

**COUNCIL OF GOVERNORS MEETING IN PUBLIC**  
**TUESDAY 10 NOVEMBER 2015**  
**10:00 – 13:00**

Please find attached the agenda for the next Council of Governors Public Meeting to take place at  
**The Julie Rose Stadium, Willesborough Road, Ashford, Kent TN24 9QX**  
(map attached)

**AGENDA**

*Refreshments available from 9.00am*

**CLOSED SESSION: 09.15 – 10.00**

- |   |   |            |     |
|---|---|------------|-----|
| 1 | Pre-Meeting of the Council of Governors | Discussion | All |
|---|---|------------|-----|

**MEETING HELD IN PUBLIC: 10.00 – 13.00 (Timing of whole meeting duration)**

- |   |  |  |            |
|---|--|--|------------|
| 2 | Chairman's Introductions   |  | Nikki Cole |
| 3 | Apologies for Absence and Declarations of Interest                           |  |            |
| 4 | Minutes from the last Public Meeting held on 9 July 2015 and matters arising |  |            |

**TRUST PERFORMANCE AND ACCOUNTABILITY: 10.00 – 11.30 (section timing)**

- |   |   |  |   |
|---|---|--|---|
| 5 | Performance Update to include:  |  |   |
|   | <ul style="list-style-type: none"> <li>High Level Improvement Plan (CQC update)</li> </ul>  | CoG 34/15  | Mark Angus, Deputy Chief Operating Officer<br>David Baines, Deputy Finance Director<br>Sally Smith, Chief Nurse & Director of Quality                               |
| 6 | Chair/Non Executive Director Reports from Board and Board Committees:   |  | Board Committee Chairs:   |
|   | <ul style="list-style-type: none"> <li>Board of Directors</li> <li>Finance and Investment Committee</li> <li>Remuneration Committee and Nominations Committee</li> <li>Quality Committee</li> <li>Charitable Funds Committee</li> <li>Strategic Workforce Committee</li> <li>Integrated Audit and Governance Committee</li> </ul> | Verbal<br>CoG 35/15<br>CoG 35.1/15<br><br>CoG 35.2/15<br>CoG 35.3/15<br>CoG 35.4/15<br>CoG 35.5/15 | Nikki Cole, Chair<br>Satish Mathur, NED<br>Valerie Owen, NED<br><br>Christopher Corrigan, NED<br>Valerie Owen, NED<br><br>Richard Earland, NED<br>Valerie Owen, NED |

**COUNCIL OF GOVERNOR GOVERNANCE: 11.30 – 12.00** (section timing)

7	Election of Lead Governor	<b>Endorsement CoG 36/15</b>	Alison Fox, Trust Secretary
		<b>Discussion/ Approval</b>	
8	Establishing an Audit & Governance Committee	<b>CoG 37/15</b>	Alison Fox, Trust Secretary
		<b>Reports</b>	
9	Council of Governor Committees – Reports from Committee Chairs:		CoG Committee Chairs
	• Nominations and Remuneration Committee	<b>CoG 38/15</b>	Philip Wells
	• Strategic Committee	<b>CoG 39/15</b>	Dr John Sewell
	• Patient and Staff Experience Committee	<b>CoG 40/15</b>	Eunice Lyons-Backhouse
<p>Note - The Audit Working Group and Constitution Committee has not been scheduled to meet since joint CoG/BoD meeting: 1 October 2015 The Communications and Membership Committee meeting scheduled for 15 October was cancelled.</p>			
10	Feedback from Governors who attend wider Trust Groups/Committees:	<b>Reports</b>	Governor Representatives:
	• End of Life Board	<b>CoG 41/15</b>	Sarah Andrews
	• Falls Steering Group	<b>CoG 42/15</b>	Sarah Andrews
	• Cultural Change Steering Group	<b>CoG 43/15</b>	Jane Burnett / Philip Bull
<p>No reports received from:</p> <ul style="list-style-type: none"> <li>• Clinical Handover of Care</li> <li>• Sepsis Collaborative</li> <li>• Nutrition Steering Group</li> <li>• Clinical Excellence Awards</li> <li>• Patient Safety Board</li> </ul> <p>Susan Seymour has resigned from the We Care Steering Group</p>			
11	Feedback from Governors who attended training events:	<b>Reports</b>	
	• Governwell – Core Skills	<b>CoG 44/15</b>	Alison Fox, Trust Secretary

**BUSINESS PRESENTATIONS: 12.00 – 13.00** (section timing)

		<b>Presentation</b>	
12	Schwartz Centre Rounds	<b>CoG 45/15</b>	Selena Moore, Ward Manager
13	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC</b>	15 Mins	
14	<b>ANY OTHER BUSINESS</b>		
15	<b>DATES OF FUTURE MEETINGS</b>	Attached	

**RESOLUTION TO MOVE INTO PRIVATE SESSION**

That pursuant to the Trust's Constitution the Council of Governors is moving into closed session. All members' of the public, including press, are to be excluded due to the confidential nature of the business to be discussed concerning contracts, negotiations and staff.

**UNCONFIRMED MINUTES FROM THE THIRTY FIRST MEETING OF THE  
IN PUBLIC COUNCIL OF GOVERNORS  
FRIDAY 9 JULY 2015  
SANDWICH GUILDHALL, CATTLE MARKET, SANDWICH CT13 9AH**

**PRESENT:**

Jonathan Spencer	Deputy Chairman	JSp
Brian Glew	Elected Governor – Canterbury	BG
Carole George	Elected Governor – Canterbury	CG
Chris Warricker	Elected Governor – Ashford	CW
David Bogard	Elected Staff Governor	DB
Debra Teasdale	Nominated Governor – Representing Christ Church University & University of Kent	DT
Eunice Lyons-Backhouse	Elected Governor – Rest of England and Wales	ELB
Jane Burnett	Elected Governor – Ashford	JB
Jane Martin	Nominated Governor – Partnership	JM
Junetta Whorwell	Elected Governor – Ashford	JW
Mandy Carliell	Elected Staff Governor	MC
Marcella Warburton	Elected Governor – Thanet	MW <sup>a</sup>
Margo Laing	Elected Governor – Dover	ML
Matt Williams	Elected Governor – Swale	MW
Paul Durkin	Elected Governor – Swale	PD
Pauline Hobson	Elected Governor – Canterbury	PH
Philip Bull	Elected Governor – Shepway	PB
Philip Wells	Elected Governor – Canterbury	PW
Raynagh Jarrett	Elected Governor – Thanet	RJ
Rob Goddard	Elected Staff Governor	RG
Roy Dexter	Elected Governor – Thanet	RD
Sarah Andrews	Elected Governor – Dover	SA
Susan Seymour	Elected Governor – Shepway	SSe

**IN ATTENDANCE:**

Alison Fox	Trust Secretary	AF
Barry Wilding	Non Executive Director	BW
Chris Bown	Interim Chief Executive	CB
Colin Thomson	Non Executive Director	CT
Dr David Hargroves	Clinical Chair of the Improvement Board ( <i>Minute No 40/15</i> )	DH
Dr Paul Stevens	Medical Director	PS
Nick Gerrard	Director of Finance and Performance Management	NG
Peter Gilmour	Director of Communications	PG
Sally Smith	Acting Chief Nurse and Director of Quality	SS
Valerie Owen	Non Executive Director	VO
Jane Cooper-Neville	Committee Secretary (minutes)	JCN

**PUBLIC ATTENDEES:**

There were no members of the public present.

Chair Initials .....

**MINUTE  
NO.****ACTION**

37/15

**COUNCIL OF GOVERNOR COMMITTEES****Council of Governors Nominations and Remuneration Committee Report**

It was resolved to move into **closed session** (to exclude members of the public, press and NEDs) to consider item **28/15** and to consider this item as the first item on the agenda.

**BG as Lead Governor took the Chair.**

PW spoke to the previously circulated report and asked the Council of Governors to approve the Nominations and Remuneration Committee's recommendations.

This was agreed (*a confidential minute of this decision was made*).

**The meeting moved back into public session and JSp resumed the Chair.**

38/15

**APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST**

Apologies were noted from:

Michael Lyons, Nominated Governor – Volunteers Working with the Trust

Richard Earland, Non Executive Director

Dr John Sewell, Elected Governor – Shepway

Chris Corrigan, Non Executive Director

Nikki Cole, EKHUFT Chair

Sandra Le Blanc, Director of HR

No additional interests were declared.

39/15

**MINUTES FROM THE LAST MEETING HELD ON 8 MAY 2015**

The minutes of the meeting were agreed as an accurate record.

**Actions table****30/15 Finance and Investment Committee (FIC)**

CW asked NEDs to explain why the agreed action (i.e. a breakdown of the Cost Improvement Programme - CIP to be included in future reports by NEDs attending the relevant Board Committees) had not been executed.

JSp explained that the CIP formed part of a wide ranging review of financial reporting across the Trust that is being carried out by Grant Thornton and once completed the information will be provided to Governors.

CW pointed out that the CIP target had not been achieved in the last financial year and because of its importance to the future sustainability of the Trust the information on the CIP should be freely available to Governors.

NG explained that he is currently discussing the re-forecast of this year's financial plans with Monitor and once agreed he would be happy to share the information about the CIP.

CB added that programme management of the CIP is on-going and the Trust is

Chair Initials .....

also working with Monitor to secure the skilled personnel necessary to develop a comprehensive financial recovery plan.

CW remained of the opinion that information on the CIP should be provided to Governors as agreed.

JSp explained that the NEDs had decided that the information on CIP would have been most useful if provided within context and following the outcomes of the Grant Thornton review. However, he has heard the request from the Governor and acceded that the information be provided. CW should discuss with the Director of Finance how this information could most usefully be provided.

**NG/CW**

### **Matters arising**

There were no other matters arising.

40/15

## **CEO AND PERFORMANCE UPDATE**

CB presented the report that had gone to the Trust Board in June and he said he would therefore focus on any significant changes to date.

### **Cultural change programme**

The second medical engagement workshop took place on 2 July. It was attended by 150 consultants focusing on the clinical strategy and changes in clinical care to ensure sustainability. The Staff Friends & Family Test has continued to show improvement with a greater number of staff participating.

### **Council of Governors discussion:**

JB expressed concern at the deteriorating numbers of Executives attending the Cultural Change Committee meetings and sought assurance that this will not impact on the Trust's ability to embed the programme to front line staff.

CB said that he was not aware of the reduced numbers attending the Cultural Change Committee. He offered a presentation and full discussion on the work of this committee at the next Council of Governors meeting in November.

**JCN**

### **CQC**

The re-inspection begins on 13 July. Everyone is hopeful that the inspection team will recognise the changes that have been made, but whether this will result in the Trust coming out of special measures will remain to be seen. The Trust Board will be given verbal feedback from the inspectors at the end of w/b 13 July and the full written draft report will be received around 12 weeks later.

