# MINUTES OF THE TWENTY-SECOND PUBLIC MEETING OF THE COUNCIL OF GOVERNORS FRIDAY 8 NOVEMBER 2013, THE JULIE ROSE STADIUM, ASHFORD

**PRESENT:**

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| 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 |
| Rev. Paul Kirby | Elected Staff Governor | PK |
| Derek Light | Elected Governor – Ashford | DL |
| Michael Lucas | Elected Governor – Thanet | MJL |
| 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 |
| 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 |
| June Howkins | Elected Governor – Shepway | JH |

**IN ATTENDANCE:**

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| Peter Murphy | Director of HR and Corporate Affairs/Acting Trust Secretary | PM |
| Sally Smith | Deputy Chief Nurse and Head of Quality | SS |
| Jonathan Spencer | Non Executive Director | JSp |
| Steven Tucker | Non Executive Director | ST |
| Sarah Maycock | Service Improvement Manager ) *Minute No 58/13* | SM |
| Karen Miles | Associate Director of Operations ) *Minute No 58/13* | KM |
| Judy Elliott | Lead Tissue Viability Nurse *Minute No 60/13* | JE |
| Mark Austin | Assistant Director of Finance *Minute No 63/13* | MA |
| Sarah Swindell | Assistant Trust Secretary | DBo |
| Stephen Dobson | FT Membership Engagement Co-ordinator | SD |

**OBSERVER:**

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| Alison Fox | EKHUFT Trust Secretary (From 11 November 2013) | AF |

| **MIN NO.** | | **ACTION** |
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| 54/13 | **CHAIRMAN'S WELCOME**<br><br>The Chairman welcomed the members to the meeting and introduced Alison Fox who would be joining the Trust officially on 11 November 2013 as EKHUFT's Trust Secretary. | |
| 55/13 | **APOLOGIES FOR ABSENCE & DECLARATIONS OF INTEREST**<br><br>Apologies were noted from:<br><br>Geraint Davies – Nominated Governor – South East Coast Ambulance Service NHS Foundation Trust<br>Peter Jeffries – Nominated Governor – University of Kent<br>Laurence Shaw – Elected Governor – Dover<br>Dr Liz Rath – Elected Governor – Dover<br><br>Michael Lyons declared his links with KCC. | |

| MIN NO. | | ACTION |
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| 56/13 | **MINUTES FROM THE LAST PUBLIC MEETING HELD ON 8 JULY 2013 AND MATTERS ARISING** | |
| | The minutes of the last meeting were agreed as an accurate record with the following amendment:<br>• Minute No 42/13 JW was a Member of the KCC Interim Shadow Health Watch Board. | |
| | The Council of Governors noted the progress against actions as per report. The following additional updates were noted: | |
| | **Minute No 27/13 and 20/13 – Executive Patient Safety Visits**<br>Governors were reminded to follow up with Executive Directors should they not receive draft reports to comment on from visits attended. | Closed – Ongoing |
| | **Minute No 27/13 and 20/13 – Cancer referrals**<br>JC reported that the Patient and Staff Experience Committee was now undertaking a programme of deep dives into the Trust's performance. The first deep dive focussed on urology and head and neck performance. | Closed |
| | **Minute No 31/13 – EKHUFT response to the Mid-Staffordshire NHS Foundation Trust Public Inquiry**<br>It was noted that the Trust had identified 5 key themes from the Inquiry's action plan. Each theme in turn was being discussed at Board meetings. Staff from various disciplines had been invited to participate in discussions.<br>PM advised he was planning to establish a small working group with staff who attended the first of these discussions. Governors were welcome to participate. | Closed |
| | **Minute No 44/13 – Council of Governor Committees – Strategic Committee**<br>NW confirmed he had become a member of the Patient and Public Advisory Forum. | Closed |
| | **Minute No 49/13 – SECAMB presentation**<br>NW reported that ECIST had been invited to undertake a whole systems review into operational pressures. The outcome would be presented back to a future Council of Governors meeting.<br>Disappointment was noted that SECAMB had not been represented on the Council of Governors for some time. NW agreed to write formally on behalf of the Council of Governors. | NW |
| | **Minute No 50/13 – EKHUFT Governor Award 2013**<br>PD expressed disappointment in the process for nominating this year's Governor Award. The process would be reviewed for next year.<br>A formal agenda item would be included in July 2014. | Closed |
| 57/13 | **PERFORMANCE UPDATE, TO INCLUDE UPDATE ON Q2 AND FORECAST FOR Q3** | |
| | PM provided an update on the Trust's performance as at Q2. The following was noted: | |
| | <u>Finance</u> | |
| | Operating revenue year to date reported at £258.3m, £7m above plan. This was largely driven by clinical income which reported £5m above plan. The high level of activity had impacted on expenditure which had reported an increase. | |

