

**MINUTES FROM THE TWENTY-FIFTH PUBLIC MEETING OF THE
COUNCIL OF GOVERNORS
FRIDAY 9 MAY 2014, JULIE ROSE STADIUM, ASHFORD**

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
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
Vikki Hughes	Elected Staff Governor	VH
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
Ken Rogers	Elected Governor – Swale	KR
John Sewell	Elected Governor – Shepway	JS
Philip Wells	Elected Governor – Canterbury	PW
Marcella Warburton	Elected Governor – Thanet	MW ^a
Junetta Whorwell	Elected Governor - Ashford	

IN ATTENDANCE:

Stuart Bain	Chief Executive (<i>Minute Numbers 30/14-34/14</i>)	SB
Paul Stevens	Medical Director	PS
Julie Pearce	Chief Nurse and Director of Quality and Operations	JP
Jeff Buggle	Director of Finance and Performance Management	JB
Valerie Owen	Non Executive Director	VO
Jonathan Spencer	Non Executive Director	JSp
Marion Clayton	Divisional Director (Surgical Services Division) (<i>Minute Number 35/14</i>)	MC
Mark Austin	Assistant Director of Finance (<i>Minute Number 36/14</i>)	MA
Peter Murphy	Director of Human Resources (<i>Minute Number 37/14</i>)	PM
Sarah Swindell	Assistant Trust Secretary (Minutes)	SS
Stephen Dobson	FT Membership Engagement Co-ordinator	SD

MINUTE NO.		ACTION
30/14	CHAIRMAN'S PERFORMANCE EVALUATION Due to the confidential nature, this item was heard in closed session and recorded as a separate minute. The minute was circulated to the Council electronically.	
31/14	CHAIRMAN'S INTRODUCTIONS The Chairman welcomed Governors and members of the Board to the meeting.	

32/14 **APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST**

Apologies were noted from:

Derek Light, Elected Governor - Ashford
Martina White, Elected Governor – Dover
Roy Dexter, Elected Governor – Thanet
Paul Durkin, Elected Governor – Swale
June Howkins, Elected Governor – Shepway
Peter Presland, Non Executive Director
Steven Tucker, Non Executive Director
Richard Earland, Non Executive Director
Chris Corrigan, Non Executive Director
Alison Fox, Trust Secretary

There were no declarations of interest.

33/14 **MINUTES FROM THE LAST PUBLIC MEETING HELD ON 10 MARCH 2014 AND MATTERS ARISING**

The Minutes of the previous meeting were approved as an accurate record.

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

19/14 – Performance Update

An update on this action would be circulated electronically to Governors.

21/14 – EKHUFT Annual Plan 2014/15-2015/16

JC reported she had met with the Divisional Director of Clinical Support services and key personnel regarding the Kent Pathology Partnership. She was now assured on several counts. However, she still had concerns about the split of cellular pathology and microbiology. In particular, the impact of job satisfaction, training and education with medical staff and scientists working on different sites.

JC reported that the service would be setting up a specimen tracking system to quickly identify the location of specimens across the patch.

24/14 – PSE Committee - Complaints

NW reminded Governors that he sits on the Trust's Complaints Management Steering Group. One area this group would be taking forward was learning from patient stories to improve complaints performance.

Noted

26/14 – Feedback from Governors who attend wider groups

The request at the last meeting for a presentation on Medical Education would be considered for the Joint CoG/Board meeting in October 2014. A presentation on R&D has already been planned.

NW

The R&D Department was keen to promote patient involvement (awareness of clinical trials and potential benefits). Governors might be interested in promoting this as part of 'Meet the Governors' events. NW had asked previously if links could be made with R&D and asked that this be followed up.

MC

Matters arising

It was agreed that a presentation on clinical trials would be organised for the July 2014 Council of Governors Meeting, dependent on availability of staff.

SS

AC commented that there was a need to raise awareness of training, teaching and research with staff. JW proposed this be incorporated into the Trust's induction programme.

PM

There had been a mixed experience amongst the Council of 'Meet the Governor Events'. CG reported that new Governors had been involved in these events and found them to be a positive experience.

34/14

PERFORMANCE UPDATE, TO INCLUDE:

- **FEEDBACK FROM CQC VISIT**
- **OUTPATIENTS CONSULTATION VISIT**
- **PATIENT TRANSPORT UPDATE**

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

Performance Update

The Trust achieved compliance with all standards in Quarter 4 (2013/14), with the exception of the 62 day screening target. Corrective actions had been put in place and the Trust was anticipated to achieve compliance in Quarter 1 (2014/15).

Although the Trust achieved compliance against the A&E standard, challenges remain. The Trust continues to monitor attendance profiles and work with the whole health economy to improve patient flows.

