p> <p>RECOMMENDATION FROM THE INTEGRATED AUDIT AND GOVERNANCE COMMITTEE (IAGC) AND AUDIT WORKING GROUP (AWG) FOR THE APPOINTMENT OF EKHUFT'S EXTERNAL AUDITORS</p> <p>Due to the confidential nature of the item, this item was discussed in private and the minute recorded separately.</p>	
04/14	<p>MINUTES FROM THE LAST PUBLIC MEETING HELD ON 8 NOVEMBER 2013 AND MATTERS ARISING</p> <p>The minutes were agreed as an accurate record of proceedings.</p> <p>The Council of Governors noted the update on actions as per report. The Following additional updates were noted:</p> <p>Minute No 49/13 – SECAMB Presentation GD has assured NW he will be available to attend CoG meetings from March 2014 onwards. JP reported that a draft report from ECIST had been received. She would report headlines to a future Council meeting.</p> <p>Minute No 59/13 – Governor Roles Working Group NW confirmed he had circulated a paper explaining the position with regard to closed Board of Director meetings.</p>	<p>Closed</p> <p>Future CoG</p> <p>Closed</p>
05/14	<p>PERFORMANCE UPDATE</p> <p>Governors received the latest published data from the Trust electronically in December 2013. For governance purposes, a summary was provided in the meeting packs. JP provided an update on the latest Trust performance including early indications for Quarter 3. The following was noted:</p> <ul style="list-style-type: none"> • The financial trend reported to Governors in Quarter 2 had continued into Quarter 3. The Trust reported ahead of plan in terms of income and expenditure driven largely by referral patterns and use of contingency. Delivery of the Cost Improvement Plan remained a challenge. Overall, the Trust was on target to achieve a risk rating of 4 against a plan of 3. • The Trust would be reporting non-compliance against the A&E standard for quarter 3 which was driven by the activity demand profile and delays with transfers of care. Monitor was aware and remedial actions had been identified internally and externally with the Integrated Emergency Care Board. The Department of Health had released additional funding of £3.2m for the East Kent health economy. Plans were in place to allocate this spend to support sustained performance. • The Trust would be reporting compliance against the 18 week standard for quarter 3. It was also noted that the Trust had eliminated all 52 day long waiters in line with its commitment to commissioners. • Quarter 3 cancer performance was still being validated. Challenges remain regarding the symptomatic breast standard driven by an increase in referrals. In addition, it was noted that the Trust was unlikely to report compliance against the 62 day access to screening standard. • MRSA reported 6 cases year to date which was slightly higher than the previous year. The Board of Directors had been fully updated on influencing 	

MIN NO.

ACTION

factors and action plans by the Trust's Director of Infection Prevention and Control. Monitor was also aware.

- *C.difficile* reported 10 cases for Q3 which was back in line with anticipated levels. However, accumulative performance of 39 year to date (against a standard of 40) meant the Trust was likely to breach year end. The Trust's Director of Infection Prevention and Control had briefed the Board of Directors on all issues and actions to date.

Council of Governors discussion:

Summary of key points raised in discussion:

- There had been increased public awareness of breast cancer which may have contributed to the increase in referrals. The importance of ensuring GPs informed patients of the pathway on which they were referred to hospital was noted to avoid non-attendance (and subsequent impact on breaches). Cancer teams undertook a presentation to clinical GP forums to raise awareness and an information sheet had been developed to assist with this.
- The Council of Governors received a presentation on the Trust's seasonal plan at the November 2013 meeting. At the time, Governors had raised a concern regarding delays with the implementation of reablement beds and increased delayed transfers of care. JP stated that 30 step-down beds had been implemented in the community. The remaining additional beds were due to come on line by the end of this month. The Trust was encouraging commissioners to make decisions regarding reablement funding earlier to allow sufficient time for implementation. As part of the clinical strategy development, the Trust was looking at a permanent arrangement. Discussions were ongoing with Social Services as part of the 'Better Care Funding' to manage delayed transfers of care.
- The additional winter money secured from the Department of Health was being used in East Kent to implement a 'bridging service' to allow patients to be discharged to a safe facility prior to handing over to community services.
- A question was posed to the Non Executive Directors as to whether they felt assured the wider community was contributing sufficiently to prevent inappropriate A&E attendances. JP responded and stated that overall the system was working more efficiently than previously. Challenges remain regarding availability of some community services out of hours and weekends. Commissioners were working to establish measures which could be helpful in East Kent due to the increasing aging population. NW/RE/JSp confirmed they had been fully informed of the challenges faced by emergency care services, mitigating actions and discussions with commissioners. They added that the Trust had good datasets (containing internal and external data) which was scrutinised in detail by the NED Governance Group. The Trust's Head of Information had developed internal data systems to enable real time information and datasets to inform intelligent decisions. NW also referred to recent announcements regarding funding GPs will receive for patients over 75 and potential beneficial impact this might have.
- JP explained that one of the highest groups of inappropriate attenders to A&E was elderly patients with complex needs. The Trust was encouraging commissioners to review systems to ensure patients were appropriately supported in the community setting. Another patient group with high levels of inappropriate attendance were COPD patients. Work was ongoing on this pathway to support patients to keep well at home.
- The Trust was working with a company to develop an electronic system to enable instant communication between clinicians internally and externally with the community. This was currently being used in renal services. The

