

**UNCONFIRMED MINUTES OF THE SIXTY-SEVENTH MEETING OF THE  
BOARD OF DIRECTORS  
FRIDAY 26 JUNE 2015, 9AM, LECTURE THEATRE, QUEEN ELIZABETH THE QUEEN MOTHER  
HOSPITAL**

**PRESENT:**

Mrs N Cole	Chair	NC
Dr J P Spencer	Deputy Chairman/Non Executive Director	JS
Mr R Earland	Non Executive Director	RE
Mrs V Owen	Non Executive Director	VO
Mr P Presland	Non Executive Director	PP
Mr B Wilding	Non Executive Director	BW
Mr C Tomson	Non Executive Director	CT
Prof C Corrigan	Non Executive Director	CC
Mr C Bown	Interim Chief Executive	CB
Dr P Stevens	Medical Director	PS
Ms S Le Blanc	Director of HR	SLB
Ms J Ely	Chief Operating Officer	JE
Mr N Gerrard	Director of Finance and Performance Management	NG
Dr Sally Smith	Acting Chief Nurse and Director of Quality	SSm

**IN ATTENDANCE:**

Sue Lewis	Improvement Director	SL
Mrs A Fox	Trust Secretary	AF
Sharon Cannaby	Programme Manager, CQC Improvement Programme ( <i>Part Minute No 115/15</i> )	SC
Daniel Marsden	Practice Development Nurse For People with Learning Disabilities ( <i>Minute No 107/15-114/15</i> )	DM
Laura Gorvin	Quality Assurance Manager ( <i>Minute No 116/16</i> )	LG
Liz Coleman	Head of Patient Experience ( <i>Minute No 116/16</i> )	LC
Rachel Jones	Director Of Strategy And Business Development	RJ
Mrs S Swindell	Assistant Trust Secretary (Minutes)	SS

**MEMBERS OF THE PUBLIC AND STAFF OBSERVING:**

Mr Edel  
Chris Warricker  
Marcella Warburton  
Mr and Mrs Smith  
Junetta Whorwell

MINUTE NO.		ACTION
107/15	<b>CHAIRMAN'S WELCOME</b>  NC introduced herself as the new Chair of the Trust. She welcomed members of the board and members of the public and provided an overview of her background. She went on to report the following changes to the way Board meetings would run:  Those in the public gallery would have an opportunity to ask questions about the topics of the day at the end of the Board meeting. Any other questions could be raised either through the website or direct correspondence.  Executive Directors were asked to assume board papers had been read and to report any updates since reports had been produced. Questions for clarification	

Initials .....

and understanding from the wider Board were welcome.

To focus attention, all items on the agenda had a comment - whether the paper was for decision, discussion or "to note".

Feedback on the new format would be welcome.

For the benefit of new Non-Executive Directors, SL introduced herself as Improvement Director working with the Trust.

108/15 **APOLOGIES FOR ABSENCE**

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

109/15 **DECLARATIONS OF INTEREST**

SLB was noted as nominated Director of East Kent Medical Services.

110/15 **MINUTES OF THE PREVIOUS MEETING – 21 MAY 2015**

The Board of Directors agreed the minutes reflected an accurate record of proceedings, subject to the following amendments:

- Incorrect initials stated for NG.
- Minute Number 102, to also acknowledge discussion around the review of local arrangements for CEA.
- Minute Number 85/15 to be made clearer: the Trust was required to submit a re-forecast of 2015/16 by the end of July 2015 with a 3 to 5 year recovery plan to follow later in the year".

NC reported a proposed addendum to the March 2015 Minute 42/15:

Current Minute:

Mr Edel asked for assurance that the Trust complied with the Data Protection and Information Governance regulations. JP responded the Trust was required to complete an Information Governance Toolkit which was assessed externally. The Trust had met all standards required.

Replace with:

"Mr Edel asked as to whether the Board was aware of the forthcoming EU Data Protection Regulation and what pre-emptive action they had taken. He added that this Regulation introduced criminal offences for non-compliance, with fines of up to £70,000. JP responded that this was covered by the Information Governance Toolkit."