### **Strategy – 'delivering our future'**

CB reported that he had recently met with East Kent MPs to discuss the immediate challenges facing the Trust including; the spend on agency staff (£2.5 million in the first 2 months of 2015/16 financial year) to cover emergency care in light of a lack of sufficient permanent staff and a range of other challenges such as demographics, technology, care in the community. Governors will be invited to participate in the development of the strategy once plans have been further developed. It is anticipated that the strategy will be ready for public consultation by early 2016.

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**Finance**

Like many parts of the NHS the Board recognises the tough challenges ahead with deficits forecast for this year and future years. Over the coming weeks a 3-4 year financial recovery plan will be developed based upon a review being carried out on the existing 2015/16 plan (including a review of the CIP) and the outcome of this review will be reported at the August Board meeting. It is anticipated that savings of £90 million will need to be made over the next 4 years and as such there will need to be significant changes in working practice to realise the necessary savings.

**Performance - A&E**

A&E waiting time performance remains a challenge and this has impacted on the Trust's ability to recruit A&E staff.

**Monitor performance review meeting**

The review meeting held on 17 June focused on the CQC action plan and finance.

**New Buckland Hospital Dover**

The new Buckland Hospital opened at the beginning of June, and most of the staff that were offering services in the old building at Deal Hospital have now moved to the new building.

**Council of Governors discussion:**

CG expressed concern about the focus on the needs of top level staff in relation to implementing cultural change. It was not clear to her how cultural change was being supported among front line staff.

On the general issue of staffing she felt she had been raising the issue of out dated staff appraisal processes for the past year, and the fact that a shortage of staff has meant that people feel obliged to work above and beyond their contracted hours for no acknowledgement or additional pay.

CB agreed to pick up this matter later in the report.

ML asked whether services are still offered in Deal and what percentage of staff responded to the Friends & Family Test.

CB confirmed that services will still be offered in Deal. The response rate from staff to the Friends & Family test was 31% which is typical of the response rate nationally.

DT asked why there had been significant increases in nursing vacancies in QEQM.

JSp reported that the Strategic Workforce Committee had met for the first time in June and had received a paper from HR with a number of ideas for addressing the recruitment and retention challenges.

BG pointed out that while recognising the local constraints, Governors would like assurance from NEDs that the Trust is doing everything it can to mitigate the staff shortages and as such requested that Governors be provided with the recruitment and retention strategy.

**SLB**

CT was of the opinion that it developing a coherent strategic approach to this matter is critical. The current strategy provides a start point.

Chair Initials .....

JM asked whether the staff shortages were based on national shortages, or were a feature of the local economy. She also asked whether approaches had been made to central government to discuss alternate approaches to this issue.

CB replied that this is a national issue and the Department of Health have recently announced action to reduce the contracting of staff from agencies that work outside the nationally agreed tariff (i.e. off framework). However, the constraints of the local economy (i.e. a shortage of skilled people), means that the Trust is highly dependent in some key clinical services on agencies working 'off framework'. He felt that a Kent wide approach was needed to address issue.

JM suggested that a publicity campaign to promote the positive benefits of working for the NHS in East Kent.

SS reported that a media campaign to support recruitment efforts was being launched at the end of July.

*DH joined the meeting*

JW asked about the anticipated impact of the recent announcement that overseas staff earning less than £35k will be repatriated at the end of their contract.

CB replied that this new policy will add to the current challenges. Representatives from NHS Providers and the NHS Confederation are having urgent discussions with government on this issue especially in relation to its potential impact on patient safety.

#### **CQC Action Plan – David Hargroves**

DH as Chair of the Improvement Plan Delivery Board provided a verbal resume of the previously circulated report, which contained the June report to Monitor/NHS Choices and the 17 point achievements shared with Monitor at meetings on 20 May and 17 June. At these meetings the following areas of risks were also discussed:

1. Recruitment and retention of staff (A&E, paediatrics, general)
2. Outpatient booking system
3. Mandatory training
4. Storage of medications
5. Patient flow
6. Cleaning at K&C.

Contained within the June report submitted to Monitor/NHS Choices there were 3 areas reported as being 'not on track to deliver':

1. Paediatric trained staff in A&E between 8pm – 8am
2. Maintaining suitable cleaning standards at K&C
3. Levels of compliance in relation to the storage of medicines in locked fridges/cupboards and at the correct temperatures

DH assured the Governors that plans are in place to address all these issues.

In relation to CQC re-visit, DH was able to report a sense of excitement among staff who remain fully aware of the challenges whilst being proud of their achievements to date. In his opinion there is a very different atmosphere among staff and he is assured that the planned training for middle managers will support them to carry out their managerial responsibilities with increased skills and

Chair Initials .....

confidence.

**Council of Governors discussion:**

JB raised her concerns and frustration about the on-going issue of cleaning standards being delivered by SERCO at K&C.

CB reported that there have been improvements in cleaning standards at K&C and high level discussions are taking place between the Trust and SERCO the details of which cannot be disclosed due to issues of commercial confidentiality.

SA informed fellow governors that she has been attending weekly meetings of the Action Plan Steering Group and had been left in no doubt about the improvements and commitment to resolve the issues in respect of SERCO. Her question to NEDs was how the Trust will maintain staff enthusiasm if as a result of the CQC re-visit the Trust remains in special measures. This point was echoed by BG and JM.

CT was of the opinion that the response of staff would be determined by the authenticity of the leadership within the organisation and in the short time that he had been a NED he has experienced this to be transparent in nature.

CB emphasised the increased numbers of staff working with us and the positive news that is being communicated about the improvement journey via the Trust website, the Improvement Hubs and Trust News.

ML was concerned that the colour coding in the Monitor/NHS Choices monthly report indicated that progress was going backwards.

DH assured her that the colour coding was a reflection of the timeline for total completion of an action and that the colour will not change to green/blue until he was satisfied that the action was fully accomplished.

*DH left the meeting.*

**PWC Report**

CB explained that following receipt of the CQC report in 2014 the Trust commissioned a Divisional Governance review the purpose of which was to inform the on-going improvements to governance and quality assurance arrangements. A review carried out by Deloitte's also contains recommendations about organisational structure and so both reports are now dealt with in parallel. The outcome of implementing both reports will be standardised processes across the Divisions.

PB was of the view that the Division had gained from having consistent and standardised governance structures.

**Monitor engagement with Lead Governor**

Because of the number of remaining items on the agenda BG agreed to circulate a written note to Governors outlining his contact with Monitor.

**Council of Governors decision/agreed actions:**

The CEO, Performance Update and other reports were noted.

Chair Initials .....



41/15

## CHAIR/NON-EXECUTIVE DIRECTOR REPORTS FROM THE BOARD AND BOARD COMMITTEES

### Board of Directors

JSp gave a brief summary of the discussions held on at the May and June Board of Directors meetings which included:

- a. Signing off the annual accounts for 2014/15
- b. Discussions on the substantive items of finance and strategy
- c. Standing items involving monitoring of performance.

### Finance and Investment Committee

JSp reported on the arrival of a new Director of Finance (NG) has prompted a wholesale review of finances. NG has estimated a deficit this financial year (2015/16) of some £35 million which includes a carry forward of non recurrent CIPs, a shortfall in planned and current CIPs this year and an increase in agency costs. There will be opportunities of avoiding cash distress by disposing of some assets and meeting the challenge of increased productivity in 2016/17.

### Remuneration Committee and Nomination Committee

JSp conveyed the points of discussion at the last meeting held on 28 May as outlined in the previously circulated written report.

### Council of Governors discussion:

In response to a question from JW, JSp informed the meeting that recent changes in legislation had required the Trust to update its policy on overseas visitors.

CG asked for an update on the appointment of a new Chief Executive.

JSp informed the meeting that the Chair and Director of HR are leading the recruitment process and an advert will be placed in the near future.

CW noted that the minutes of the 29 January 2015 Board Meeting, 12/15 stated that the Board had agreed *'more comprehensive financial reporting and discussion at Board level would be taken forward'*, and asked why this had not happened. He said he was not satisfied with the response from the Board members present at the CoG, and noted that to date the Board had failed to implement an agreed action.

CB asked for feedback on what kind of financial information Governors would find useful.

**CoG**

BG concluded that Governors need to be clear about their areas of responsibility and need information that will enable them to discharge those responsibilities. He suggested that Governors needed to have a further discussion about the quantity and quality of information needed so that they do not request from the Executive more detail than is necessary.

MW asked about the anticipated impact of the previous day's announcement about the introduction of a national living wage.

NG replied that it was too early to give an accurate reply.

### Quality Committee

VO gave a brief resume of the previously circulated written report.

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**Charitable Funds Committee**

VO reported on the last meeting at which:

The charity annual accounts and report were signed off

Approval of the signed letter of representation to KPMG for the charity

Ratified the recommendation to sell 3 properties currently being commercially let

Ratified the Committee's recommendation with regard to adopting the reserves policy.

**Council of Governors discussion:**

SA asked how the work of the Quality Committee relates to the full Board.

JSp explained that the Board of Directors always spend time reviewing the quality report. The terms of reference for the Quality Committee are currently being reviewed.

**Strategic Workforce Committee**

CT gave a brief summary of the work of this new committee. This is a critical area of work and the committee is reviewing which specific areas it will focus on so that it complements rather than duplicates the work of the Executive.

**Council of Governors discussion:**

RG suggested an examination of the correlation between hot spots and the culture of senior nursing staff.

CB acknowledged that there had been issues and action is being taken. At the moment 78% of staff have received appraisals and the target is 90%. A programme of training has been launched for managers to enable them to be more effective people managers and they are expected to provide informal development feedback to staff on an on-going basis.

CG and MW raised concerns relating to the quality of staff appraisal provided by SERCO to their employees.

CB said that the Trust was able to influence this through the terms of the contract with SERCO.

ML referred to the Trust Press release dated 9 June 2015 'Temporary Changes to Dermatology Services in Deal' and sought assurance that the transfer of dermatology clinics from Deal to the new Buckland Hospital was, as stated a temporary solution to staff shortages.

CB assured the CoG that Dermatology services would be restored to Deal as soon as additional staff could be recruited.

**Council of Governors decision/agreed actions:**

The Chair/NED reports from the Board and Board Committees were noted.

42/15

**COUNCIL OF GOVERNOR COMMITTEES****Strategic Committee**

BG referred Governors to the previously circulated written report and identified the items for discussion at the next meeting, including a review of the operational, financial and strategic assumptions being carried out by the Chief Executive, Director of Finance (due at the end of July) and establishment and embedding of

Chair Initials .....

the work of the FIC.

### **Patient and Staff Experience Committee**

ELB read her previously circulated report and highlighted the work that the Committee members had been carrying out to gather feedback from patients using the Emotional Touchpoints Methodology as part of the Outpatient Patient Experience project.

### **Communication and Membership Committee**

BG asked Governors to note the previously circulated report and to agree the following recommendation in relation to membership engagement events:

1. Future road shows should be opened/introduced by a Governor, who should also deliver the closing remarks
2. The stand used at Meet the Governor, and other events will form part of the pre-Roadshow 'exhibition'
3. For the next year starting on 15 July at WHH the dates of the Meet the Governor events and Emotional Touchpoint interviews should be combined
4. Governors attending should both remain at the stand and be available for anyone who 'drops in' or interview patients (in a room that will be provided) referred by Outpatients staff.