The Trust's *C.difficile* performance had been brought back on line with 11 cases reported in Quarter 4 (2013/14). Monitor was satisfied that performance was now under control. Governors were reminded of the stringent targets placed on high performing Trusts during 2013/14, based on a national formula. The Trust's target had been re-based for 2014/15 to a more realistic baseline of 47.

CoG discussion (Performance Update):

SB clarified the factors contributing to the failure of the 62 day screening target associated with delays in the patient pathway.

It was also noted that GP referral patterns and behaviours were also impacting on delays. SB provided assurance that the Trust better understands how to present choice to patients and has undertaken work to match capacity and demand.

Feedback from CQC Visit

Correspondence had been received from the CQC informing the Trust of delays with issuing their draft report following their inspection of the Trust at the beginning of March 2014.

Outpatients Consultation Update

SB reported that the Consultation had now closed. The University of Kent was asked to evaluate the consultation and a draft report had been received which was now being reviewed by the Trust.

As a result of the feedback received at public meetings a re-evaluation exercise had been undertaken of all options within the consultation employing strengthened criteria. This process was observed by external organisations, including the HOSC.

CoG discussion (Outpatients Consultation Update):

RJ asked if there were anticipated delays with the timeline of the final decision and whether this would impact patient experience.

SB responded that the Trust would be working with C4 CCG (joint consultee) to agree the next steps. The final decision was currently scheduled for the June 2014 Board of Directors. A date had been set for a meeting with the KCC HOSC to bring them up to date with developments.

Patient Transport Update:

SB reminded Governors of the background and issues experienced since the contract went live 1 July 2013 (as previously reported).

The Trust was working with the other Trusts across the patch to monitor the performance of NSL against a performance trajectory. A deadline for bringing performance back on line had been set for the end of May 2014. In the meantime, the Kent Trusts were working to review the contract specification.

CoG discussion (Patient Transport Update):

CG asked if the Trust would be entitled to any recompense for additional costs incurred. SB stated that the contract was complicated as the Trust was not the direct contractors. Discussions remain ongoing with West Kent CCG who hosts the contract.

Local Development Plan at Canterbury and high level publicity

SB reminded the Governors that Canterbury City Council was required to publish long term planning proposals. The City's Local Development Plan was looking at potential opportunities for growth in the surrounding areas up to 2031. As a major employer it was routine for Trusts to be involved.

The Trust had put down a marker with the Council as to what the future requirement of the Trust might be and how we would wish to see our future protected. No firm plans or decisions had been made. The Trust's main priority would be to continue to develop its clinical strategy.

CoG discussion (Local Development Plan at Canterbury and high level publicity)

AC explained his reasons for his concerns at the time of the Kentish Gazette article. He recognised the Trust did not foresee the publication of the article but asked that the Trust ensure Governors are kept informed of developments such as this.

Council of Governors decision/agreed actions:

- The Council of Governors noted the updates provided.
- SB agreed to update Governors at the next meeting regarding: the CQC report; patient transport; and outpatients consultation.

SB

35/14

HIGH RISK SURGERY UPDATE

Marion Clayton, Divisional Director (Surgical Services Division) was in attendance for this item. She provided a presentation updating the Council on the progress made since the Board's decision in February 2014 to centralise emergency and high risk surgery on an interim basis.

A total of 13 work streams had been established, led by the Surgical Services Division, which had identified that centralisation could not be undertaken safely in the short term. Areas of challenge included estates capacity to accommodate ITU beds and extra surgical beds.

The Trust was in discussions with surgeons to discuss models to introduce an interim solution at both QEQM and William Harvey Hospital which would commence in the Autumn 2014. The Trust had advertised consultant general surgeon posts and a number of applications had been received. It was hoped to make suitable appointments following interview on 3 June 2014. This interim solution would enable the 13 work streams to progress towards the Trust's long term solution of centralisation.

Council of Governors discussion:

JC referred to the importance stressed by the Trust previously re adjacencies to vascular surgery. The interim solution would not provide this solution. PS agreed that the two site option would not solve the vascular surgery issue and this was one of the contributing factors informing the long term solution of centralisation.

PS went on to report that the Trust was visiting a Trust in Northumberland who had implemented a centralised service.

AH asked if there were cost implications for the Trust. MCI provided assurance that costs between now and September 2014 had been funded. The cost of estate remodelling would be subject to a business case. It was anticipated that the long term centralisation of services would result in improved patient pathways and innovation. This would inform the Trust's Cost Improvement Programme.

AC asked why the logistical problems had not been raised prior to the Board's decision in February 2014. PS reported that the February decision had resulted in positive clinical engagement which surfaced a number of issues via the work streams.