The Board of Directors agreed this addendum.

111/15 **MATTERS ARISING FROM THE PUBLIC MINUTES OF 21 MAY 2015**

57/15/39/15 – Key National Performance Targets

Action noted as closed.

Closed

Initials .....

85/15 - Chief Executive's Report

All actions noted as closed, with the exception of the introduction of a regular news column. SLB reported a draft communications strategy would be in place at the end of July 2015 and would be brought to the Board.

SLB

86/15 – CQC Action Plan Update

All actions noted as closed, with the exception of NED alignment to site based teams. NC had spoken to the Chair of the Improvement Board who confirmed both Governors and NEDs had been asked to align.

Closed

88/15 – Clinical Quality and Patient Safety Report

Action noted as closed.

Closed

89/15 – Patient Story

Action noted as closed, with the exception of the inclusion of end of life care in Trust induction processes. SLB reported the Trust would be reviewing all statutory and mandatory training and would bring a report to the September Board of Directors.

SLB

91/15 – Corporate Performance Report

Action noted as closed.

Closed

95/15 – Recommendations for providers from the Savile Report

Action noted as closed.

Closed

96/15 – Annual Members' Meeting Arrangements

Action noted as closed.

Closed

97/15 – Corporate Meeting Structure

Action noted as closed.

Closed

The draft report from Grant Thornton was anticipated w/c 29 June 2015. The Finance and Investment Committee was the main focus. However, the Board of Directors requested Grant Thornton also report good governance/best practice across all Committees as part of the draft report.

NG

99/15 – Delivering Our Future Programme

Action noted as closed. In respect of regular communications to staff, RJ provided a verbal update confirmed various booklets and communications were now regularly sent to staff. Future communications would form part of the communications strategy.

Closed

100/15 – Corporate Risk Register – Top 10

Action noted as closed.

102/15 – Medical Director's Report

Action noted as closed, with the exception of notification of the final report from the GMC following a recent visit. PS reported he would aim to bring this to the next Board.

PS

112/15

**CHIEF EXECUTIVE'S REPORT**

The Board of Directors noted the report as read. CB reported the following additional updates:

Initials .....

A performance review meeting with Monitor was held on 17 June 2015. The main focus was the Trust's CQC improvement programme, financial challenges and operational challenges within the emergency department.

An executive challenge meeting with Monitor was scheduled for 8 July 2015 to discuss the Trust's actions to address financial challenge.

CB stressed financial challenges were substantial and difficult decisions would need to be made going forward to bring this back under control.

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

CB provided assurance in response to a question raised by VO that the Trust's 3-4 year recovery plan had strong links to the clinical strategy. Going forward, the Trust would need to move towards transformational change which was sustainable and affordable.

VO commented on the positive decision made by the Executive Directors to increase staffing levels in Kings and Cambridge Wards. SSsm reported the six monthly ward establishment review was due to be presented to the next Board.

JE provided assurance, in response to a question raised by RE, there had been no impact on patients to date following the change to oncology referrals.

CB clarified the recently published foundation trust sector performance for Q4 reflected the sector as a whole.

EKHUFT had seen a reduction in overall activity but this varied by specialty and may have been due to phasing. The Finance and Investment Committee received a report stating activity in June 2015 had seen a sharper increase than expected. PS added acuity and level of dependence was also increasing.

NC referred to paragraph 5.3 of the report and informed the Board she had unveiled the window display at QEQM Emergency Department.

The Board of Directors congratulated the Canterbury League of Friends on their recent Queens Award.

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

The Board of Directors noted the report.

Noted

113/15

#### **CHAIR'S ACTIONS**

There were no chair actions to report.

Noted

114/15

#### **PATIENT STORY**

The Board of Directors noted the report as read.

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

NC observed from the report a number of unsuccessful attempts to take blood from the patient concerned and asked for more understanding as to why this was the

Initials .....

case.