### **Council of Governors discussion:**

JM asked whether in future the CoG would consider working on the basis that members have read the previously circulated reports and have questions to by exception only.

### **Council of Governors decision/agreed actions:**

The Council of Governors Committee reports were noted and the recommendations made by the Communication and Membership Committee agreed.

**Agreed**

43/15

### **FEEDBACK FROM GOVERNORS WHO ATTEND WIDER TRUST GROUP AND COMMITTEES**

Due to a lack of time JSp directed that these reports will be considered en bloc and reports provided by exception only.

### **Cultural Change Steering Group**

JB requested action to explore the drop off in attendance at this group by senior executives.

CB agreed that the remit and attendance at this group needed to be re-examined.

**CB**

PB tabled a report by an All Parliamentary Group on Mindfulness for circulation and suggested that the approach should be explored as an effective tool for cultural change.

**JCN/  
Cultural  
Change  
SG**

### **End of Life Care Board**

SA reported that at its recent meeting the Board examined the replacement of the Liverpool Care Pathway, the strategic approach to end of life care across the 4 CCGs, protocols and leadership.

Chair Initials .....

**44/15 FEEDBACK FROM GOVERNORS ATTENDING TRAINING EVENTS****FTN Membership and Public Engagement**

MW requested that his written report from this event be circulated to Governors.

**JCN****NHS Finances – KPMG**

CG reported that this was an excellent training event and requested that Governors give due notice if they are unable to attend future training events.

**Council of Governors discussion:**

JB requested that the Governors Committee Secretary liaise with the Membership Office to produce one coordinated calendar of events for Governors.

**JCN****45/15 LEAD GOVERNOR ANNUAL REVIEW**

The Council of Governors formally noted that Brian Glew has been re-elected as lead Governor for the Council of Governors for a further 1-year term from July 2015.

**Noted****46/15 EKHUFT TRUST AWARDS – GOVERNOR AWARD**

The Trust Secretary agreed to work with the Chair of the PSE Committee to develop a nomination process for agreement at the next PSE Committee meeting.

**AF/ELB****47/15 COUNCIL OF GOVERNORS REGISTER OF INTERESTS**

The CoG approved the previously circulated Register of Governor's Interests 2015/16 which would now be placed on the Trust website.

**JCN/  
Chair****48/15 QUESTIONS FROM MEMBERS OF THE PUBLIC**

No members of the public were present.

**49/15 ANY OTHER BUSINESS****Agenda management**

ML requested that a more managed approach be taken to agenda setting so that there is sufficient time for Governors to consider all items on the agenda.

JM suggested that a time limit be set for each speaker.

**DATES OF FUTURE MEETINGS**

Noted.

**Date of next meeting:**

Tuesday 10 November 2015

Chair Initials .....

Sandwich Guildhall, Cattle Market, Sandwich, CT13 9AH

Signed \_\_\_\_\_

Date \_\_\_\_\_

Chair Initials .....

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST  
COUNCIL OF GOVERNORS MEETING (PUBLIC) – 10 NOVEMBER 2015**

**ACTION POINTS FROM THE COUNCIL OF GOVERNORS MEETING (PUBLIC) HELD ON 9 JULY 2015**

MINUTE NUMBER	DATE OF MEETING	ACTION DESCRIPTION	LEAD	DUE BY	PROGRESS
<b>OUTSTANDING ACTIONS FROM PREVIOUS MEETINGS</b>					
39/15	9.7.15	<b>MINUTES FROM THE LAST MEETING HELD ON 8 MAY 2015</b>  CW to discuss with Director of Finance how information on the CIP could most usefully be provided.	NG/CW		Closed – meeting held
<b>ACTIONS FROM THE LAST MEETING HELD</b>					
40/15	9.7.15	<b>CEO AND PERFORMANCE UPDATE</b>  <b>Cultural Change Programme</b> Presentation and full discussion on the work of the Cultural Change Committee.  <b>New Buckland Hospital Dover</b> Provide Governors with the recruitment and retention strategy.	Jane Waters  SLB	10.11.15	Deferred – to be agreed
41/15	9.7.15	<b>CHAIR/NON-EXECUTIVE DIRECTOR REPORTS FROM THE BOARD AND BOARD COMMITTEES</b>  <b>Finance and Investment Committee</b> Governors to discuss the quality and quantity of information needed from Executives to enable them to discharge their responsibilities.	CoG		
43/15	9.7.15	<b>FEEDBACK FROM GOVERNORS WHO ATTEND WIDER TRUST GROUP AND COMMITTEES</b>  <b>Cultural Change Steering Group</b> Re-examine the remit and attendance at the Cultural	CB		Closed – update provided by

MINUTE NUMBER	DATE OF MEETING	ACTION DESCRIPTION	LEAD	DUE BY	PROGRESS
		Change Steering Group.			Cultural Change Manager to the effect that attendance has increased due to a refocusing of the Group so that attendees are more involved in projects. Meeting are now every other month and there is use of video conferencing.
		Circulate the All Parliamentary Group report on Mindfulness.	JCN		Closed – Circulated
		Explore Mindfulness as an effective tool for cultural change.	Cultural Change SG		
44/15	9.7.15	<b>FEEDBACK FROM GOVERNORS ATTENDING TRAINING EVENTS</b>  <b>FTN Membership and Public Engagement</b> Circulate written report on membership and public engagement training event.  <b>Calendar of events</b> Committee Secretary to liaise with Membership Manager to produce one coordinated calendar of events for Governors.	JCN  JCN/MC		Closed - action completed  Closed – calendar developed and circulated
46/15	9.7.15	<b>EKHUFT TRUST AWARDS – GOVERNOR AWARD</b>  Trust Secretary to work with PSE Committee to develop nomination process.	AF		Closed – action completed
47/15	9.7.15	<b>COUNCIL OF GOVERNOR REGISTER OF INTERESTS</b>  Place 2015/16 Register of Interests on Trust website.	JCN		Closed - action completed

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST****REPORT TO: COUNCIL OF GOVERNORS****DATE: 10 NOVEMBER 2015****SUBJECT: PERFORMANCE UPDATE****REPORT FROM: DEPUTY DIRECTOR OF FINANCE AND DEPUTY CHIEF  
OPERATING OFFICER****PURPOSE: Information / Discussion****CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT**

Performance metrics relevant to the Trust's licence and Monitor's Risk Assessment Framework (principally governance and finance) are distributed monthly to the Council of Governors at the same time as they are received by the Board of Directors. (Reports are also published on the Trust's website.)

**SUMMARY:**

Governors will therefore already have received the latest performance reports which were issued in October 2015.

The attached summaries are taken from the: Clinical Quality and Patient Safety Report; Key National Targets Report; and Corporate Performance Reports.

The full reports have been made available to the Board and Governors and can be found on the Trust website via the link below:

<http://www.ekhuft.nhs.uk/patients-and-visitors/about-us/documents-and-publications/our-performance/>

A copy of the latest slides to Monitor providing an update on the CQC high level improvement plan are attached for information.

**RECOMMENDATIONS:**

The Council of Governors are invited to note and discuss the report.

**NEXT STEPS:**

None. The metrics within this report will be continually monitored.

**IMPACT ON TRUST'S STRATEGIC OBJECTIVES:**

Clinical quality, the patient safety programme and patient experience underpin many of the Trust's strategic and annual objectives. Continuous improvements in quality and patient safety will strengthen the confidence of commissioners, patients and the public.



Governance AO10: Maintain strong governance structures and respond to external regulatory reports and guidance.

#### **LINKS TO BOARD ASSURANCE FRAMEWORK:**

This report links to AO1 of the BAF: Implement the third year of the Trust's Quality Strategy demonstrating improvements in Patient Safety, Clinical Outcomes and Patient Experience / Person Centred Care.

Governance AO10: Maintain strong governance structures and respond to external regulatory reports and guidance - Maintain a Governance Rating with Monitor of Green

#### **IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:**

Identified clinical quality and patient safety risks are summarised in the attached report.

Standards are being closely monitored and mitigating actions are being taken where appropriate (in collaboration with the whole health economy).

#### **FINANCIAL AND RESOURCE IMPLICATIONS:**

Continuous improvement in quality and patient safety will make a contribution to the effective and efficient use of resources.

There is a financial penalty for not achieving targets.

#### **LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:**

Reduction in clinical quality and patient safety will impact on NHSLA activity and litigation costs.

Most of the patient outcomes are assessed against the nine protected characteristics in the Equality & Diversity report that is prepared for the Board of Directors annually. The CQC embed Equality & Diversity as part of their standards when compiling the Quality Risk Profile.

#### **PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES**

None

#### **ACTION REQUIRED:**

- (a) Discuss and agree recommendations.
- (b) To note

**SUMMARY OF PERFORMANCE****KEY NATIONAL INDICATORS****A&E Indicators**

Monitor Indicator and threshold:

	Threshold	Monitoring Period
Maximum of four hours from arrival to admission/ transfer/ discharge	95%	Quarterly

EKHUFT Performance 2015/16:

	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mch
Compliance	89.3 %	88.3 %	88.0 %	86.5 %	88.5 %	87.5 %						

Activity levels and performance against the emergency 4 hour access standard for September is broken down by site in the table below:

	Trustwide	QEH	WHH	K&C	BHD
<b>Total Numbers attending A&amp;E</b>	16,470	5,615	5,976	3,753	1,126
<b>Change from Previous Year</b>	-6.06%	-8.28%	-2.40%	-7.86%	-7.25%
<b>Breaches (Nos Not Seen &lt;4 Hrs)</b>	2,053	1,003	925	124	1
<b>% met</b>	87.53%	82.14%	84.52%	96.70%	99.91%
<b>Numbers of 20-30 year olds</b>	2,526	834	880	642	170
<b>Numbers of 75+</b>	(15.34%) 2,866	(14.85%) 1,010	(14.73%) 1,045	(17.11%) 713	(15.10%) 98

**Referral to Treatment Waiting Time Performance**

Monitor Indicator and threshold:

	Threshold	Monitoring Period
Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted.	90%	Quarterly
Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted.	95%	Quarterly
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	Quarterly

## EKHUFT Performance:

Pathway	< 18 Weeks	>18 Weeks	Total	% Compliance	52 Week waiters	Admitted Backlog
Non-Admitted Pathway	6990	702	7692	90.9%		
Admitted Pathway	2264	559	2823	80.2%		1083
Incomplete Pathways	38376	4201	42577	90.1%	15	

Table 3.1 – RTT Position Compliance by Pathway (September 2015)

**Cancer Performance**

Monitor Indicator and threshold:

	Threshold	Monitoring Period
All cancers: 62 day wait for first treatment from: <ul style="list-style-type: none"> <li>Urgent GP referral for suspected cancer</li> <li>NHS cancer screening service referral</li> </ul>	85% 90%	Quarterly
All cancers: 31 day wait for second or subsequent treatment comprising: <ul style="list-style-type: none"> <li>Surgery</li> <li>Anti-cancer drug treatments</li> <li>Radiotherapy</li> </ul>	94% 98% 94%	Quarterly
All cancers: 31 day wait from diagnostics to first treatment	96%	Quarterly
Cancer: two week wait from referral to date first seen comprising: <ul style="list-style-type: none"> <li>All urgent referrals (cancer suspected)</li> <li>For symptomatic breast patients (cancer not initially suspected)</li> </ul>	93% 93%	Quarterly

**EKHUFT Performance: Cancer targets – September 2015**

Standard	2ww All Cancers	2ww Breast Symptomatic	31 Day Diag to First Treat	31 Day Sub Surg	31 Day Sub Drug	62 Day GP	62 Day Screening
Target %	93.0%	93.0%	96.0%	94.0%	98.0%	85.0%	90.0%
Q4 14/15	93.88%	95.29%	97.52%	96.62%	98.88%	75.18%	86.72%
Q1 15/16	93.37%	91.04%	94.41%	89.57%	100.00%	74.27%	96.83%
Q2 15/16	91.62%	88.09%	91.27%	88.79%	100.00%	67.28%	92.11%
Jul-15	90.32%	85.45%	90.46%	91.89%	100.00%	64.84%	96.15%
Aug-15	89.96%	80.52%	91.02%	92.86%	100.00%	68.83%	88.00%
Sep-15	94.62%	93.63%	92.54%	81.82%	100.00%	71.59%	83.00%

Table 6.1: Cancer Standards Performance.