MIN NO.

system would also enable the Trust to be alerted of patients with known long term conditions, learning disabilities and dementia coming into the Trust's hospitals.

Council of Governors decision/agreed actions:

- The Council of Governors noted the performance update as reported.
- It was agreed that the new technology being developed (Careflow DocCom) which enabled instant communication between specialties would be brought to a future meeting of the Council of Governors.

ACTION

Noted
 Future
 Agenda

06/14

RISK ASSESSMENT FRAMEWORK

AF presented the report which explained the key changes to Monitor's regulatory regime as outlined in their Risk Assessment Framework which was implemented from Quarter 3. The two ratings were explained (Continuity of Services and Governance). The Trust was currently reporting the new ratings alongside the old ratings until year end.

Council of Governors discussion:

Following a question raised by JW, JP explained the Trust does monitor A&E breaches related to diagnostics. She explained that the radiology department keep slots specifically for emergency diagnostics. During times of higher requests occasional breaches occur.

Following a further question raised by JW, assurance was provided that all students were supervised during their training.

Council of Governors decision/agreed actions:

The Council of Governors noted the report.

Noted

07/14

PATIENT TRANSPORT UPDATE

Fin Murray, Director of Estates and Facilities, and Liz Shutler, Director of Strategic Development and Capital Planning were in attendance. FM provided a presentation outlining the current contractual issues related to patient transport and EKHUFT's response.

Council of Governors discussion:

Summary of key points raised in discussion:

- The presentation provided by FM explained the mitigating actions put in place by the Trust to bridge the current service gap. Governors felt assured that the Trust had responded appropriately and quickly to address the current issues.
- Although the Trust had been invited to bidder presentation days, it was explained that this was not the selection process. EKHUFT had not been involved in crucial stages of the procurement process such as the design of the service specification or selection process. Concerns had been raised by EKHUFT at all levels within the CCG, the SHA (at the time) and NHS England regarding the process and future service delivering. There had now been recognition from the lead CCG (West Kent) that involvement of providers was important. The Trust would take formal procurement advice should the contract performance not come up to specification by February 2014.
- LS explained the lengthy tender processes were designed to ensure robustness of future investment decisions to exact service requirements.

MIN NO.

ACTION

- There was a risk that the Trust would not be able to recoup the additional costs incurred. However, the Trust had kept robust information on the number of patients it had transported to support the current service gaps.
- The Trust was undertaking performance work internally to ensure processes for patients were more efficient.
- It was highlighted that private delivery companies send updates to customers regarding expected delivery times. LS drew attention to the metrics NSL were working to.
- Should the current contractor walk away, the Trust was working with commissioners to agree a way forward to continue the service.

Council of Governors decision/agreed actions:

- The Council of Governors noted the presentation and all agreed they felt assured that the Trust had taken appropriate action to mitigate risks.
- It was agreed that an update would be provided to the next Council of Governors.

Noted

Next
Agenda

08/14

COUNCIL OF GOVERNOR COMMITTEES

Communication and Membership Committee, to include Governors approach to Outpatients Consultation Public Meetings:

Council of Governors noted the report. BG drew attention to the Council of Governor actions and the following was noted:

- The Council of Governors endorsed the recommendation to move Committees to bi-monthly meetings. One Governor (DM) expressed concern with this recommendation as she felt this may inhibit the frequency of Governor contact.
- Governors were encouraged to sign up to as many Outpatient Consultation Meeting events as possible to listen and learn views from the Trust and members of their constituency to inform the overall collective Governor response to the consultation. With regard to potential questions raised by members of the public at these meetings, the Trust takes steps to ensure Governors are best informed of issues. However, should Governors require any further detail, they were invited to approach Liz Shutler, Director of Strategic Development and Capital Planning.
- Governors were in support of the proposal to develop more interactive Governor/membership pages on the Trust website. However, Governors recognised there would be additional resource requirements from Governors to manage feedback. The Committee was asked to consider this further and to identify the potential workload and would write to all Governors to ask who would be committed to the roles as outlined in the report.
- NW confirmed he would be prepared to include a Governor presentation at Election Awareness Events to enable Governors to share their experience of being on the Council with potential candidates. At present, Governors who attend these events are encouraged to engage by NW and the CEO. NW stressed that by moving to a specific presentation item, it would require Governors to commit to representation at all awareness events and consistency of presentations across all sessions. Governors accepted this approach. It was further agreed that Governors who were standing for re-election would not be asked to deliver the presentation.
- It was noted that a total of eight articles had been submitted by Governors for the next Newsletter.