DM responded the patient had significant challenging behaviour and required sedation and had been wrongly referred through A&E. When the individual arrived, there was no record in A&E of what was required. A consultant anaesthetist spent considerable time assisting the patient and ensuring an appropriate referral from primary care to medicine.

As part of the learning outcome, a care pathway for patients who lack capacity and actively refuse routine treatment had been drafted. This was included as Appendix 1 to the report. This was work in progress and would be considered under the Equality Act and adjusted if required.

VO asked why this process did not already form part of an integrated pathway. DM explained the current pathway. He wanted to move to consistent integrated access.

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

- **ACTION:** The Board of Directors agreed the integrated pathway needed to be reviewed to make clearer responsibility in terms of 'consent' and 'assent'. A specific paragraph on capacity also needed to be included. DM to review. DM
- **ACTION:** At the request of SL and agreed by the Board, DM agreed to confirm when the pathway would be trialled prior to rolling out across the Trust. He would review to incorporate other diagnostics/interventions to introduce separate documents if required. DM
- **ACTION:** At the request of NC and agreed by the Board, JE agreed to discuss with the service improvement team a standard format for flow charts/decision trees related to clinical flow. JE
- **ACTION:** JE to discuss with the Community Trust the need for clarity around referral pathways for all diagnostics/interventions. She would bring a paper to a future Board and would advise appropriate timing. JE

DM left the meeting.

115/15

#### **CQC ACTION PLAN UPDATE**

The Board of Directors noted the report as read.

The CQC would be revisiting the Trust w/c 13 July 2015.

SL reported an Improvement Board meeting had taken place since the report had been written.

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

RE observed some improvements reported as 'red' were issues he would have expected to be resolved quickly. He referred specifically to work required to ensure safe storage of medicines.

SSm advised sufficient evidence had not been received to demonstrate improvements had been sustained. She had written to all ward matrons outlining their professional responsibilities. Messages had also been reiterated at ward manager meetings. Spot audits would take place and individuals held to account.

CT referred to inconsistent information leaflets which also remained outstanding.

Initials .....

SSm provided assurance site based teams were taking responsibility for this and confirmation was awaited that this work had been completed.

JS referred to the continuing challenges within the Emergency Departments and asked if there was a risk in terms of the CQC re-inspection. SSm provided assurance work was ongoing to mitigate the risk. JE and SSm would be scrutinising rotas to identify gaps. Cultural work within departments was also ongoing.

CC asked for an update regarding 'Must Do 2': Ensuring appropriately trained paediatric staff was provided in all areas where children were treated.

JE explained 24 hour cover was gold standard which the Trust was aiming to achieve. Recruitment to vacant positions was ongoing. In the meantime, JE provided assurance appropriately trained medical and nursing staff were called to provide paediatric care when required and this could be evidenced through outcomes. In addition, a separate children's area within A&E would be opened in line with plan. Paediatric training would commence for 'adult' nurses from September 2015.

SLB reported, in response to a question raised by NC, the Trust had analysed comments received from staff on how we can make this a better place to work and this was presented to a previous Board meeting.

SSm added she was in receipt of themes from the latest comments received at William Harvey Hospital. This had been translated into 'you said, we did'.

SLB provided assurance that issues raised were addressed. Acknowledgements were sent if the sender was known.

BW felt the paper did not give a feel for how well the Trust was doing against plan.

SSm provided assurance progress had been made with the exception of 'Must Do 10' (ensuring cleaning schedules were in place in all areas) where the right level of assurance was still awaited. This area currently reported as red as a small number of audits at Kent and Canterbury Hospital consistently fail. A specific action plan was in place but the Board of Directors were alerted to the risk this would not be fully compliant prior to the CQC re-visit in July 2015.

The Board of Directors went on to discuss the complexity of hospital cleanliness: isolated rooms; complex equipment; and patient environments which require a high standard of infection control.