**Quality Performance**

A copy of the performance summary is attached.

**Financial Performance**

A copy of the latest scorecard is attached.

November 2015

**Introduction**

A summary of key trends and actions of the Trust's performance against the clinical quality and patient safety indicators is provided together with supporting narrative. The report is structured around the key themes of the annually published Quality Report/Account; Patient Safety, Patient Experience and Clinical Effectiveness.

	Measure	Improvement Metric		Target 15/16	Mar-15	Mar-14	vs Mar-14	YTD	
Patient Safety	Mortality Rates	HSMR		-	80.6	81.4	↓		
					Q1 14/15	Q1 13/14	vs Q1 13/14	YTD	
		SHMI (%)		-	95.30%	95.51%	↓	-	
					Sep-15	Sep-14	vs Sep-14	YTD	
		Crude Mortality: All Ages (Per 1000)	Non-Elective	-	23.529	24.933	↓	27.833	
			Elective	-	0.438	0.320	↑	0.255	
	Risk Management	Serious Incidents (STEIS)	New Incidents	-	2	6	↓	-	
			Open Incidents	-	80	58	↑	Cumul.	
	HCAI	MRSA	Attributable	1	5	1	↑	Cumul.	
		C. difficile	Post 72h	45	13	32	↓	Cumul.	
	Infection Prevention					Sep-15	Sep-14	vs Sep-14	YTD
		Mandatory Training Compliance (%)			85.0%	86.0%	83.8%	↑	83.4%
	Harm Free Care (HFC)					Sep-15	Sep-14	vs Sep-14	YTD
		Safety Thermometer	EKHUFT	93.0%	94.1%	93.8%	↑	93.1%	
		HFC (%) - Old & New Harm	National	-	94.3%	93.8%	↓	-	
		Nurse Sensitive Indicators	Pressure Ulcers: Category 2,3 and 4	Acquired	-	14	13	↑	144
				Avoidable	79	2	10	↓	33
	Pressure Ulcers		Unstageable	-	6		↑	23	
		Falls		-	166	166	↔	963	
Clinical Incidents	Total Clinical Incidents			-	1099	1095	↑	6994	
Patient Experience	Compliments and Complaints	Compliments:Complaints		-	32:1	23:1	↑	-	
		No. Care Spells per Formal Complaint		-	880	627	↑	-	
	Experience	Friends and Family Test (Star Rating)		5.0	4.5	4.3	↑	-	
		Adult Inpatient Experience (%)		80.00%	88.65%	87.84%	↑	-	
		Mixed Sex Accommodation Occurrences		-	9	6	↑	85	
Clinical Effectiveness	Readmission					Aug-15	Aug-14	vs Aug-14	YTD
		7 Day (%)		2.00%	3.96%	4.37%	↓	4.06%	
		30 Day (%)		8.32%	8.68%	8.95%	↓	8.30%	
						Sep-15	Sep-14	vs Sep-14	YTD
	CQUIN	Standard Contract CQUIN		Multiple			↔		
		Specialist CQUIN		Multiple			↔		
		Bed Usage	Bed Occupancy (%)		-	92.34%	89.52%	↑	-
	Extra Beds (%)		-	7.04%	5.50%	↑	5.85%		
	Outliers		-	36.00	23.27	↑	165.00		
Delayed Transfers of Care (Average)			-	32.00	32.25	↓	36.51		
Care Quality Commission	Intelligent Monitoring Report	Outcome Measures	Risks	-	3	4	↓	-	
			Elevated Risks	-	6	1	↑	-	

**NB:** RAMI - Data sharing agreements with CHKS have now been resolved. An up to date RAMI position will be published in the near future.



Primary Care Referrals in September returned to a positive variance over plan, achieving +2%. Aside from Ward Attendees also, activity was below expected levels in every other PUK point of delivery. September, historically, has been a high volume activity month and as such our plan was placed to reflect this. Year in Date, Primary Care Referrals and Ward Attendees are the only NODs above plan.

The Primary Care referrals increase above plan has been seen in Urgent Care but especially in Surgical services with Orthopaedics, Orthopaedics and Colorectal key outliers. The long term implication of this unplanned and unmet demand is likely to put the Trusts RTT incomplete position at significant risk. Division's have been unable to flex capacity to deal with the increased demand and as such RTT waiting lists for first appointments have increased.

Outpatient attendances again remain low in September, on-trend in February, -4.1% YTD, however it is forecast to rise in the month of October.

Non Elective admissions under plan performance of -1.5% is due to the Surgical Division's short fall in month. This has been driven by the decision not to extend the opening hours of the SCAU at W11, which is generating an underperformance within general surgery and lower than expected Trauma cases in Orthopaedics also. ABE is -7.9% in month, YTD -5.6%, and throughout 15/16 shows consistent trend of being approx -5% down against plan every month. The activity level through A&E for the 1st month of September 2015 was at a lower level than the previous year. However, as with previous months we have continued to see a reduction in the proportion of Whorls which are attending the trust, and a year on year increase in the majors stream, despite the reduced overall attendances.

Key National Targets

Domain	Metric Name	Monitor	WTD	QTD	YTD
Patient Safety	Effectiveness	Cases of C. Diff (Cumulative)	5	5	5
	Effectiveness	ABE: Time in ABE (%)	1	1	1
	Effectiveness	Cancer: 2ww (All)	5	1	1
	Effectiveness	Cancer: 2ww (Prex)	5	1	1
	Effectiveness	Cancer: 31d (Diag - Treat)	1	1	1
Access & Productivity	Access & Productivity	Cancer: 31d (2nd Treat - Surg)	1	1	1
	Access & Productivity	Cancer: 31d (Drug)	5	5	5
	Access & Productivity	Cancer: 62d (GP Ref)	1	1	1
	Access & Productivity	Cancer: 62d (Screening Ref)	1	1	1
	Access & Productivity	RTT: Non-Admitted (%)	1	1	1
Activity	Activity	RTT: Incomplete (%)	1	1	1
	Activity	RTT: Diagnostic Waits	5	5	5
	Activity	RTT: Diagnostic Waits	5	5	5
	Activity	RTT: Diagnostic Waits	5	5	5
	Activity	RTT: Diagnostic Waits	5	5	5

Internally Monitored Indicators

Domain	Metric Name	Quality	WTD	QTD	YTD
Patient Safety	Effectiveness	HSWR	4	5	5
	Effectiveness	Crude Mortality EL (per 1,000)	4	5	5
	Effectiveness	Crude Mortality NEL (per 1,000)	4	5	4
	Effectiveness	Readmissions: FI Hk: 30d (17W%)	4	4	4
	Effectiveness	Readmissions: NEL dis: 30d (12W%)	2	2	2
Access & Productivity	Access & Productivity	Activity (% Variance to Plan)	3	3	4
	Access & Productivity	Referrals - Primary Care	3	3	4
	Access & Productivity	Referrals - Total	3	3	4
	Access & Productivity	ABE: Attendances	3	3	4
	Access & Productivity	Outpatient Appointments	3	3	4
Valuing People	Valuing People	Elective Admissions	3	3	4
	Valuing People	Non-Elective Admissions	3	3	4
	Valuing People	DNA Rate: New	3	3	4
	Valuing People	DNA Rate: Flup	3	3	4
	Valuing People	DNA Rate: Flup	3	3	4

Overview of Trust Financial Performance						
Trust Key Performance Indicators (£m)			Annual target	Year to Date Plan	Year to Date Actual	Monitor Financial Stability Risk Rating
Total operating income			528.9	263.1	262.1	Financial Stability Risk Rating
CIP savings			16.2	4.8	5.7	
EBITDA			(1.3)	(4.9)	(5.1)	
I&E net surplus			(32.2)	(20.0)	(20.1)	
Cash balance			0.01	9.7	13.3	
Note: Detailed financial tables are on page 3						
<b>Statement of Comprehensive Income (Income and Expenditure)</b>						
The Income and Expenditure YTD position is £(0.1)m adverse against a plan of £(20.1)m.						
- The subsidiary company (Healthex Limited which runs the Spencer Wing at QEQMH) is reporting a YTD surplus of £0.06m, which is not included in the above position.						
<b>Improvement Programme</b>						
CIPs are showing a £1.3m favourable variance in Month 6 and £0.9m YTD.						
<b>Statement of Financial Position (Balance Sheet)</b>						
The Trust Statement of Financial Position and Cash summary are set out on page 3.						
Unconsolidated Cash decreased in month by £5.3m to £13.3m. The revised planned balance was £9.7m, therefore, the balance was £3.6m above plan.						
<b>Capital Expenditure Programme</b>						
The table on page 3 summarises £5.4m of expenditure on capital projects in the year so far.						
<b>Financial Performance Indicators</b>						
The Trust is achieving the rating of 2 under Monitor's Financial Stability Service Risk Rating.						
<b>Identified Financial Risks</b>						
The risk of ongoing adverse performance in the delivery of the CIP target.						
Final agreement and managing within the Winter Funding envelope for 2015/16.						
Cash Management.						
<b>How financial risks are being addressed</b>						
The following actions are in place:						
<ul style="list-style-type: none"><li>• The establishment of a Financial Recovery Group to develop and drive a robust Financial Recovery Plan chaired by the CEO.</li><li>• Continued HR drive to recruit to vacant posts in an effort to reduce Agency Staffing costs.</li></ul>						

# High Level Improvement Plan – CQC Update

- Update on HILP
- Next steps following CQC Feedback



# Update on Action Plan

Areas of Progress and now RAG Rated Blue since the Last Meeting

- Ensure all staff are up to date with mandatory training.