Following a question raised by DM, MCI reported that there were 2 long term locums at QEQM and 3 at William Harvey Hospital. Recruitment was planned for June 2014 and it was anticipated substantive posts would be in place by September 2014.

PM added that after the Royal College of Surgeons review, the Trust had increased its surgical establishment in the short term which necessitated the use of locum cover.

RJ referred to observations made by the Royal College of Surgeons of potential sites for centralisation. MCI provided assurance that no decision had been made regarding the location of centralisation of services in the long term. The 13 work streams would work up options to present to the Board of Directors for decision with public consultation. MCI stressed that sustainability of 3 sites was not viable for the long term. PS added that the Trust would consider all evidence to support its final decision, including a view from the Royal College of Surgeons.

Assurance was provided that workforce decisions would form part of the long term centralisation piece. The Trust would review entire patient pathways to inform future workforce models.

Council of Governors decision/agreed actions:

- The Council of Governors noted the update as reported.
- KR requested a briefing note on the findings from the visit to the Northumberland Trust. PS agreed to circulate.

Noted
PS

36/14

ANNUAL PLAN – 5 YEAR STRATEGIC PLAN

Mark Austin, Assistant Director of Finance, was in attendance for this item presenting an update on the operational plan and timetable for the 2-5 year strategic plan submission to Monitor.

Council of Governors discussion:

Governors were invited to put forward views on what they would expect to see in a 2-5 year plan.

BG asked that Governors understand all elements of the Trust initiatives/strategies and how these link together. NW confirmed there was an item for the July 2014 Council of Governors meeting.

NW recognised the challenge with inputting into 2-5 year plans. The valuable role of the Governors in this area was to review the plan to assure themselves of the content.

GD commented that he leads the annual planning process in SECAMB. Understanding the overriding aim of the Trust's strategy was important.

DM asked if the Trust delivered its commitment in terms of education and training. JP reported that as part of the nursing establishment review, a set number of days was built in for training and education. A policy was also in place to enable staff to apply for study leave. The challenge for departments was the ability to release staff during periods of sickness and absence.

In addition, JP reported that through Non-Medical Education and Training budget, the Trust plans development for particular areas and has commissioned Christchurch University to provide training. JP stressed that teams do need to take appraisals and PDPs seriously to enable them to feed into wider development programmes.

JP confirmed that the budget for nurse training was overspent.

AC stated it was important for the Trust to articulate its longer term vision – single site/multi site options – to inform longer term strategies.

JSp added that the Trust would also need to incorporate a funding strategy to identify funding options and limitations.

Following a question raised by JSp, JB clarified that the figures included in the 1-2 year operational plan (submitted to Monitor in March 2014) were based on settlement figures in terms of contract negotiations with commissioners. The Trust was clarifying with Monitor the process should areas in the 2-5 year Strategic Plan impact on the already submitted operational plan. JB stressed this would be changes to figures and not text.

CoG decision/agreed actions:

The following process was agreed by the Council for Governor input in to the Trust's 2-5 year Strategic Plan:

- A copy of the draft plan would be circulated to the whole Council at the end of May 2014.
- The Council of Governors agreed to delegate the co-ordination of a commentary to the Council of Governors Strategic Committee who will meet on 10 June 2014.
- Members of the wider Council of Governors will be invited to attend the Council of Governors Strategic Committee.
- A copy of the Governors' commentary will be submitted to the Trust on 20 June 2014.
- BG commented that the next Strategic Committee could start to look refining the process for next year.

MA

Noted

SS to
facilitate
JS to
facilitate
Noted

37/14

NHS STAFF SURVEY RESULTS – 2013 BENCHMARKED RESULTS

Peter Murphy, Director of Human Resources, was in attendance for this item. He presented the Trust's 2013 Staff Survey Results. PM also presented work put in place to address areas of poor performance.

Council of Governors discussion:

Following a question raised by CG, PM reported a total of 800 surveys had been sent out to staff and 450 had been returned. The Trust's response rate was in line with the NHS average. A third party organisation distributed the surveys and sent reminders to non-responders. This process ensured staff felt the process was completely anonymous.

CG referred to the level of service change in the Trust and asked whether this had an impact on the staff survey. She asked if HR action within Divisions was at the right level. PM confirmed that HR business partners were aligned to Divisions but stressed that line manager interface was key to improving staff engagement.

JS commented that the question asking staff *“Would you recommend your Trust to others as a place of work and would you be happy with the standard of care provided by the Trust if a friend or relative needed treatment?”* was ambiguous and could be a source of confusion to some staff. Governors had highlighted this as part of their commentary on the Trust’s Quality Report.