CB/SSm reported only three areas failed cleaning audits on 25 June 2015. This was contextualised in terms of five sites and 1,000 beds. The three audit fails were in high throughput areas (CDU, emergency care). The improvement area continued to flag as 'red' until certainty of sustained performance could be evidenced.

The Board of Directors went on to discuss the management of the Serco contract. RJ provided assurance that penalty clauses were enforced where the Trust believed the contract was not being delivered. CQC messages had been reinforced and regular performance meetings were taking place.

RE felt the report overall demonstrated significant progress since March 2014.

SC joined the meeting.

SL, as representative of Monitor, felt the discussion under this item demonstrated integrated conversation and challenge which was positive reflection of the Trust's improvement journey. She had provided assurance to Monitor that although the pace was initially slow, the Trust was now moving in the right direction with the right structure and process in place. She would expect to see signs of sustainability within six months of the July CQC re-inspection.

The CQC was also aware of the pace of improvements made.

There were areas of risk, staffing being the main area of volatility. The Trust needed to be aware of challenges internally and externally and mitigating actions.

SL went on to say the report presented to Board should be used as a benchmark for more depth and challenge. Consideration would be given to this post re-inspection.

SL had spent time on all main Trust sites and was reassured by the difference in the way staff felt about belonging to the Trust.

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

The Board of Directors noted the report.

**ACTION:** SLB to re-circulate the last staff comments analysis.

SLB

**ACTION:** SSm to circulate themes from latest comments received at William Harvey Hospital.

SSm

**ACTION:** Undertake lessons learned exercise on implementation of safe storage of medicines and use as a case study.

SSm

**ACTION:** Consideration would be given to the use of the report as a benchmarking tool post re-inspection.

SSm

SC left the meeting.

LG and LC joined the meeting.

116/16

**CLINICAL QUALITY AND PATIENT SAFETY REPORT**

The Board of Directors noted the report as read.

Since writing the report, SSm advised the Board of Directors three "never events" had been reported on STEIS. All were wrong site, wrong side anaesthetic blocks. No patient suffered lasting effects.

This demonstrated an open reporting culture. Immediate action was taken to raise awareness of 'stop before you block' procedures. An audit of effectiveness would be undertaken.

The CQC had been informed and detailed discussion had taken place at the Trust's Quality Committee.

Initials .....

**Board of Directors discussion:**

RE referred to discussion at the Trust's Quality Committee regarding the never events which highlighted a systems failure and cultural issue with the team.

SL added there was an issue around professionalism and understanding responsibilities.

RE welcomed the heat maps. For the first time, the Board of Directors could see variability in the Friends and Family test across wards. He felt it would be useful to include narrative and commentary in future reports. He referred to complaints at ward level as an example. Professional judgement was required as to whether there was a correlation with staffing.

CC referred to assurance requested by the Quality Committee regarding the correlation between staffing levels and patient safety indicators. SSm confirmed this could be evidenced through the heat map.

SSm clarified areas reported as '0' on the heat map reflected areas where harm free care audits were not undertaken in time. This would be addressed.

SSm referred to the CQUINs table on page 29/30 and advised the Board of Directors standards had yet to be formally signed off. She provided assurance the Trust had negotiated these with the CCGs and work had already commenced.

VO reported the Council of Governors Patient and Staff Experience Committee had spent time discussing ward establishment/staffing. Assurance was provided to the Governors that the review activity patterns to identify additional staff requirements. However, this report indicated this was not the case.

SSm confirmed the Trust could forecast staff requirements to a degree. However, the issue was complex and the Trust continued to work with the community to improve patient flow. The Trust's surge resilience and response plan would be brought to a future Board. Links had been made to the health economy recovery plan for emergency care.

CB explained the Trust needed to plan over and above the required bed base to mitigate against risk.

It was noted that winter funding for this year would be allocated to CCGs. Four million was anticipated compare to £8.5k last year.