# Update on Action Plan

## Actions Remaining RAG Rated Red

- Ensure there is a sufficient number and mix of suitably qualified, skilled and experienced staff across the Trust, including A&E, on wards at night and in areas where children are treated - for new plan
- Implement the action plans from the governance reviews -due to be completed by November 2015 – slippage on original date
- Ensure medications are stored safely and that the administration of all controlled drugs is recorded – on plan
- Ensure patients leave hospital when they are well enough with their medications – Pharmacy recruitment issue
- Improve staff awareness of the Trust's Incident Response Plan and ensure all necessary staff are appropriately trained
  - Assistance from MTW in place
- Ensure that paper and electronic policies, procedures and guidance that staff refer to when providing care and treatment to patients are up to date and reflect current best practice.

# Update on Action Plan

## Actions Rag Rated Amber

- Ensure that the environment in which patients are cared for and that equipment used to deliver care is well maintained and fit for purpose – Plan in place.
- Ensure the flow of patients through the hospital is effective and responsive, that patients are not moved unnecessarily and that patients leave hospital, with their medications, when well enough – Part of the Emergency Pathway Improvement Plan.
- Ensure that patients are not experiencing unnecessary waits for follow-up appointments with outpatients clinics, and when waiting in outpatients to be seen, that they are not delayed- Part of the Outpatient Improvement Plan

# Update on Action Plan

## Actions Rag Rated Green

- Improve the patient experience within outpatients by reviewing the Trust communication processes, reducing outpatient clinic waiting times and delays in follow up appointments.
- Protect patients by means of an effective system for reporting all incidents and never events of inappropriate or unsafe care, in line with current best practice, and demonstrate learning from this.
- Improve communication between senior management and frontline staff and address the cultural issues identified in the staff survey

# Next Steps following CQC Feedback

Actions to carry over to the new Integrated Improvement Plan:

- MD 01- Ensure that there are always sufficient numbers of suitably qualified, skilled, and experienced staff to deliver safe patient care in a timely manner.
- MD15- Ensure that patients are not experiencing unnecessary waits for follow-up appointments with outpatients clinics, and when waiting in outpatients to be seen, that they are not delayed.

# Next Steps following CQC Feedback

Actions to carry over to the new Integrated Improvement Plan:

- MD 16 - Ensure there is adequate administrative support for the outpatients department (*Falls under the Outpatient Improvement programme*).
- MD 17- Assess and mitigate the risk to patients from the high number of cancelled outpatient appointments and the delay in follow-up care (*MD15/16/17 all fall under the Outpatient Improvement programme*)
- MD19- Ensure safety is a priority in A&E. (*Falls under the Emergency Pathway Improvement Plan*)

# Next Steps following CQC Feedback

- Quality Summit scheduled for Monday 16 November 2015
- Integrated Improvement Plan is being developed
- Workshops with key staff engaged are planned to formulate actions for the new plan – themes comprise:
  - Patient Safety Culture
  - Emergency Pathway
  - Risk Management & Governance
  - Staffing
  - Culture
  - Maternity
  - Clinical Strategy
  - Outpatients
  - Environment

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST****REPORT TO: COUNCIL OF GOVERNORS****DATE: 10 NOVEMBER 2015****REPORT FROM: FINANCE AND INVESTMENT COMMITTEE****PURPOSE: Information****SUMMARY OF KEY AGENDA ITEMS AND BUSINESS FROM THE MEETING HELD ON 6 OCTOBER 2015:**

The meeting reviewed the following matters

- Finance Performance for period ended 31 August:-
  - Plan re-submitted to Monitor 30<sup>th</sup> September remains a deficit of £36.7M
  - Month 5 loss is on plan but is a £4.6M loss for the month.
  - YTD the loss is £1.2m adverse to plan driven at £18.2M.
  - The main drivers for overspend remain heavy Agency/locum spend and shortfalls in CIP delivery
- Progress on CIP delivery was discussed and there was a discussion about the focus on delivery required now the new Turnaround Director is in post.
  - Cash is £18.7M, £0.8M over plan due to early VAT re-imbursement
  - Cash Forecast is still on plan for zero balance at year end.
  - Trusts FSRR (new Monitor measure of sustainability) calculation is 2 which is on plan. However Debt Service Cover and I&E Margin are only scoring 1
  - Gain on the East Kent CCG contract is £3.2M. Main drivers low activity penalties and A&E activity
  - CIPs on plan in month but behind plan £0.3M YTD. CIPs delivered YTD £3.3M.
  - Capital largely on plan. Asset sales to KCC were discussed.
- There was a discussion of the approval of Monitor returns and accounts due to BOD meetings being re-scheduled. It was agreed the Trust Chair, FIC chair, FD and CEO would approve these returns via email on behalf of the board. The process for Final Accounts was to be covered once Monitor had issued a timetable.
- The FIC were updated via minutes on the conversations at the August FRG and MB.
- The group discussed options on a settlement proposal in regard to repairs to the Renal units originating on construction. Lang O'Rourke has offered a cash settlement for the Maidstone Renal unit repairs which it was agreed should be accepted. The essential repairs could then be agreed with the unit management and carried out in 2016/17. For KCH and WHH a settlement has still to be agreed but the FIC agreed that the Trust should seek more than the amount needed to cover the essential works.



- The Director of Finance gave a verbal update of the Financial Governance action plan. There are 188 actions in the plan and external resource is being acquired to move the plan forward.
- The Corporate Planning & Performance Lead gave a presentation on the high level timescales for the 16/17 business plan. The need for strong Divisional engagement and ownership was emphasised.
- A proposal for the future strategy for Service Line Reporting (SLR) was discussed. The need to move from SLR towards SL Management was agreed as an aid the planning process and use in performance management. The Committee recognised there is a challenge in engaging the organisation in this process which requires Board and ET support; with FIC's support the proposal should be considered further by the ET.
- The progress for updating the treasury policy was discussed. It was agreed the policy should go to IAGC for approval but did not need further ratification by the FIC.

**MEETING HELD ON 3 NOVEMBER 2015**

The Committee met again on 3 November. A report will be shared with the December Board of Directors and made available to the Council of Governors through publication of Board papers and at the next Council meeting.

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST****REPORT TO: COUNCIL OF GOVERNORS****DATE: 10 NOVEMBER 2015****REPORT FROM: REMUNERATION COMMITTEE AND NOMINATIONS COMMITTEE****PURPOSE: Decision****SUMMARY OF KEY AGENDA ITEMS AND BUSINESS FROM THE MEETING HELD ON 24 JULY 2015:****REMUNERATION COMMITTEE****The following agenda items were discussed:****Terms of reference:**

Terms of reference have been reviewed to reflect the committee's relationship with the council of governors nominations and remuneration committee. A copy is attached for Board endorsement.

**Executive Director pay**

The Committee made the following decisions:

- The Trust reaffirms its existing policy and practice with regard to executive director remuneration.
- Given the very challenging financial position facing the Trust and that post-holders are recently appointed that there is no pay rise for executive directors for 2015/16.
- The Board takes into account the recommended pay range by the Hay Group when embarking on the recruitment to the Chief Executive position.
- The pay range for the substantive CEO recruitment would be discussed with Monitor in terms of the process for treasury approval.

**Annual Review of Policy for Determining the Remuneration and Performance Management of Executive Directors**

The policy was approved subject to satisfactory clarification on the Equality Impact Assessment.

**Very Senior Managers' Pay Policy**

The Committee approved the amended policy to reflect affordability as a factor when determining whether senior managers can be awarded a performance pay rise.

The Committee noted a review would be undertaken by the Director of Human Resources to provide assurance to the CEO there was no discrimination in levels of pay.

**Relocation Policy**

This item was deferred to the next meeting.

**Special Severance Payments Policy**

This policy was agreed.

**NOMINATIONS COMMITTEE:**

The following agenda items were discussed:

**Terms of Reference**

A copy of the revised terms of reference were endorsed. Changes included:

- SLB would act as substantive advisor to the Committee.
- Additional objective: To determine non-executive membership of Board Committees.
- Paragraph 2.4 was extended to include 'to make recommendations to the Council of Governors Nominations and Remuneration Committee in relation to non-executive director appointments'.

**Executive Appointment updates**

- The appointments panel met on 27 July 2015 and successfully appointed Sally Smith to the substantive position of Chief Nurse and Director of Quality.
- Recruitment to the substantive CEO position is being progressed.

**Review of the balance, size, skills and composition of the Board**

The Committee agreed it was good practice to undertake a review of the Board on an annual basis, as outlined in Monitor's Code of Governance.

The Director of Human Resources would be asked to develop a skills matrix for the Board of Directors using the latest guidance. The gap analysis would inform all Board appointments.

**ASSESSMENT OF EFFECTIVENESS OF REMUNERATION COMMITTEE AND NOMINATIONS COMMITTEE**

The Committee concluded the Committee operated in line with Remuneration Committees and Nominations Committees in place within other organisations.

The Committee discussed the role of the Nominations Committee in succession planning / talent management. It was agreed the Director of Human Resources would be asked to advise the Committee on current systems across the Trust (very senior managers and below), including medical leadership at a future meeting.

The Committee referred to processes for appointing and removing the CEO and the importance of mitigating future risks. For clarification, below is an extract from the Trust's Constitution. Trust HR processes would be followed.

**PARAGRAPH 31, EKHUFT CONSTITUTION:****31. Board of Directors - appointment and removal of the Chief Executive and other executive directors**

- 31.1** The non-executive directors shall appoint or remove the Chief Executive.
- 31.2** The appointment of the Chief Executive shall require the approval of the Council of Governors.
- 31.3** Not used.
- 31.4** A committee consisting of the Chairman, the Chief Executive and the other non-executive directors shall appoint or remove the other executive directors.

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO: **COUNCIL OF GOVERNORS**

DATE: **10 NOVEMBER 2015**

REPORT FROM: **QUALITY COMMITTEE**

PURPOSE: **Discussion**

**PURPOSE OF THE COMMITTEE:**

The Committee is responsible for providing the Board with assurance on all aspects of quality, including strategy, delivery, governance, clinical risk management, , clinical audit; and the regulatory standards relevant to quality and safety.

**MEETING HELD ON 7 SEPTEMBER 2015**

The Committee discussed the following agenda items:

**Patient Safety**

The Committee received minutes from the most recent Patient Safety Board for information. The following risks were highlighted to the Committee:

VTE compliance was at 70%: Contributing factors were linked to cultural and leadership issues. The Committee asked for an action plan to be developed and presented to a future meeting.

Five work streams had been identified in the quality framework for the next three years. One work stream has not progressed due to funding issues: reducing medication errors (anticoagulants). The Committee has asked the Executive team to review priorities and resources.

**Update on Patient Experience**

The Committee received key headlines from the last Clinical Quality and Patient Safety Report. In addition a heat map which had identified wards where specific focus was needed.

Work would continue to strengthen reporting through the heat map into Clinical Quality and Patient Safety Reports.

The Committee agreed it would be useful to understand the most challenging leadership roles in the Trust. This would enable the Quality Committee and the Strategic Workforce Committee to ask focussed questions about the right level of input into these areas.