BG to
lead as
Chair

AH raised a concern regarding increasing web based communications which could disenfranchise members without access. BG explained that the Committee discussions related to those members who can and use the website.

09/14

EKHUFT FINANCIAL STRATEGY/ANNUAL PLAN UPDATE

MIN NO.

ACTION

Mark Austin, Assistant Director of Finance, was in attendance for this item. He provided a presentation which outlined: Introduction and strategic context; Corporate I&E overview; Delivering quality; Trust activity overview and activity trends; Income assumptions; Corporate income and corporate risks; Expenditure assumptions; Expenditure reserves; CIP assumptions and Trust plan 2014/15; Draft 5 year capital plan; and Non-NHS income.

Council of Governors discussion:

Summary of key points raised in discussion:

- The investment associated with the Kent Pathology Partnership (KPP) was noted as an 'invest to save'.
- Reference was made to the earlier presentation regarding contractual issues associated with patient transport. Assurance was sought that the KPP would not experience similar issues. It was explained that the patient transport contract was a contract with a private provider whereas the KPP was partnership between two existing NHS providers.

Council of Governors decision/agreed actions:

The Council of Governors noted the presentation and noted that the Annual Plan 2014/15 would be a major item for the Joint NED/Governor meeting scheduled for 12 February 2014.

The following actions were agreed:

- The importance of the Governors role in testing that Non-NHS income would not interfere with 'the Trust's principal purpose (i.e. the provision of goods and services for the Health Service in England or the performance of its other functions)' was noted. It was agreed that future presentations would include illustrative examples. It was agreed that Governors would give thought to the type of evidence they would require to enable them to come to their conclusion. Governors agreed to email NW and MA with their thoughts no later than one week before the NEDs/Governors meeting on 12 February 2014.
- Following a question raised by JW, SS agreed to find out whether there would be any increase in staff accommodation rental costs this year.

MA
All
Govs.

SS

10/14

EKHUFT MATERNITY SERVICES UPDATE

Abina Browne, Acting Head of Midwifery, was in attendance for this item. She provided a presentation which included: Reminder of the background to the Maternity services review and implementation (September 2012); Midwifery staffing increase; Woman to midwife ratio now 28.5:1 (Gold standard 28:1); Change in place of birth and change in birth rate (2011-2013); Redesign of maternity centres at Buckland Hospital and Kent and Canterbury Hospital; Friends and Family test results; and Results from the National Maternity Survey

AB also informed the Council of Governors the Trust had been short listed to the last 15 Trusts (out of 147) nominated for the Excellence in Maternity Award.

Council of Governors discussion:

Summary of key points raised in discussion:

- AB confirmed that plans to develop womens health centres would include breast feeding and antenatal education. Pre-conception advice was provided by primary care.
- The Trust records each closure of the MLU (for longer than 12 hours) via the

MIN NO.

ACTION

- organisation's reporting system.
- Governors noted that staff vacancies had been held due to the fall in birth rate. However, the birth rate was expected to rise again next year (evidenced by booking) and the Trust would be recruiting to these vacant posts.
 - AB confirmed that the 16.8 additional midwives recruited (as per presentation) were qualified midwives.
 - Governors noted the midwife to birth ratio of 1:28.5 (standard is 1:28). Staffing levels across sites was almost identical and the Trust had a positive record in terms of outcomes. A comment was made by one governor that the birth ratio was supported by a reduction in the birth rate. AB disagreed and stated that the Trust monitored the 1:28 standard and had the ability to flex staff. As stated earlier, evidence now suggested that the birth rate would increase and the Trust would be recruiting to vacant posts.
 - The Trust was reviewing existing facilities on the main labour wards. There were plans for a pool at William Harvey Hospital and QEQM and a bid had been submitted for Department of Health for funding to support this. The Trust was also reviewing toilet and shower facilities at William Harvey Hospital and bids had been submitted to change to wet room facilities.
 - Governors noted the results from the national survey, in particular recommendations for improvements related to cleanliness of wards and toilets. AB reminded Governors that this was a national recommendation and provided assurance that the Trust was not an outlier compared to its peers. However, the Trust was working with Serco to ensure continuous improvement.
 - The Trust has in place translating facilities for patients when required.
 - Governors had highlighted (as part of a previous governor survey) that staff felt concerned they had not enough time to assist patients with breast feeding. AB recognised the importance of this as part of the public health agenda. She stated that there was a CQUIN in place and this was monitored monthly. Work was ongoing with all staff to help them maximise the time they have with patients. In addition, the Trust was looking to review the allocation of support staff.