SSm explained, following a question raised by JS, mixed sex challenges exist related to bathroom compliance which linked to the Trust estate. This was not nationally reportable but a plan was being worked up to share with CCGs. Compliance issues note in the report linked to the CDU.

**Complaints, concerns, compliments**

PS referred to page 5 which demonstrated 70% of complaints related to communication and attitude, a theme which was within the Trust's control.

RE asked whether the Trust was aware of any improvements put in place by its

Initials .....



peers which had demonstrated a step change in the level of complaints.

LC reported ongoing work to encourage areas to address concerns as they arise to prevent formal complaints. This work had demonstrated a slight improvement and this remained work in progress.

SL stressed the importance of the PALS service and was pleased this service had been reinstated. Encouraging use of this service would see a reduction in complaints.

NC commented complaints, concerns and compliments were the engine of improvement plans. Success should not be measured by a reduction in complaints overall. Focus should be on areas where improvements had not been sustained.

JE highlighted a calculation error in table 10.

SSm reported, in response to a question raised by SLB, a target had been set at 10% reduction in returning complaints. Specific work was ongoing in surgery where this target had not been met. Clinician engagement needed to be strengthened.

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

The Board of Directors noted the report.

**ACTION:** CT requested benchmarking data be included in the performance summary of future reports.

SSm

**ACTION:** Narrative/Commentary to support the heat maps to be include in future reports.

SSm

**ACTION:** Report to be amended to reflect the mixed sex policy had been agreed.

SSm

**ACTION:** The surge resilience paper due to be presented to a future Board would be expanded to cover bed capacity.

JE

**ACTION:** PS agreed to discuss clinical engagement in relation to complaints with Divisional Medical Directors

PS

**ACTION:** Future complaints reports to include ombudsman data.

SSm

**ACTION:** BW observed table 15 of the report identified two sites having not received compliments. SSm/LC agreed to continue to work with these sites to encourage compliments to be submitted.

SSm

LG and LC left the meeting.

117/15

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

The Board of Directors noted the report as read.

Since writing the report, JE informed the Board further guidance had been received to support the way in which the 18 week target would be measured. The admitted and non-admitted measures would no longer be measured. Monitor would measure Trusts using the incomplete standard (92%). This would be introduced

Initials .....

from October 2015. A trajectory would be included in next month's report.

**Board of Directors discussion:**

RE referred to feedback received from the ECIST report which he felt had not identified anything which had not been trialled in the past.

JE reported feedback had been incorporated into the health economy recovery plan. ECIST requested models of care to be described more comprehensively and would provide assistance in terms of actions the Trust could take internally within the limits of the current Trust estate.

PS referred to the breach analysis which demonstrated the need to improve patient flow. There was a national challenge regarding health and social care. However, East Kent specific issues also exist. He stressed the importance of working with GPs as part of the discharge process and referred to technology which could assist with this. He proposed a presentation to a future Board.

CT referred to cancer performance on page 10 of the report and asked for detail of the key drivers behind delays to treatment.

JE explained a multidisciplinary team would discuss cases and for some patients further diagnostics would be requested. National wording for reporting was specific.

In urology, there were some delays with diagnostic tests. This was discussed at a recent Quality Committee and it was agreed a review of the urology business case would be undertaken, specifically around utilisation of the Da Vinci Robot.

CB reminded the Board of Directors A&E was the subject of Monitor scrutiny. The Trust was currently performing behind its peers nationally. Recovery plans aim to achieve performance >90% with compliance from quarter 2.

VO reminded the Board of Directors the Trust had in the past achieved the previous standard of 98% and subsequent 95% standard on a regular basis. She referred to current performance (88%) with lower activity compared to previous years (below plan by 6%) and asked for clarification of the key drivers.

JE explained the Trust had seen an increase in acuity levels and also patients with a mental health issues. The Trust's current estate also presented challenge. Improvements within the Trust's gift had been identified but the level of pressure could not be underestimated.

SL referred to the national picture which reported a number of Trusts had moved back into compliance. She was an Improvement Director for another Trust which had moved from 60% non-compliance to sustained 95%. However, there were differences in the structure of the estate compared to East Kent.