**Update on Clinical Effectiveness**

The Clinical Effectiveness Committee was in its infancy. A report was received which provided an update on NICE guidance and quality standards. There were two areas where further assurance was required from specialties:

- Diabetes in pregnancy; and
- Inflammatory Bowel disease.

Specialities had been asked to map pathways to establish the current state.

**Corporate Risk Register – Quality Risks**

Emerging risks were reported:

- VTE compliance.
- Loss of JAG accreditation within endoscopy (WHH and K&C) linked to waiting times.

The remaining register was broadly in line with previous reports. The surgical rota at K&C had been added, linked to the clinical strategy.

Following a move to partial booking, follow up appointments for patients within ophthalmology had potentially been lost. This had been discussed by Management Board where assurances had been received that all patients were being assessed and no incidents had been reported.

The Committee asked that performance reports to the October Board include specific updates on these areas.

**Local Supervising Authority Audit Action Plan 2014/15**

The action plan was presented which covered five key areas:

- Completion of investigations in a timely manner
- Improving the fabric and environment in maternity ward areas
- Reaching out to vulnerable groups of women
- Improving breast feeding rates
- Meeting NMC standards relating to SoM/midwife caseload ratio

**Reports from Governance Boards**

Each Division was asked to report areas of important business:

*Clinical Support Services Division:*

Divisional Governance Board meetings receive updates from all specialty areas. In addition, regular compliance reports from infection control were received.

*Surgical Services Division*

The Division had introduced more rigour to the information presented at meetings. The Division triangulates data (incidents, complaints, risks) to obtain meaningful output by specialty.

Work was ongoing to strengthen triggers for reporting incidents in general.

The audit programme had been invigorated, with a clinical lead identified on each of the three sites.

*Specialist Services Division*

Governance Board meetings receive exception reports from each specialty area. Meetings follow a set agenda to include receipt of audits.

*Urgent Care and Long Term Conditions*

A review of the meetings structure was in progress with Human Resources with the aim of avoiding duplicative data/discussions.

*General Points raised by the Quality Committee*

- The Committee was in support of establishing a standard agenda for Divisional Governance Board meetings. Work was ongoing and an update would be received by the Committee.
- The Committee was also in support of strengthening links across divisional and the overarching governance structure, ensuring appropriate reporting up, down and across.

**MEETING HELD ON 6 OCTOBER 2015****Infection Control Annual Report 2014/15**

The Director of Infection Prevention and Control presented key highlights:

- The Trust remained compliant with code of practice on the prevention and control of infections and related guidance.
- Implementation of dedicated software to support infection control (VitalPac).
- One MRSA bacteraemia case reported during 2014/15.
- *C.difficile* target was 47 cases. An action plan was implemented half way through the year to bring back performance to trajectory. The Trust ended the year on target.
- *E.coli*: 467 blood stream infections (pre 48 hours 398, post 48 hours 398), a decrease of 4%. The percentage of community cases was 85%.
- Ebola preparedness: four suspected cases, but zero confirmed during 2014/15.
- Seasonal influenza: moderate levels of activity were seen during 2014/15.
- New initiatives: hydrogen peroxide vapour and HOUDINI protocol. Early audits show these to be working well.

During discussion, assurances were received around:

- Increased control measures around the management of norovirus.
- Low risk around dengue fever resulting from foreign travel.
- Management of two separate tuberculosis cases.
- Management of surgical site infections and shared learning.

The Committee requested for future reports the accompanying summary page draw out risks the Board Committees and Board need to be aware of and mitigating actions.

The Annual Report would be received by the Board of Directors on 9 October 2015.

**Ward Peer Review Analysis**

A matron led peer review process was introduced in 2014 to provide assurance that wards and departments foster a culture that reflects the shared purpose framework and Trust values.

The analysis of this work had been considered by the Committee and there were no significant issues to report at Board level. The Committee was satisfied that key findings were being taken forward.

**Update on Patient Experience**

The Committee received key headlines from the last Clinical Quality and Patient Safety Report.

The Committee was assured that the heat map was identifying areas of focus.

The Committee felt, for governance purposes, that it should receive detailed data on patient safety and quality for scrutiny prior to Board.

**Update on Patient Safety**

The Committee received minutes from the most recent Patient Safety Board for information. The following risks were highlighted to the Committee:

The Patient Safety Board Terms of reference were reviewed. The Quality Committee felt further revisions were required in the area of executive accountability, with clear lines of executive direction and action over new and existing issues affecting patient safety, to enable the Quality Committee to hold the Patient Safety Board to account. The Committee also agreed the terms of reference should also make more explicit expectations for attendance by members.

The Committee was made aware of one never event which would be reported to the Board of Directors in the next quality report.

A work stream had been established to establish standard operating procedures for all procedures inside and outside of the operating theatre, to include clarity around roles and responsibilities, with a particular view to eliminating “wrong site” surgical procedures.

Work was ongoing with Divisions through executive performance review meetings to close a number of serious incidents which had breached deadlines for completed root cause analysis.

### **Corporate Risk Register**

The Committee received the quality risks. The Board of Directors will receive the full register at the meeting on 9 October 2015.

### **Reports from Governance Boards**

Minutes of the latest Governance Board meetings were received and noted.

#### *Key discussion points:*

Work continued to improve patient safety, to provide support staff where required and appropriately hold to account.

The committee agreed the accountability framework for consultants, particularly with regard to their participation in the investigation and RCA of serious incidents, should be revisited. This was seen as a significant factor in breaching completion deadlines for RCA. The Director of HR, Medical Director and Chief Nurse would be asked to draw up terms of reference for this piece of work to bring back to the next Committee meeting.

The Committee was made aware of changes to the psychiatric liaison service further reducing acute cover for psychiatric emergencies in the afternoons and evenings. Discussions were ongoing with KPMT to understand the service model.

### **MEETING HELD ON 4 NOVEMBER 2015**

The Committee met again on 4 November. A report will be shared with the December Board of Directors and made available to the Council of Governors through publication of Board papers and at the next Council meeting.

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO: **COUNCIL OF GOVERNORS**

DATE: **10 NOVEMBER 2015**

REPORT FROM: **CHARITABLE FUNDS COMMITTEE**

PURPOSE: **Information and Decision**

**Chairman's Summary of Meeting held on 11 August 2015**

**1. Fundraising Update**

- 1.1 A presentation of social media platforms currently being used to promote the Charity and the Dementia Appeal was received.
- 1.2 An update on recent and forthcoming events was given and included the Great Kent Bike ride in June.

**2. Finance and Expenditure Report**

- 2.1 The Committee reviewed income and expenditure for the first quarter and compared this with same period in the previous year. The Committee noted that general donations were down on average by a further 23% per month and overall by 31%.
- 2.2 Reserves had been brought up to level agreed in the policy as had the % of investments reducing the risk to the Charity due to sale of shares.
- 2.3 Grants awarded were approved but the Committee discussed the level of support given and agreed that more use of Charity funds should be made to support the Trust. Debate regarding how additional grants could be made and the impact these made to the Trust concluded that additional projects would be identified via MDG applications by Divisions Top Ten requests (both capital and revenue) with a view to utilising more funds.
- 2.4 An application for the purchase of an Enteroscope for Gastroenterology for £61k was approved subject to confirmation that CCG's would support additional activity and an analytical impact report was provided to the Committee after implementation.
- 2.5 A request for the support of PC's for monitoring of chemotherapy patients at a cost of £179.5k was discussed and the Committee reviewed the business case and application. It was agreed that further information was required and a demonstration of the system was to be given to Paul Stevens to enable them to make a recommendation to the Board of Directors. Paul subsequently advised the Committee members that this system was very impressive and supported the application. Members agreed via email to recommend to the Board.
- 2.6 The Committee debated greater use of Charity funds to support the Trust and agreed to review:-



- Scheme of Delegation
- Use of capital to underpin Dementia Appeal
- Presentations to Committee for applications of £100k+
- Re introduction of Impact Reporting
- Greater publicity to encourage impact reporting

2.7 Support for the Staff Long Service Awards, Trust Awards and Christmas Ball were again discussed with particular consideration to Charity Commission guidance of number of staff to benefit against cost and ultimate benefit to patients due to the increased morale this funding provides. The Committee agreed to support the Awards but not the Christmas Ball as this could be self-funding with management of budget and provided benefit to a minority percentage of staff. The caveat was that the Charity was to receive maximum publicity for the sponsorship as would be given to any external sponsor e.g. Cardy

### **3. Investment Properties**

3.1 Tenants of all three properties owned by the Charity have been given notice and 17 Omer Avenue is now vacant. After several viewings the Committee have accepted a firm offer of £300k subject to contract (via email).

3.2 The two other properties in St Peters Road become vacant at the end of October at the termination of tenancy agreements and will be marketed from September 1<sup>st</sup>.

3.3 The appointment of Trustees for the Devereux Trust was agreed to replace the outgoing officers.

### **4 Terms of Reference and Investment Policy**

4.1 Due to the changes in the Trust Executive Board the Committee agreed that the Terms of Reference should be reviewed with special attention to the Committee members and the Scheme of Delegation. This will be discussed with the Director of Finance and current Chair of the Committee and Chair of the Trust and submitted for consideration to the next meeting.

4.2 The Director of Finance and the Chair of the Committee will meet with the Investment Managers prior to the next Committee meeting and will review the Investment Policy at the next meeting. The revised policy will include amendments to reflect the decision to provide more grants to the Trust.

### **BOARD OF DIRECTORS ACTIONS TAKEN:**

- I. **The Board of Directors ratified the recommendation of the Committee to support the purchase of software and PC's on wheels for Chemotherapy.**

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO: **COUNCIL OF GOVERNORS**

DATE: **10 NOVEMBER 2015**

REPORT FROM: **STRATEGIC WORKFORCE COMMITTEE**

PURPOSE: **Discussion**

**PURPOSE OF THE COMMITTEE:**

The purpose of the committee is to provide advice , and make recommendations to the Board of Directors on all aspects of workforce and organisational development, and raise concern (if appropriate) on any workforce risks that are significant for escalating.

**MEETING HELD ON 21 AUGUST 2015**

The Strategic Workforce Committee discussed the following agenda items:

**Management of Overtime and Temporary Workforce**

Draft national guidance had originally mandated that use of off framework agencies would stop from 1 July but this had since been retracted due to its complexity. Recent guidance gave Trusts a trajectory depending on their level of off-framework agencies usage and Trusts would now have up to three years to reduce it. There was a list detailing when off framework agency staff could be used to ensure safeguarding, although approval needed to be obtained from Monitor beforehand.

The Trust's increasing agency spend was a national problem and the issues related to the supply of permanent staff, particularly nurses and doctors in some areas, and changes to immigration rules.

The Committee received a report providing assurance a number of work streams had been put in place to mitigate risks.

The Trust's trajectory needed to decline significantly to attain the forecast for the year and the solution was a workforce strategy to engage permanent staff.

An outline of the Workforce Plan for 2015-2018 was received at the September meeting (see below).