PM reported that the Trust had plans to introduce a friends and family test for staff. In addition, the Trust would be undertaking its own surveys. The Trust’s Head of HR was leading on this.

Discussion ensued (following a question by LR) regarding the need to ensure the style of how communications were delivered within the Trust was appropriate and consistent.

LR proposed the Trust results be broken down by site. PM explained the reason why results were broken down by Division to identify areas of good practice.

LR referred to the CQC visit and feedback received regarding the e-rostering system. She asked PM if e-rostering could affect the staff survey responses. PM explained the e-rostering system had the ability to apply ‘rules’ to ensure staff were fairly rostered.

LR referred to job satisfaction and allocated appointment times with clinicians. She proposed the Trust consider seeking feedback.

NW reported that the Board of Directors received the Staff Survey Results at the April 2014 Board meeting. Disappointment was expressed about the results, particularly around staff engagement. The Board of Directors recognised that the Trust would be subject to significant change going forward as the clinical strategy develops. Staff engagement was a critical element.

NW has been working with the Trust’s Head of HR to look at a range of initiatives which will feed into tangible actions. As part of this research would be undertaken, both internally with staff groups and external learning from other organisations.

Membership of this group was under review but could expand to include Governors if appropriate.

CoG decision/agreed actions:

NW agreed to bring the Trust’s action plan to address staff engagement issues highlighted within the National Staff Survey results to the July 2014 Council of Governors meeting.

NW
(next
meeting)

38/14

PATIENT STORY

JP presented the patient story which focussed on an incident of poor staff communication and attitude and the impact on the patient and relatives. The report also included the lessons learned and improvements put in place.

The story was received by the Board of Directors at their April 2014 meeting and NW had written to the patient's family as a result of the Board's discussion.

Council of Governors discussion:

AH expressed disappointment with the story, in particular the lack of ownership of the patient throughout their pathway.

JP explained the role of the consultant in charge of patient care and the role of multidisciplinary team meetings in making decisions regarding patient care. As a result of this patient story, the Trust had ensured that the cancer co-ordinator for each tumour group linked with the multidisciplinary meetings to ensure effective tracking of patients. The Trust was also exploring (as part of the new CareFlow system) ways to ensure cancer patients were flagged up to the person responsible for their care on arrival.

AC shared his experience of patient ownership.

One contributory factor in this particular story was the issues faced by the Trust at the time related to the move to the new Radiology Information System. This contributed to delays in the patient's pathway.

Following questions raised by AH and MW, JP confirmed that there had been no disciplinary action taken against staff. The Trust has worked with teams and individual staff members in terms of learning outcomes.

ML referred to the increased pressures faced by the Trust and staff over the previous months. JP reported that the Board had discussed increased pressures but stressed the Trust had a primary responsibility for the quality of care it provided to patients.

MW asked if the family were informed of the outcome of the review and actions taken. JP confirmed this forms part of the Trust's process for all Trust complaints.

Council of Governors decision/agreed actions:

- The Council of Governors note the report.
- NW referred to national discussions regarding the importance of a named doctor as a guardian throughout the patient's pathway. JP agreed to report back to the Council of Governors actions taken by the Trust to put this in place within the Trust.

JP

39/14

LEAD GOVERNOR ELECTION PROCESS

SS reported the process and timetable for the annual review of the Lead Governor position this year (as per report). The outcome would be reported at the next Council meeting.

The following items were taken in the afternoon session.
VH, DB, PS and JB had left the meeting prior to these discussions.

40/14 **COMMITTEE REPORTS****Communications and Membership Committee**

The Council of Governors noted the report as presented by BG. BG stated that membership levels had reduced since the report was written due to a data cleanse. He was confident this would recover as a result of the number of membership initiatives in place.

The Council of Governors approved the revised Terms of Reference with no further amendments.

Patient and Staff Experience Committee

The Council of Governors noted the report as presented by EL-B.

The Council of Governors approved the revised Terms of Reference with no further amendments.

NW noted the Committee's interest in working with the Trust to take forward improvements as a result of the National Staff Survey Results. He would link with EL-B and DM.

NW

Strategic Committee

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

The Council of Governors approved the revised Terms of Reference with no further amendments.

Nominations and Remuneration Committee

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

41/14 **FEEDBACK FROM GOVERNORS WHO SIT ON WIDER TRUST COMMITTEES/GROUPS**

DM attended the Trust's last Francis Working Group. She proposed the Trust consider writing up the discussions at Board level. NW confirmed this was his intention.

DM is the Governor representative on the End of Life Board. She commented on the innovative work being taken forward in the Trust and proposed consideration be given to the wider public interest.

Date of Next Meeting: 7 July 2014, Sandwich Guildhall

Signed _____

Date _____