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The Trust's total CIP saving reported £1m behind plan at quarter 2.

Overall, the financial position was on track, currently reporting a financial risk rating of 4 against a plan of 3). However, maintaining this position required the use of contingency. The Council of Governors noted the risk to the Trust's financial position should this trend continue into the second half of the financial year.

Governance

The Trust achieved all RTT targets as at quarter 2.

A&E reported a compliant position for quarter 2. Performance for the beginning of October reported a deteriorating performance but this had since improved towards the latter part of the month. However, performance for Q3 remained a risk and this had been highlighted to Monitor.

The Trust achieved compliance against all cancer targets with the exception of the 2 week wait symptomatic breast. This was largely driven by the increase in 2 week wait referrals, capacity issues and patient unavailability to accept or attend the first offered appointment. October had reported an improved position and the Trust was confident compliance would be achieved for quarter 3.

MRSA reported a compliant position for quarter 2.

*C.difficle* reported above the de minimus level, and the Trust is at significant risk of non-compliance at year end. As a consequence of this, the Board of Directors received a presentation at its October meeting by the Deputy Director of Infection Prevention and Control on the Trust's plan to stabilise performance. The Trust was also seeking assurance from NHS England on actions put in place.

**Council of Governors discussion:**

In light of recent press interest, PM provided assurance the Trust was content that processes were in place to monitor accurate data reporting. The Trust had in the past, commissioned internal audit to undertake deep dives in particular areas of concern.

Non Executive Directors were asked whether they felt assured the Executive Team had taken appropriate action in terms of the Trust's current financial position and whether there were any identified risks to the Trust's strategic plans. NW/JS responded by providing assurance that the Finance and Investment Committee had interrogated the financial position at both the September and October meetings. In addition, the Board of Directors received an in-depth understanding of the financial position at their October meeting. The Non Executive Directors were assured that the Director of Finance and the financial team were proactively addressing issues and intensive action and recovery plans were in place.

It was noted there was also a risk of commissioner affordability at year end associated with the increased activity. Assurance was provided that the Finance and Investment Committee was monitoring this closely.

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| | The risk associated with the use of the Trust's contingency this year was reiterated. Should this continue, coupled with the 4% efficiency placed on trusts year on year, the Trust could face a significant constraint on capital expenditure in future years.<br><br>A large element of the high expenditure related to agency spend, linked to increased activity and operational pressures faced in A&E. It was noted that this primarily related to clinical and nursing staff. Additional (temporary) resource had been employed associated with the current Radiology Information System issues and also as a result of the Royal College of Surgeons review. The Trust was currently undertaking a review of different workforce models.<br><br>The Council of Governors noted the work being undertaken nationally following the Keogh review on appropriate workforce models within emergency care.<br><br>With regard to *C.difficile* performance, there was a strict timeframe of 48 hours to confirm whether infection was community acquired. The Trust had introduced a number of enhanced control measures to improve performance.<br><br>**Council of Governors decision/agreed actions:**<br>The Council of Governors noted the performance position to date. In particular, the potential risks associated with the financial position going forward and *C.difficile* non-compliance. | Noted |
| | A question was raised as to pressures on staff at WHH maternity unit. PM stated issues had not been raised at a recent meeting with the Royal College of Midwives union representative. However, he agreed to look into this and report back. | PM |
| 58/13 | **EKHUFT'S SEASONAL PLAN FOR WINTER**<br><br>Sarah Maycock (SM), Service Improvement Manager, and Karen Miles (KM), Associate Director of Operations, were in attendance for this item. The item had been previously requested by the Council of Governors to provide assurance on the robustness of the Trust's plans for the winter period. SM provided a presentation outlining: Key drivers of winter pressures; Lessons from the previous year; Seasonal plan 2013/14; A&E modelling – seasonal pressure analysis; Bed base assumptions; Daily discharge profile; Reablement beds: trajectory for implementation; and whole systems working.<br><br>**Council of Governors discussion:**<br><br>It was explained that the whole system had undertaken a bed capacity analysis. This identified a shortfall of 137. Funding had been identified to implement 60 reablement beds in the community and 20 virtual beds. The 57 'gap' referred to social services beds. Social Services had committed to reducing length of stay to increase capacity.<br><br>The Council of Governors discussed the move to 24/7 working. It was recognised that this was taking place within some areas in the Trust. Challenges associated with consultant contracts were noted. Social Services were also looking to increase availability of care managers at weekends.<br><br>It was noted that with the correct protocols in place, nurse discharges could take place. | |