**Medical Education Workforce**

The Committee received an update of the changes in education and training nationally and the challenges and opportunities that East Kent faces in this context. Key messages included:

- Education and training is moving into a more integrated structure for all health professionals.
- Broadening the Foundation Programme (BFP) will have an impact on hospital services as certain foundation posts will need to be moved out into the community to meet the recommendations of the BFP report.
- Need to address the red flag areas in emergency medicine and medicine/medical subspecialties.

The Medical Education directorate would continue to work with the divisions to develop a strategy to address these which may need radical changes to the way training is provided at East Kent,

including training in certain specialities on two sites only.

The Committee requested a more detailed report to a future meeting for wider discussion.

### **Recruitment and Retention Strategy**

The Committee received a report which outlined the focused actions the Trust needed to adopt to support the recruitment and retention strategy, to include:

- Addressing shortfalls within the workforce by developing a regular pipeline of candidates going through the process, thus reducing overall time to hire.
- Overview of the recruitment plans for the remainder of the year.
- Draft Resourcing Operation Plan confirming progress since 1 June 2015.

### **Specialist Services Division Staff Survey 2014**

This item was deferred from the July 2015 meeting. The Division presented its action plan. Key areas highlighted included:

- Training and development
- Staff feeling they had to go to work despite being unwell
- Bullying and harassment
- The structure and low value of appraisals

Specialist areas would be asked to develop individual action plans.

### **Recruitment Plan Emergency Medicine Consultants**

In July 2015 a paper was presented to the Strategic Workforce Committee presenting a Workforce Development Plan for Emergency Medicine Consultants and Speciality Doctors. The Committee requested a progress update on the recruitment plans and a trajectory for the Emergency Medicine Consultants at the August 2015 meeting.

A report was received outlining the current position:

- 20 Emergency Medicine Consultant posts were funded in April 2015 from CQC funding.
- The current establishment will be 10 consultants from September, although one post is a joint post with ITU.

### **Statutory and Role Specific Training Requirements**

Work has been undertaken to identify a range of actions to significantly improve statutory training compliance and to enable an improved training trajectory (to deliver higher levels of compliance).

A report was received outlining how statutory training compliance is currently being monitored.

### **HR review**

The Director of Human Resources commissioned a review of the HR service by an external HR consultant, due to concerns around the capacity and capability of the HR Department to deliver the Trust's current and future Strategic Workforce objectives due to the level of resources and the size and structure of the current HR department.

The report outlined an analysis of the Trust's HR services and a recommended approach in order to help make them "fit for purpose". The report also quantifies what the immediate challenges are and how well the workforce is performing

An update was received at the September meeting.

**Cultural Change Update**

The Committee receives regular reports from the Programme Manager. The report received in August focussed on agreement of measures of the success of the Cultural Change Programme and the description of the risk in the Corporate Risk Register.

**22 SEPTEMBER 2015 MEETING****Workforce Key Performance Indicators**

The Committee received the latest key Performance Indicators in the absence of a Board meeting in September 2015.

The Committee requested a report to the October meeting looking at leavers and the stability index. The Committee also requested trajectories for reduction of agency spend and reduction of the vacancy gap.

**Workforce Plan 2015-18**

The Trust has decided it needs to produce a plan for 2015-18, as part of its wider strategic and operational activity to develop and deliver its short and longer term service, workforce and financial objectives.

The Committee received a report which sets out an outline which will drive the production of the plan.

The plan will be brought back to the October Committee meeting before being submitted to Monitor by 31 October 2015 as part of the agreed undertakings.

**Cultural Change Programme**

The Committee received a report which provided an update on the next steps, to move forward with the work, and sustainability; where the programme was working well and where extra effort was needed. The report also included leadership development.

The first draft of the organisational development strategy would be presented to the October SWC meeting.

**Job Planning**

The Committee received a report outlining the description of a typical job plan, the outcome of a recent review of the job planning process within the Trust and an update progress with the job planning project. This is a significant piece of work which should ensure that the trust has objectives of medical staff well aligned with their local missions [through a robust job planning process](#).

The Committee strongly endorsed the approach presented to the Committee and this would be reviewed annually. A communication would be circulated to the Trust informing staff of the preparation stage of job planning.

The section on Job planning is a little bland given the importance of the work. Unless Sandra advises against it I suggest adding a sentence to the end of the first paragraph along these lines "

**Management of Trust Overtime (Non-Medical)**

At its July 2015 meeting, the Committee requested more information, analysis and the proposed future options around management of Trust overtime.

A report was received related to Agenda for Change staff. Further analysis would be required in future at a more local, divisional level by financial managers and the HR business partners working with local managers.

The paper concluded the Trust is spending a significant amount of money on overtime for non-medical staff. The paper outlined a number of initiatives the Trust was exploring to reduce the use of overtime across the Trust.

**Sickness Absence Project**

A project has been established in the Trust to address the escalating costs and issues associated with high sickness absence rates amongst Trust staff. A paper was received outlining the scope of the project.

The Committee requested an update at the December meeting to include any benefits realised.

**HR Review Update**

A further report was received updating the Committee on progress to date with the HR review and timelines for completion. It was anticipated the outcome of the consultation would be available in October/November this year.

**Clinical Excellence Awards**

The Committee considered a paper on the future of Clinical Excellence Awards, comparisons of approach with other local Trusts. The report would be received by the Board of Directors in Part II/Closed session. The outcome of the final Board decision would be communicated to staff and to the LNC.

**Corporate Services Staff Survey Action Plan**

The Committee received action plans from:

- HR
- Finance and Performance
- Medical Education
- Research and Development
- Clinical Quality, Patient Safety and Operations
- Estates, Information Technology, Strategic Development and Facilities

It was agreed that a progress on the Corporate staff survey action plans would be given in December, with a forward trajectory. The Corporate Services and Communications action plans would be presented to the next October meeting

**SUMMARY OF ACTION REQUIRED BY THE BOARD:**

To discuss and note the report.

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO:	<b>COUNCIL OF GOVERNORS</b>
DATE:	<b>10 NOVEMBER 2015</b>
SUBJECT:	<b>INTEGRATED AUDIT AND GOVERNANCE COMMITTEE</b>
PURPOSE:	<b>Information</b>

**MEETING HELD ON 20 JULY 2015:****CORPORATE RISK REGISTER**

The Risk Register was presented to the IAGC.

1. It was formatted output from Datix. The UC&LTC Risk Register was now on Datix, and the Trust hoped to do the same with all divisions. The HR Risk Register was due to be added shortly. It was hoped that a web-based version of the Incident Risk Register could be produced for access by all staff.
2. Four emerging risks were highlighted:
  - The CQC fundamental standards including the legal duty of candour (raised during the CQC inspection).
  - The availability of a General Surgical rota at K&C.
  - The risk to patients who had not been given follow-up appointments as part of their ophthalmology treatment.
  - New immigration rules with effect from April 2016 regarding the deportation of any non EU worker earning less than £35K after six years in the UK, which would affect a number of the Trust's workforce.
3. Three proposals were accepted:
  - (a) The CQC Improvement Plan for the Trust included enhancing the risk management culture as well as use of the Register.
  - (b) The Away Day scheduled for 25 September should include training on how risk was managed across the Trust, to be led by an independent consultant,
  - (c) The risks within the Risk Register tended to be of a more operational nature. A separate time should be established, maybe as part of the Away Day, for the Board, and in particular, the NEDs to consider wider strategic risks facing the Trust.

**LETTER OF DECLARATION AND SELF ASSESSMENT AGAINST NHS CORE STANDARDS FOR EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE**

The Committee agreed a slight change to the annual self-assessment process. This year the Trust had been asked to develop a draft self assessment against the Assurance Framework's core standards, for scrutiny by the South East Commissioning Support Unit on 18 September 2015. Once their review of the self-assessment and evidence had been completed, the approval of the Board of Directors would be sought at the Trust's September Board Meeting before submission to the CCGs on 23 September.

**2014/15 CLINICAL CODING AND COSTING AUDIT UPDATE**

Monitor's report had not yet been received but was expected shortly. This would remain on the IAGC agenda until the issue had been finalised.

**RAISING CONCERNS (WHISTLEBLOWING) ANNUAL REPORT**

The Committee noted a report which covered eight months (November 2014 to June 2015) following implementation of a new policy in November and formal recording from that time. It included protected disclosures, which were a statement made by someone in authority alleging criminal offense, and grievances which were normally about a personal concern, e.g. working conditions. A number of cases needed to be re-categorised as grievances. A high number of cases were reported In December, January and February, possibly due to increased publicity, although they tailed off from March.

The Committee expressed some concern about the length of time some investigations had taken, and that not all the concerns across the Trust were being captured. Additionally, the actions taken needed to be publicised anonymously to demonstrate that the Trust had taken the issues seriously and any necessary changes had been made.

**GIFTS AND HOSPITALITY REGISTER – ANNUAL REPORT**

The Committee considered the report, and sought clarification on the thought that the previous decision was to include all gifts and hospitality, whether accepted or not, so that any trend could be noted but this was not believed to be widely known throughout the Trust. The policy would be checked.

**ASEPTIC DRUGS UPDATE REPORT**

The Committee heard that work was still on going. A new Manager had been appointed to resolve the difficulties, and a process of regular stock-takes was now in place. Manufacturing had recommenced, but was focussing on the higher cost, shorter life drugs. It was now evident that the write-offs had been reducing consistently from April to June, and were now within budget.

However, a potential problem had arisen within Pharmacy, which could result in a stock write-off of about £900k. This was being investigated.

**AUDIT REPORTS**

The Committee heard reports from the External and Internal Auditors and the Counter-Fraud Specialists.

1. KPMG reported that the Charitable Funds Committee Accounts had been signed and that there were no issues of concern. The audit progress report was noted. The Committee approved the refreshed policy regarding the process for the Trust to request additional work from the External Auditors. The amendments had been updated by reference to guidance.
2. Baker Tilly summarised their internal audit work during the past year. At an earlier meeting, they had reported three amber/red rated reports:
  - IT network access security
  - Procurement and stock control on gas cylinders
  - Divisional financial governance

Progress had been made on each, but there were four recommendations where deadlines had not been met. One of these concerned IT Network Access Security, which the Committee noted had been outstanding for some time.

Six reports had been issued since the last meeting:

- Job planning, where oversight was insufficient. Twelve out of 80 PAs sampled did not match those on the ESR system. Some Consultants on fixed term contracts had no job plans. A quarter of those sampled had not been formally signed off. The Trust was working on the issues.
- Whistleblowing Policy and Procedure, which identified the need to ensure that all concerns were captured.
- Aseptic Unit Review, as above
- Board Assurance Framework and Risk Management, where there were issues around the development of the R&D Risk Register and suitable metrics for Innovation performance measurement.
- CQC Improvement Programme, where issues raised included the slow pace of verifying evidence and of updating policies/procedures in the Clinical Support Division.
- Executive Hand-over Process review, which identified the need for core notes.

The Committee sought more accountability from the Executive for failure to progress recommendations, and it was agreed that if the IT Network Access issues had not been resolved by the next meeting, then the accountable person be asked to attend and explain why.