Council of Governors decision/agreed actions:

- The Council of Governors noted the presentation and congratulated the Trust on its nomination for the Excellence in Maternity Award.
- JP noted the discussion points raised regarding staffing levels and recruitment and would work with AB.

Noted
 JP

Due to time constraints in the morning session, the following items were taken after the lunch time session:

08/14
 (Cont..)

COUNCIL OF GOVERNOR COMMITTEES

Patient and Staff Experience Committee

JC provided a verbal report from the last Patient and Staff Experience Committee:

- The Committee received an update from the Cancer Services Team on sustaining cancer performance in urology. The Committee had been impressed with the team on the work they had undertaken. The Committee would be receiving an update from the colorectal team at their meeting in February 2014.
- The Committee received an update on the review and new structure of the patient experience team and met the new Head of Patient Experience.
- JC reported she would be stepping down as Chair of the Committee from

February 2014. NW thanked JC for the work she had led as Chair of the Committee.

Patient Story

The Council of Governors noted the report which focussed on positive feedback received via NHS Choices and Patient Opinion websites to demonstrate the organisation's We Care values (Caring, safe and making a difference). JP explained that positive stories such as these are brought to the Board of Directors to provide a balance. They also act as a motivational tool for staff.

Strategic Committee

JS provided an update from the December 2013 meeting (as per report). The Committee would be receiving a presentation at its February 2014 meeting on the emergency care work stream. In addition, the Committee would also be considering the Council of Governors response to the Outpatient Consultation.

JC referred to discussions at the December 2013 meeting regarding the proposed Kent Pathology Partnership. She raised concerns regarding the pace of implementation. In addition, she raised a concern that neither the Royal College of Pathologists or the Institute of Biomedical Sciences had not been invited to comment on the proposals. She reported that RCPATH Consulting had been established by the Royal College of Pathologists specifically to provide advice on these types of mergers. She further raised a concern regarding the implications of CPA accreditation.

JP reminded the Council of Governors of the significant commercial risks should the status quo remain and the Board of Directors would not approve a business case which had not been fully tested. NW asked that JC's concerns regarding CPA accreditation; timeline for implementation; and RCPATH Consulting be addressed when the business case is presented to the Board of Directors in January 2014 for approval. JP stated that she would feedback concerns to the Divisional Director for Clinical Support.

JP

Nominations and Remuneration Committee: NED Recruitment Guide

KR reported that the Nominations and Remuneration Committee met to consider the NED Recruitment Guide which was presented for endorsement. Following discussion, the guide was agreed, subject to the following:

- Removal to reference that the Chair of the interview panel should have a casting vote.
- Clarification was requested regarding the appropriate individual to Chair interview panels.

AF agreed to take this forward.

AF

11/14

REPORT BACK FROM COMMITTEE LEADS MEETING WITH THE CHAIRMAN AND TERMS OF REFERENCE

The Council of Governors were reminded of the background to the Group. The Council of Governors endorsed the Terms of Reference, subject to the following amendment:

- The meeting will only be quorate when all members are present *or nominated deputies*.

SS to amend

Following a concern raised, NW provided assurance that establishment of this group would not create a 'cabinet-like' tier within the Council. The purpose of this Group was to ensure the effective processes of the Council of Governors.

12/14 **FEEDBACK FROM GOVERNORS WHO ATTEND WIDER TRUST GROUPS/COMMITTEES**

DM was governor representative on the End of Life Board. NW had agreed with DM that an update on the EKHUFT's approach to end of life care would be scheduled for the March 2014 meeting.

Mch Mtg

JC was governor representative on the We Care Steering Group and Standards Monitoring Group. She reported she would be stepping down from these meetings but agreed to continue until after the next elections. The Trust would facilitate the invitations for expressions of interest after this time.

To be b/f after Governor Elections

13/14 **CODE OF CONDUCT REVISION**

The Council of Governors endorsed the revised code of conduct which had been amended to bring in line with the Health and Social Care Act 2012 and the recently agreed Roles and Responsibilities document.

Governors would be asked to re-sign this new code of conduct.

SS to facilitate

Date of next meeting:

10 March 2014, The Ark Dover, CT17 0DD

Signature _____

Date _____