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| | The Trust had recently moved critical care nurses into CDUs with the aim of reducing length of stay. The Trust was monitoring this closely.<br><br>The ability for Trust staff to refer patients direct to care packages was noted as a positive step. It was clarified that this related to patients who had existing care packages that needed to be re-started. Evidence showed that this has made a tremendous impact on patient flows. New referrals continue to be directed via Social Services. Social services have also introduced a domiciliary flex (agreed with local care agencies) to extend care for a maximum of 7 days.<br><br>It was noted that it was possible for any patient within East Kent to access the Pilgrims Hospice contingency beds (as per presentation).<br><br>The importance of whole systems working was noted. Concern was expressed regarding the non-receipt of plans from SECAMB and the CCGs. Although verbal assurance had been received from the CCGs, Julie Pearce, Chief Nurse, had requested this in writing.<br><br>Ensuring timely Electronic Discharge Notes and Estimated Discharge Dates was discussed. Action cards were in place for consultants (medical and surgical). Surgery had introduced a process whereby EDNs/EDDs were completed prior to theatre. As from December, the Trust would be introducing one stop ward rounds which would take place early in the day.<br><br>**Council of Governors decisions/agreed actions:**<br>The Council of Governors noted the comprehensive plans being put in place by the Trust and the step change in planning and readiness for the winter period. | Noted |
| | NW reported that the Trust's information system had been developed to an extremely high standard, led by Marc Farr, Deputy Director of Information. As a result, Marc had been identified by the HSJ as one of the leading 50 innovators in the NHS. Formal congratulations were noted from the Council of Governors. | Noted |
| 59/13 | **COUNCIL OF GOVERNOR COMMITTEES:**<br><br>**Communications and Membership Committee**<br><br>BG reported the Committee had not met since the Joint meeting of the Board of Directors and Council of Governors early October.<br><br>The Trust membership currently totalled c11,000.<br><br>Governors were reminded to continue to submit articles for membership newsletters. Timelines had been circulated.<br><br>Governors were further reminded of the programme of engagement events. Both NW and BG stressed that these events were an opportunity for Governors to engagement with members and staff in line with their statutory duties. NW added that 14 (out of 22) elected governors had participated in engagement events this year so far.<br><br>**Patient and Staff Experience Committee**<br><br>JC provided a verbal report and the following was noted:<br>The Committee received its first quarterly (performance) 'deep dive' topic on urology and head and neck. Topics were identified following a review of the Clinical Quality and Patient Safety Report. The specialities presented challenges faced in meeting the 62 day cancer target. | |

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The Committee received a presentation from the obesity service at its November meeting. A discussion also took place regarding the Trust's staff car parking review. The Committee recognised the Trust had responded to staff feedback collated following an engagement process.

RJ relayed a personal experience of the PSA blood test process, with tests now being carried out in the community. He raised a concern that not all patients would be captured. AC added that clarity and practicality was important. SSm agreed to take this back and circulate a response to the Council. — SSm

PW asked whether the Trust was proactively capturing patient choice and trending data. PM provided assurance that forecast activity formed an important element of the business planning process.