SL added ECIST had identified a number of improvements which had not been sustained in East Kent together with a number of additional improvements.

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

The Board of Directors noted the report.

Initials .....

**ACTION:** Potential use if IT/Technology to assist with patient flow to be considered for a future Board. PS to lead.

PS

118/15

## CULTURAL CHANGE PROJECT UPDATE

The Board of Directors noted the report as read. Since the report had been written, the Strategic Workforce Committee had met and going forward would be monitoring measurements for demonstrating outcome.

The report referred to a 'Respecting Each Other' DVD and this had been circulated to the Board of Directors.

### Board of Directors discussion:

NC referred to the action plan which reported most areas to be complete. She asked what action the Trust would be taking going forward.

SLB referred to leadership and management development which was a significant area of the improvement plan. The Trust would also be developing an organisational development strategy and vision. However, there was a need to review the capacity and capability of the Human Resources Team to support delivery.

SL proposed the Board of Directors consider embedding wider cultural issues within the improvement plan going forward.

VO referred to discussions at a recent Council of Governors Patient Experience Committee where it was reported the confidential telephone line had not be used. Issues continue to be reported direct to the CQC.

SLB was not surprised the telephone line had not been used. Staff had been encouraged to raise concerns directly and there had been a slight increase in the numbers received. The CQC monitor themes of concerns raised.

SSm reported the CQC had indicated less concerns had been received.

### Board of Directors decision/agreed actions:

The Board of Directors noted the report.

**ACTION:** Post CQC visit, include rejuvenated cultural change activities with single integrated implementation plan.

SLB/  
CQC  
Improv.  
Director

119/15

## CORPORATE PERFORMANCE UPDATE

The Board of Directors noted the report as read. Since writing the report, the Finance and Investment Committee had met and discussed the financial position in detail. The deficit this year was significantly worse than plan.

### Board of Directors decision/agreed actions:

NC asked for detail of specific areas of focus for the Finance and Investment Committee.

Initials .....

JS responded the first two months had reported a deteriorating financial position. Income was in line with plan but expenditure was adverse to plan linked to agency spend, shortfall of the cost improvement programme and £5m CNST.

NG reported, in response to a question raised by PP, the deficit reported at £35m against a plan of £17m. The position had been discussed with Monitor, specifically the potential to borrow additional monies in quarter 4.

A bridge would be produced reporting the position compared to the previous year.

NG would be working through individual budget statements to identify opportunities. A review of assets and the Trust's capital programme would need to be undertaken. The latter in terms of prioritisation. Difficult decisions were anticipated.

BW further reported the Finance and Investment Committee discussed productivity in terms of identifying concrete measures.

CB reported discussions had taken place with Monitor in terms of securing external support in terms of benchmarking and to inform timeframes for the clinical strategy.

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

The Board of Directors noted the report.

Noted

**ACTION:** Present a financial 'bridge' to compare this year with last year and present to Board together with an update on budget analysis.

NG

120/15

**CORPORATE RISK REGISTER**

The report was noted as read.

**Board of Directors discussion:**

NC requested further information regarding the emerging risk around the general surgical rota at Kent and Canterbury Hospital.

PS explained this related to increased subspecialisation issues and this had impacted on specialties which required surgical cover. Medical Directors were providing 24/7 cover to prevent treatment delays. Non-admission of patients would impact on ITU on the other two sites.

Monitor had been made aware of the risk.

RE referred to the risk around Board stability and asked if this could be considered as a receding risk following successful NED appointments.

PP clarified KPMG had raised board stability as a risk which is why it appeared on the register.

VO felt the Trust remained in a period of transition with an Interim CEO and NED Term expiries later this year.

BW referred to a comment he made at a previous Board regarding the difficulty in

Initials .....

identifying when the risk was first identified, progress to date, target dates and links to other key areas and audit plans.

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

The Board of Directors noted the report.

