

ACTION POINTS FROM THE PUBLIC MEETING OF THE BOARD OF DIRECTORS MEETING HELD ON 26 JUNE 2015

MINUTE NUMBER	DATE OF MEETING	ACTION DESCRIPTION	LEAD	DUE BY	PROGRESS
OUTSTANDING ACTIONS FROM PREVIOUS MEETINGS					
85/15	21.5.15	CHIEF EXECUTIVE'S REPORT A regular news column in the media would be considered as part of the communications strategy.	SLB	End July 2015	This item to be deferred. Delivery date to be agreed.
89/15	21.5.15	PATIENT STORY Consider the best way of incorporating end of life care into induction processes.	SLB	September 2015	Director of HR and Chief Nurse and Director of Quality agreed to incorporate End of Life care into Clinical Awareness Training for newly appointed clinical staff. End of Life training is part of mandatory training for clinical staff.
97/15	21.5.15	CORPORATE MEETING STRUCTURE Grant Thornton to look at the split between Board and Finance and Investment Committee. Advice to be sought in terms of Governor attendance at Board Committees.	NG	June 2015	This has been brought to GT's attention and will be reflected in their final report – draft anticipated w/c 29 June 2015.
		<i>Subsequent action from June Board:</i> Grant Thornton to be asked to report good governance/best practice across Committees as part of the draft report. Report to be shared with Board.	NG	June 2015	The Grant Thornton report has been received and would be circulated once finalised.

102/15	21.5.15	MEDICAL DIRECTORS REPORT: <ul style="list-style-type: none"> • DISCRETIONARY POINTS • CLINICAL EXCELLENCE AWARDS <p>A paper would be brought to the Board as an update following the GMC visit. PS to advise timing.</p>	PS	August 2015	The report has not yet been received.
ACTIONS FROM THE LAST MEETING HELD					
114/15	26.6.15	PATIENT STORY <p>Review the integrated pathway to make clearer responsibility in terms of 'consent' and 'assent'. A specific paragraph on capacity to be included.</p> <p>Confirmation requested of when the pathway would be trialled prior to rolling out across the Trust.</p> <p>Pathway to be reviewed to incorporate other diagnostics/ interventions or to introduce separate documents if required.</p> <p>Discuss with the service improvement team a standard format for flow charts/decision trees related to clinical flow.</p> <p>Discuss with the Community Trust clarity around referral pathways for all diagnostics/interventions. Paper to be brought to a future Board.</p>	DM DM DM JE JE) Actioned with SM.) Meeting arranged with Dan Marsden & then JE will contact Lesley Strong at KCHFT.)) The pathway to the KCHFT Learning Disability Shared Governance Group, and agreed a task and finish group to develop some Kent wide guidance and to influence commissioning as appropriate.
115/15	26.6.15	CQC ACTION PLAN UPDATE <p>Re-circulate the last staff comments analysis.</p> <p>Circulate themes from latest comments received at WHH.</p> <p>Consideration be given to identifying specific improvement areas as case studies.</p>	SLB SSm SSm	July 2015 July 2015 Ongoing	Completed Completed Noted. Case study on reduction in falls in place. The new improvement plan will reflect this.

		Consideration would be given to the use of the report as a benchmarking tool post re-inspection.	SSm	Ongoing	Noted. Will be taken forward.
16/16	26.6.16	CLINICAL QUALITY AND PATIENT SAFETY REPORT Benchmarking to data be included in the performance summary of future reports. Narrative/Commentary to support the heat maps to be include in future reports. Report to be amended to reflect the mixed sex policy had been agreed. The surge resilience paper due to be presented to a future Board would be expanded to cover bed capacity. Discuss the need for clinical engagement in relation to complaints with Divisional Medical Directors Future complaints reports to include ombudsman data. Continue to work with all sites to encourage compliments to be submitted.	SSm SSm SSm JE PS SSm SSm	Jul/Aug 2015 August 2015 August 2015 August/ September 2015 August 2015 July 2015 August 2015	Noted. Information team sourcing benchmarking data for future reports. Some benchmarking is in August reports. Completed. Included in August report. Completed. Included in August report. Phase 1 – Bed capacity and winter plan at August board meeting. Phase 2 – Actual surge paper in August. Clinicians have not met since the last Board. This will be addressed at the next available meeting. Completed. Patient Experience Team reminded all clinical areas to send in numbers of compliments. August report shows an increase.
117/15	26.6.15	KEY NATIONAL PERFORMANCE TARGETS Potential use if IT/Technology to assist with patient flow to be considered for a future Board.	PS	August 2015	Item scheduled for August Board of Directors.