**Patient Story**

The Council of Governors received a patient story (via a DVD) of a patient with a learning disability who was admitted to EKHUFT nearly 3 years previously. EKHUFT did not have (at that time) a specific process for identifying and meeting the needs of patients with learning disabilities as inpatients. The accompanying report described a lack of person centeredness and poor internal communication.

The report went on to describe actions put in place. In particular, the significant amount of work undertaken by the Trust's Practice Development Nurse For People With Learning Disabilities. The patient's sister has visited the Trust to view systems put in place. SSm would follow up to discuss her experiences further.

AC stressed the importance of the role of every consultant in terms of understanding the patient and ensuring accurate communication.

**Strategic Committee**

JS presented his report. Governors had received an early draft of the outpatients consultation document to comment on transparency, accuracy and completeness. The final draft would be endorsed by the Board of Directors at their November meeting. Governors would be invited to become involved in the consultation once published.
The Committee had also received clarification regarding Spencer Wing governance arrangements at its last meeting.

**Audit Working Group**

RJ reported that the Project Group of the Audit Working Group would be meeting on 13 November 2013 to interview 3 tenders for the position of external auditor. A recommendation would be put forward to the January Council of Governors meeting.

**Nominations and Remuneration Committee**

KR reported the last meeting of the Committee had been cancelled due to the number of apologies received. An electronic process had been undertaken to review the Terms of Reference and the Council of Governors endorsed these with the amendments as put forward. An additional amendment was noted regarding the ordering of paragraphs and a slight wording change to the fourth paragraph was agreed: "Current job description" should read *"required role description"*.

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NW clarified that the Chairman's appraisal was a responsibility of the whole council which was the reason why this role had been removed from the ToR for this Committee. This was documented in the Governor Roles paper.

**Governor Roles Working Group**

NW reminded the Governors of the background and purpose of this Group. The Council had received a first draft of the Governor Roles document at its July 2013 meeting. The Group has since met to review the document in light of Monitor's recent publication "Your statutory duties: A reference guide for NHS Foundation Trust Governors". An updated document was circulated with the agenda.

The Council of Governors endorsed the document, noting the comprehensive coverage of the roles and responsibilities of Governors.

BG highlighted one area which the Group was unable to agree. BG/JC requested an addition to Section Q for Governors to be observers (at the table) at Board meetings (both parts: pubic and Part 2). JC added she felt it was difficult to ask questions and hold the Board of Directors to account.

NW referred to the evolution of EKHUFT Board meetings to public sessions and the more recent move to actively reduce the number of items discussed in part 2 (closed) session. He agreed to write to Governors with his thoughts on this. — NW

RJ referred to Healthwatch's inspectorate role and that Governors do hot have this role (Monitor's guidance document refers). However, it was recognised that EKHUFT Governors were involved in a number of projects/initiatives which provided an insight close to the 'shop floor'.

**Council of Governors decision/agreed actions:**
The Council of Governors endorsed the new Governor Roles document. — Noted
KR referred to the wording in the guidance document which 'required' Governors to complete elements of mandatory training. Although it was recognised the Trust had a duty to provide governor training, he felt this was a guidance document and 'requirements' should be documented elsewhere. This wording would be reviewed. — PM/NW

60/13 **TISSUE VIABILITY TEAM PRESENTATION**

Judy Elliott, Lead Tissue Viability Nurse, was in attendance for this item. She provided a presentation outlining: The definition of a pressure ulcer; Categories of pressure ulcers; Pressure ulcer performance 2009/10 to 2012/13; Prevalence data 2001 to 2013; description of avoidable pressure ulcers; and achievements 2012/13.

**Council of Governors discussion:**

JW referred to the diverse cultural backgrounds of patients and the need to take this into consideration during assessment. In addition, the need to respect preferences regarding personal care whilst in hospital. JE provided assurance that staff were trained to identify various different signs of pressure ulcers. She noted the comment regarding preferences to personal care.