The Board of Directors recognised work ongoing to review the way the risk register was managed and compiled.

**ACTION:** SSsm to review the narrative to ensure this reflected the up to date position prior to being presented to the Board.

SSsm

**ACTION:** SSsm, BW, NC to review structure and use of risk report and risk management process.

SSsm/BW  
/NC

121/15

**REVIEW OF ONGOING COMPLIANCE AGAINST SELF CERTIFICATION**

AF reported Monitor was aware of risks around A&E, RTT and cancer standards.

Changes to the Board and Committee structure would necessitate a virtual sign off of quarterly Monitor submissions.

AF/NG

**ACTION:** AF would work with NG to establish a timeline for circulation.

AF/NG

**ACTION:** Board to agree to reviews and sign off within timescales.

All

122/15

**BOARD COMMITTEE FEEDBACK**

**Finance and Investment Committee**

The Board of Directors noted the report as read.

**DECISION:** The Board of Directors endorsed the Overseas Visitors Policy on recommendation from the Finance and Investment Committee. The policy would be approved for six months, pending new legislation and guidance.

**Quality Committee**

The Board of Directors noted the report as read.

**Remuneration Committee Nominations Committee**

The Board of Directors noted the report as read.

Since the report was produced, the Nominations Committee met again on 25 June 2015 and approved the CEO recruitment process.

**Strategic Workforce Committee**

The Board of Directors noted the report as read.

**DECISION:** The Board of Directors endorsed the amended Terms of Reference, subject to the following:

- The Head of Equality and Diversity would be invited as a regular attendee rather than a member which was limited to members of the Board.

**DECISION:** The Board of Directors approve the publication of the Race Equality Standard on recommendation from the Committee.

Initials .....

**Charitable Funds Committee**

The report was noted as read.

**DECISION:** The Board of Directors approved the Annual Charity Accounts for 2014/15 on recommendation from the Committee.

**DECISION:** The Board of Directors approved the Letter of Representation on recommendation from the Committee.

**DECISION:** The Board of Directors approved the recommendation to sell three properties currently being commercially let. NG provided assurance a comprehensive review had been undertaken.

**DECISION:** The Board of Directors endorsed the recommendation to adopt the reserves policy without amendment for 2015/16.

NC expressed an opinion, endorsed by the Board that it was “wonderful to see how many different groups of people support our hospitals”. It demonstrated the sense of community that I have felt when visiting our hospitals”. An important area – please take our thanks back to the Charitable Funds Committee and through them to our volunteers.

VO

123/15

**FEEDBACK FROM COUNCIL OF GOVERNORS**

Council of Governors had not met since the last Board meeting. The next meeting was scheduled for the 9 July 2015.

NEDs aligned to the Governor Committees were invite to feedback. The Strategic Committee and Audit Working Group had not met.

The Communications and Membership Committee had met but RE was unable to attend.

VO reported back from the Council of Governor Patient and Staff Experience Committee:

- Governors discussed the action on the CQC Improvement Plan regarding safe storage of medicines. Governors had commented on the need to hold to account.
- Governors raised concerns regarding the estates component of Executive Patient Safety Visits being removed. **ACTION:** SSsm would feed back.
- Governors highlighted errors within outpatient appointments sent to patients attending the new Dover Hospital.
- The Committee was keen to work with the Trust on the Cultural Change Programme.
- The Committee was keen to have sight of the Terms of Reference for the new Strategic Workforce Committee. RE offered to attend a future meeting to discuss the role of the Committee an work programme. **ACTION:** VO agreed to ask through the Committee Chair.

SSsm

VO

A Governance workshop had been arranged for 30 July 2015.

Initials .....

124/15

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

Mr Smith welcomed the newly introduced breaks during the meeting.

Mr Smith recognised the significant financial pressures faced by the Trust. He asked if reconfiguration would be considered long term.

CB responded there was a range of reasons why the Trust would need to change the way it delivered services, linked to workforce risks and financial affordability.