118/15	26.6.15	CULTURAL CHANGE PROJECT UPDATE Post CQC visit, include rejuvenated cultural change activities with single integrated implementation plan.	SLB/ Improv. Director	Ongoing	Work will commence to combine all Trust Improvement plans.
119/15	26.6.15	CORPORATE PERFORMANCE UPDATE Present a financial 'bridge' to compare this year with last year and present to Board together with an update on budget analysis.	NG	August	Following the 'challenge' meeting with Monitor on 8 July and the receipt of draft financial undertakings on 15 July, the Trust will be preparing a formal short term (2015/16) financial recovery plan at a date to be agreed with Monitor. This work will include historic and bridge analysis and will complement the analysis provided to Monitor as part of their 'plan assurance' work and the analysis presented at the challenge session. Further information on the planned process will be considered at the Finance & Investment Committee on 4 August.
120/15	26.6.15	CORPORATE RISK REGISTER Review the narrative to ensure this reflected the up to date position prior to being presented to the Board. SSm, BW, NC to review structure and use of risk report and risk management process.	SSm SSm, BW, NC	August 2015 July 2015	Completed. Met with HG to strengthen risk register reporting. Plans to improve management of risk are being taken forward.

121/15	26.6.15	REVIEW OF ONGOING COMPLIANCE AGAINST SELF CERTIFICATION			
		<p>Establish a timeline for circulation of quarterly returns for Board approval.</p> <p>Board to agree to reviews and sign off within timescales.</p>	AF/NG	July 2015	Closed.
			All	July 2015	Quarterly return submitted by required deadline.
122/15	26.6.15	BOARD COMMITTEE FEEDBACK			
		Board thanks to different groups and volunteers who support EKHUFT to be fed back through the Charitable Funds Committee.	VO	August 2015	Will be recorded at the Charitable Funds Committee in August 2015.
123/15	26.6.16	FEEDBACK FROM COUNCIL OF GOVERNORS			
		Governors raised concerns regarding the estates component of Executive Patient Safety Visits being removed. This would be fed back.	SSm	July 2015	Completed. Estates and facilities are undertaking their own monitoring of estates with the relevant matrons.
		CoG Patient and Staff Experience Committee Chair to be asked whether RE attendance at a future meeting to discuss the role of the Committee and work programme.	VO	August 2015	RE / CT will be attending a future meeting.
124/15	26.6.15	QUESTIONS FROM THE PUBLIC ON PAPERS WITHIN THE INFORMATION SECTION			
		Reiterate the importance of clinicians/nursing staff introducing themselves to patients.	PS	Ongoing	Clinicians have not met since the last Board. This will be addressed at the next available meeting.
		Confirmation required as to whether the Trust had considered Fair Price, Fair Profit Contracts.	RJ	July 2015	The Trusts contracting model is based on Output Specification tenders – these are seen as the best comparable benchmarking approach to contracting services.

		Investigate difficulties with reaching the PALS service.	SSm	July 2015	Completed. Head of Patient Experience Team looking into telephony improvements.
		Repeat appointment reminder letters and texts being sent to patients to be reviewed.	JE	August 2015	Currently 2 text messages at 2 days and 7 days prior to appointment plus a letter. From 1.8.2015 there will be EITHER the 2 text messages or 1 letter if no phone number available.
		Risk to be confirmed re press article regarding overseas workers earning less than £35k permitted to spend no longer than 6 years in the UK. Specifically nursing staff.	SLB	August 2015	This is an emerging risk to be added to the corporate risk register and will be completed in August.