**Council of Governors decision/agreed actions:**
The Council of Governors noted the contents of the presentation. — Noted

**MIN NO.** **ACTION**

ML, PH, ST, SSm and AF left the meeting.

The Council of Goverrnors broke for lunch and the following items were discussed thereafter:

61/13 **FEEDBACK FROM GOVERNORS WHO ATTEND WIDER TRUST GROUPS/COMITTEES**

DM reported feedback from the End of Life Care Group. The following summarises feedback received:

NHS England established a Leadership Alliance for the Care of Dying People in responding to recommendations from the independent review of the Liverpool Care Pathway 'More Care Less Pathway'. The Alliance has published a Consultation Document laying out optimum "Outcomes", "Guiding Principles for Professionals" and "What this means for people approaching the last few days of life and their families & carers". They are holding a number of workshops throughout the country to enable debate and discussion from the public. It is also possible to give feedback on line until 6th January 2014.

EKHUFT no longer uses the LCP but all Trusts had been directed to wait to implement National Guidelines following this Consultation Document. In the meantime, EKHUFT aims to provide optimum care for patients, families and carers.

The End of life working group is planning/implementing a number of initiatives including a "Record of End of Life Care Discussion" document for use with patients, families and/or carers. This record has been piloted by senior doctors. It has been introduced to other staff during the Grand Round at K&C and will be rolling out at that Hospital from 1 December 2013. It will be introduced at QEQM & WHH following its introduction at their Grand Rounds.

Other planned initiatives include use of:
"In your Shoes" and "Share my Care".
A prompt sheet entitled "Getting it Right" and utilizing work by Kim Manley.
Possibly contacting relatives & Carers 6 weeks following bereavement to get feedback on care and clarify/resolve any issues.

The End of Life group continues to meet every two months and is video linked between K&C, QEQM & WHH. DM further commented that she was very impressed with the staff at the End of Life Board.

JH reported feedback from the Hydration Action Group and Nutritional Steering Group. The following summarises feedback received:
Both groups were working to improve nutrition and hydration care across the Trust and consideration was being given to combining the two Groups.
Initiatives put in place in the Trust included: developing an evidenced-based plan which would help staff better understand the impact of hydration on general health; observation of care tools; surveys to ascertain staff understanding of red tray systems, fluid balance charts and food charts; and the implementation of the Cortrak system.

The Group would be monitoring some elements of the service provided by Serco.

JH further highlighted that some staff appeared to be unaware of the Trust's policy for Red Trays and Red Lids System. PM provided assurance that awareness had been raised with staff but agreed to feed this back to SSm. — PM

62/13 **RISK ASSESSMENT FRAMEWORK**

Due to time constraints, this item would be deferred to the next meeting. At this meeting, the Governors would receive an update on Q3 performance. Quarter 3 would be the first assessed by Monitor under their new Risk Assessment Framework. — Deferred

63/13 **FINANCIAL STRATEGY**

Mark Austin, Assistant Finance Director, was in attendance for this item.
He provided a presentation on the Trust's financial strategy outlining: The economic context and the impact on EKHUFT; EKHUFT's planning timetable; the role of the Council of Governors; and key times Governors can influence planning.

**Council of Governors discussion:**

Discussion ensued regarding identification of non-NHS income for the purposes of the role of the Governor to gain assurance that such activity would not adversely impact on NHS activity.

Although it was not possible to identify income against each individual non-NHS income stream, it was agreed that components wound be further defined.

The Council of Governors noted the magnitude of savings required. MA explained the processes put in place to support Corporate and Divisional Teams to identify robust schemes.

It was confirmed that discussion were taking place internally to standardise practices such as prosthesis usage.

JW reported feedback from the FTN Governor Training Programme. Information provided to EKHUFT Governors was of a high standard in comparison to other Trusts.

**Council of Governors decision/agreed actions:**
Governors noted the position to date. Governors were invited to provide feedback on the approach for involvement in the annual plan 2013/14. — MA
In the meantime, MA would work on definitions/categorisations for non-NHS income which would be shared with Governors.

**Date of next meeting:**
14 January 2013, Smiths Court Hotel, Cliftonville, Margate

Signature _____

Date _____

Chairman's initials .....