

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST  
BOARD OF DIRECTORS MEETING – 21 MAY 2015**

**ACTION POINTS FROM THE PUBLIC MEETING OF THE BOARD OF DIRECTORS MEETING HELD ON 24 APRIL 2015**

MINUTE NUMBER	DATE OF MEETING	ACTION DESCRIPTION	LEAD	DUE BY	PROGRESS
<b>OUTSTANDING ACTIONS FROM PREVIOUS MEETINGS</b>					
57/15		<b>MATTERS ARISING FROM THE PUBLIC MINUTES OF 27 MARCH 2015</b>  <u>39/15 – Key National Performance Targets (KPI)</u> Key messages from External Review report into incomplete pathways to be included as part of next report.	JE	June 2015	The summary report was received 20 May 2015. Key messages would be included in the June Board Report.
<b>ACTIONS FROM THE LAST MEETING HELD</b>					
85/15	21.5.15	<b>CHIEF EXECUTIVE'S REPORT</b>  The Staff Handbook would be circulated to the Board.  PS to send CT details of the next Consultant Engagement Forum.  JE to monitor engagement at the weekly health economy meetings to monitor the A&E recovery plan. A letter from the Chair would be considered.  A report to June Board on the Trust's Communications Strategy.  A regular news column in the media would be considered as part of the communications strategy.	SLB  PS  JE  SLB  SLB	May 2015    June 2015  June 2015	Closed – Handbook circulated.  Details have been circulated.  Attendance has improved and so a letter is not required at this time. The position will be monitored going forward.  On Board planner for June (Part II).

MINUTE NUMBER	DATE OF MEETING	ACTION DESCRIPTION	LEAD	DUE BY	PROGRESS
86/15	21.5.15	<b>CQC ACTION PLAN UPDATE, TO INCLUDE:</b> <ul style="list-style-type: none"> <li>• CQC RE-INSPECTION UPDATE</li> <li>• NHS CHOICES ACTION PLAN</li> <li>• CQC DASHBOARD DEMONSTRATION</li> </ul> <p>Circulate updated wider issues and external framework (action from the April Board).</p> <p>Circulate confirmation of NED alignment to site based teams (action from the April Board).</p>	DH  DH	June 2015  June 2015	Closed – circulated.
88/15	21.5.15	<b>CLINICAL QUALITY AND PATIENT SAFETY REPORT</b> <p>Demonstrating links to nurse data and CIPs as the report develops.</p>	SSm		Completed. This month's report appends heatmaps and the CIPs will be risk assessed for their impact on quality by the Medical Director and Chief Nurse.
89/15	21.5.15	<b>PATIENT STORY</b> <p>Two key lessons to be taken forward:</p> <ul style="list-style-type: none"> <li>• Earlier discussions with patients/relatives/carers.</li> <li>• Strengthen handover processes to ensure the best possible care over weekend periods.</li> </ul> <p>PS will following with clinicians involved in this particular patient story.</p> <p>Consider the best way of incorporating end of life care into induction processes.</p>	PS  SLB		Patient notes have been reviewed to identify those involved. A copy of the video will be used in the new consultant development programme.
91/15	21.5.15	<b>CORPORATE PERFORMANCE REPORT</b> <p>NG to continue to monitor effectiveness of controls put in place within aseptics.</p>	NG		New controls have been put in place and some small scale manufacturing commenced in June. The position will continue to be monitored.

95/15	21.5.15	<b>RECOMMENDATIONS FOR PROVIDERS FROM THE SAVILE REPORT</b>  AF/SSm to arrange submission to the secretary of state.	AF/SSm	June 2015	Closed – submission complete.
96/15	21.5.15	<b>ANNUAL MEMBERS' MEETING ARRANGEMENTS</b>  AF/SS and Mandy Carliell to meet to commence planning. Short and focussed presentations agreed with speakers. Membership to be canvassed to identify topics of interest.	AF		Meetings have commenced to start planning.
97/15	21.5.15	<b>CORPORATE MEETING STRUCTURE</b>  The dates were approved subject to Board members informing AF by 29 May 2015 whether there were any dates they could not attend.  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.	All  NG		Closed. Revised dates confirmed.  This has been brought to GT's attention and will be reflected in their final report.
99/15	21.5.15	<b>DELIVERING OUR FUTURE PROGRAMME</b>  A list of public engagement events would be circulated to Non Executive Directors and Governors.  A regular communication circular would be considered outlining the latest developments with the clinical strategy.	LS  LS	May 2015	Closed – a list of events has been circulated.
100/15	21.5.15	<b>CORPORATE RISK REGISTER – TOP 10</b>  Risk 65 (Kent Pathology Partnership) be reviewed in light of current developments and broader risks.  BW to be included in review of risk management following the Board Governance Review.	SSm  SSm		Risk assessed with the Deputy Director of Risk Governance and Patient Safety  Interest noted.

102/15	21.5.15	<b>MEDICAL DIRECTORS REPORT:</b> <ul style="list-style-type: none"> <li>• <b>DISCRETIONARY POINTS</b></li> <li>• <b>CLINICAL EXCELLENCE AWARDS</b></li> </ul> <p>A paper would be brought to the Board as an update following the GMC visit. PS to advise timing.</p> <p>Medical Education would be monitored by the Strategic Workforce Committee regularly with a once or twice yearly strategic report to the Board. RE/SSm to discuss frequency.</p>	PS		
			RE/SSm		Medical Education would report to the SWC quarterly with a once yearly report to the Board.