NC added the Trust would need to conduct a robust analysis prior to making decisions in terms of long term configuration.

Chris Warricker referred to the Overseas Visitors Policy and asked how compliance would be monitored and whether the Trust received full cost of services provided.

NG responded implementation would be monitored monthly. The Trust would look to levy recovery through the policy and would work with CCGs to recover debt.

Junetta Whorewell referred to the Patient Story received by the Board. She asked for assurance patients affected did not incur any side effects.

SSm confirmed no side effects had been occurred.

Junetta Whorewell asked for further detail regarding a recent press article regarding a bogus doctor working at the Trust.

PS explained the individual was a pre-reg doctor from Grenada who had stolen the identity of a general practitioner. The individual had worked at 17 Trusts prior to becoming a locum at William Harvey Hospital from 1 April 2015 to 17 April 2015. The Trust's IT access procedures had identified the individual as a bogus doctor.

PS provided assurance Duty of Candour had been followed. Notes of all patients who had contact had been reviewed and no serious incidents had been identified. Assurances had been sent to each patient concerned.

Junetta Whorewell commended the Trust's vigilance.

Junetta Whorewell went on to relay a personal experience of poor communication. She stressed the importance of clinicians/nursing staff introducing themselves to patients. **ACTION:** PS agreed to reiterate this message across the Trust.

PS

Mr Edel asked if the Board of Directors had considered Fair Price, Fair Profit Contracts. **ACTION:** RJ agreed to obtain confirmation.

RJ

Mr Edel reported difficulties with reaching the PALS service by telephone. The line was constantly engaged. **ACTION:** SSm agreed to investigate.

SSm

Marcella Warburton thanked SSm for her assurances regarding action taken to ensure safe storage of medicines. She asked if any retraining would be undertaken.

Initials .....

SSm stressed training was not required, correct procedure needed to be followed.

Marcella Warburton reported there were a number of repeat appointment reminder letters and texts being sent to patients. **ACTION:** JE agreed to review.

JE

Marcella Warburton referred to a recent press article regarding overseas workers earning less than £35k permitted to spend no longer than 6 years in the UK. She asked if this would affect the Trust, specifically nursing staff. **ACTION:** SLB agreed to confirm whether there would be any impact on the Trust.

SLB

Chris Warricker referred to the shortfall in Cost Improvement Plans and asked what action the Trust would be taking to rectify this.

NG reported the forecast position was £10m shortfall at year end. He provided assurance that a detailed analysis would be undertaken an action taken to tighten controls. This would inform a single recovery plan due to be finalised in the Autumn 2015.

Junetta Whorwell expressed her thanks to SSm, JE and their teams for the work undertaken in preparation for the CQC re-visit.

#### **ANY OTHER BUSINESS**

No further business was raised.

#### **Date of Next Meeting:**

Friday 7 August 2015, Board Room, Kent and Canterbury Hospital

Signature \_\_\_\_\_

Date \_\_\_\_\_

Initials .....



### **ADDENDUM TO THE MINUTES**

The Board of Directors received the latest Friends and Family test results after the meeting concluded. The following will be attached as an addendum to the minutes:

The Staff Friends & Family Test is a quarterly short staff survey which simply asks staff whether they would recommend the Trust as a place to receive treatment and whether they would recommend the Trust as a place to work.

The results give an important indication of staff confidence in the service they are providing patients and also of what it feels like to work within the organisation – as we know, the ‘healthier’ the organisation feels for staff, the better the impact on staff well-being, patient care and recruitment and retention rates.

#### **This quarter’s results**

This quarter’s Staff Friends and Family Test took place in early to mid-June. All staff were given the opportunity to complete the survey and we had a response rate of 32%.

- The percentage of staff recommending the Trust as a place to receive treatment has gone up by 2% compared with the last Friends & Family Test three months ago - from 74% to 76%.
- The percentage of staff recommending the Trust as a place to work has gone up by 5% compared with the last Friends & Family Test – from 47% to 52%.

Initials .....