The Internal Audit Strategy 2015/16 – 2017/18 was agreed.

3. TIAA delivered their Counter Fraud progress report, which was noted. TIAA were asked to escalate to the Committee, if requests for information were not forthcoming.

### **IAGC WORK PROGRAMME**

This was noted and comments sought from Committee members. It was agreed to formally review the work planner once the new committee structure had been embedded.

### **REVIEW OF IAGC TERMS OF REFERENCE**

The Committee reviewed the Terms of Reference for the IAGC.

### **MEETING HELD ON 19 OCTOBER 2015**

The Committee met again on 19 October 2015. A report will be shared with the December Board of Directors and made available to the Council of Governors through publication of Board papers and at the next Council meeting.



**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST****REPORT TO: COUNCIL OF GOVERNORS****DATE: 10 NOVEMBER 2015****SUBJECT: ELECTION OF LEAD GOVERNOR****REPORT FROM: TRUST SECRETARY****PURPOSE: Endorsement**

On 6 October members of the CoG were sent information pertaining to the Lead Governor role description, election process and timetable.

The deadline for self-nomination for the role was 5pm, Friday 16 October.

On 20 October an email was sent to Governors informing them that one self-nomination was received from Sarah Andrews.

As only one self-nomination was received no voting process was required and Sarah Andrews was appointed Lead Governor.

KKHUFT Constitution states that the appointment for Lead Governor should be for one year from the date at which he/she is elected by the Council of Governors (p.81 para 2.1). However, in this instance, as outlined in an email to the CoG on 12 October, this appointment will be until July 2016.

The appointment is made on the basis of the role description as set out by Monitor which is:

- To liaise between Monitor and the CoG where Monitor has concerns about the leadership of the Trust, or in circumstances where it would be inappropriate for the Chair to contact Monitor or vice versa
- Monitor does not intend the Lead Governor to 'lead' the CoG or assume greater power or responsibility than other Governors
- Monitor's only requirement is that the Lead Governor act as a point of contact between Monitor and the CoG when needed
- The presence of a lead Governor does not, in itself, prevent any other Governor making contact with Monitor directly if they feel this is necessary

Monitor guidance (*Your statutory duties: A reference guide for NHS foundation trust governors*) states that where foundation trust choose to broaden the lead Governor's role, directors and the CoG should agree what it should and should not include.

On 16 March 2015 the CoG agreed the following proposal:

*That each full CoG meeting agenda should be agreed by the Chairman and Lead Governor, with the latter acting on behalf of the Committee Chairs and Leads Group, and consulting the CoG as widely as practicable. There is no proposal for generally extending the role of the Lead Governor, but this is the most practical way of achieving Governor engagement in agenda setting.*

**COUNCIL OF GOVERNORS ACTION:**

The Council of Governors are asked to endorse the appointment of Sarah Andrews as the Lead Governor and the Lead Governor role as outlined by Monitor and agreed by the CoG on 16 March 2015.

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

**REPORT TO:** COUNCIL OF GOVERNORS

**DATE:** 10 NOVEMBER 2015

**SUBJECT:** ESTABLISHING AN AUDIT AND GOVERNANCE COMMITTEE

**REPORT FROM:** TRUST SECRETARY

**PURPOSE:** Discussion/Approval

**SUMMARY**

At present there are Council of Governor Committees concerned with the appointment and removal of the Trust's auditors and the structure and effectiveness of the Council of Governors, these are:

Audit Working Group – see attached ToR (attached)  
Committee Leads (Chair's) – see attached ToR (attached)  
Constitution Committee – see attached ToR (attached)

The terms of reference for these committees all have elements of governance, especially with the recent changes and expanded role of the Audit Working Group. Brian Glew was leading a review of the Council of Governor Committees and this piece of governance work should also be considered in relation to the Constitutional documents. Therefore, in order to streamline and ensure all aspects of governance are considered when making recommendations to the full Council, it is proposed to merge the above committees into a new CoG Audit and Governance Committee.

Members will consider and make recommendation to the CoG on:

- establishing the criteria for the appointment, re-appointment or removal of the Trust's external auditors
- the external auditor's plan, work timetable for the year, performance and year end audit recommendations
- proposed changes to the EKHUFT Constitution
- the structure of CoG meetings
- the structure, terms of reference, frequency and membership of CoG committees
- improving the effectiveness of CoG structures.

Specifically the committee will:

1. Work with the Board of Directors Integrated Audit and Governance Committee (IAGC) to establish the criteria for the appointment, re-appointment or removal of the Trust's external auditors
2. Present to the Council of Governors the procurement process that it has followed for the appointment of the external auditors, the results of the procurement processes and recommendations
3. Receive the external auditor's plan and work timetable for the year, to review the external auditor's performance and review any year end audit recommendations
4. Receive the internal auditors plan, work timetable and annual report, for

information only

5. Seek assurance from the Chair of the IAGC that internal control processes are in place and working effectively
6. Enhance and improve the effectiveness of the Council of Governors and to support closer working relationships between the Council of Governors and Non-Executive Directors.
7. Work with the Trust Secretary to ensure the Trust's Constitution complies with latest legislation and Monitor guidance
8. Consider any locally proposed amendments to the EKHUFT Constitution
9. Review the effectiveness of NED engagement with Council Committees and Working Groups and report conclusions to the Council
10. Review effectiveness of Council of Governor meetings and committee structures; including terms of reference, frequency of meetings and membership
11. Review Committee and Working Group activity, identify common themes and key issues arising and report these to the Council
12. Identify any emerging priorities for Council debate and engagement and make recommendations to the Council for its future agenda
13. Monitor all elements of the working of Council of Governor meetings and make any recommendations to the full Council

**COUNCIL OF GOVERNORS ACTION:**

To agree the establishment of a CoG Audit and Governance Committee and discuss membership and quoracy.

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## AUDIT WORKING GROUP TERMS OF REFERENCE

### Purpose

The Audit Working Group (AWG) is responsible to the Council of Governors for the following:

On behalf of the Council of Governors, the Audit Working Group will work with the Trust's Integrated Audit and Governance Committee to establish the criteria for appointment, re-appointing or removing the Trust's Auditors. The Audit Working Group will present to the Council of Governors the procurement process that it has followed, the results of the procurement process and recommendations.

The Audit Working Group will undertake further work with the Trust's Finance Team to review the Auditor's plan and work timetable for the year and to review the Auditor's performance and review any year end audit recommendations.

The Audit Working Group will receive the internal auditors plan and work timetable for information.

The Audit Working Group will seek assurance from the Chair of IAGC (who is also Chair of the AWG) that internal control processes are in place and working effectively.

### Core Membership

- Peter Presland, Non Executive Director (Chair)
- Philip Wells, Elected Governor (Lead Governor on AWG)
- David Bogard, Staff Governor
- Roy Dexter, Elected Governor
- Reynagh Jarrett, Elected Governor
- John Sewell, Elected Governor
- Nick Gerrard, Director of Finance and Performance
- Lisa Marsh, Assistant Finance Director
- Chris Warricker, Lead Governor (AWG)

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Professional advice will be received from the Finance Directorate, Procurement Department and External Auditors as required.

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### Quorum

The AWG shall be quorate when at least four elected Governors are present.

### Structure and frequency of meetings

The AWG will meet at least twice per year in January/March to review the Auditor's plan and July/August to review year end audit recommendations.

The AWG will meet more frequently during appointment, re-appointing or removing the Trust's Auditors.

The AWG will be supported administratively by the Corporate Secretariat.

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## **COUNCIL OF GOVERNORS COMMITTEE LEADS MEETING**

### **DRAFT TERMS OF REFERENCE**

#### **Purpose**

The establishment of these meetings is one of the provisions in the Trust's Guidance on the Statutory Duties of Governors, developed by the Roles Working Group and approved by the Council of Governors in November 2013.

The meetings are intended to enhance and improve the effectiveness of the Council of Governors and to support closer working relationships between the Council of Governors and Non Executive Directors (NEDs). These meetings are not an alternative to Council activity

Specifically the meetings will:

- review the effectiveness of NED engagement with Council Committees and Working Groups and report conclusions to the Council;
- review Committee and Working Group activity, identify common themes and key issues arising, and report conclusions to the Council;
- identify any emerging priorities for Council debate and engagement, and make recommendations to the Council for its future agenda; and
- monitor all elements of the working of Council of Governor meetings and make any recommendations to the full Council.

#### **Membership**

Trust Chairman  
Chair of Nominations and Remuneration Committee  
Chair of CoG Strategic Committee  
Chair of CoG Patient and Staff Experience Committee  
Chair of CoG Communication and Membership Committee  
Lead Governor of CoG Audit Working Group

#### **Quorum**

The meeting will only be quorate when all members are present.

#### **Structure and Frequency of Meetings**

Meetings will be held no less than six-monthly, and will be supported administratively by the Corporate Secretariat.

## CONSTITUTION COMMITTEE

### TERMS OF REFERENCE

#### Purpose:

The Committee is responsible to the Council of Governors for the following:

- Considering any locally proposed amendments;
- Working with the Trust Secretary to ensure the Trust's Constitution complies with latest legislation and Monitor guidance.

The Committee will make recommendations to the Council of Governors and Board of Directors.

#### Core Membership

Alison Fox, Trust Secretary (Chair)

~~Nikki Cole, Chair, (agreed September 2015)~~

Jonathan Spencer, Non Executive Director

Brian Glew, Elected Governor (Canterbury)

John Sewell, Elected Governor (Shepway)

**Deleted:** Nicholas Wells,

**Deleted:** man

#### Quorum:

The Committee shall be quorate when the Trust Secretary is present and at least one Governor and one Non Executive Director.

#### Structure and Frequency of Meetings:

Meetings of the Committee will be held as and when necessary.

The Committee will be supported administratively by the Corporate Secretariat and receive professional advice from the Trust Secretary.

In addition other Trust staff can be invited to the Committee as appropriate to address specific issues.

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST****REPORT TO: COUNCIL OF GOVERNORS****DATE: 10 NOVEMBER 2015****SUBJECT: REPORT FROM THE CoG NOMINATION AND  
REMUNERATION COMMITTEE****PURPOSE: Decision****SUMMARY OF COMMITTEE ACTIVITY**

As reported to previous Council of Governor meetings, the committee has been actively recruiting to three forthcoming Non Executive Director positions.

The Committee conducted a detailed scrutiny of all applications on 28 September 2015.

Interviews for two Non Executive Director posts were conducted on 5 October 2015. The interviewing panel (comprising Carole George, Margo Laing, Philip Wells, Nikki Cole (Chair) and Barry wilding (Non Executive Director) interviewed six candidates.

The Council of Governors endorsed the following Non Executive Director appointments after conducting an electronic voting procedure:

**Sunny Adeusi** (Expertise in Commercial, Strategy and Organisational Development)  
**Gill Gibb** (Experience of Investment Banking and Charities)

Sunny Adeusi will join the Trust from 1 November 2015 and Gill Gibb's term will commence on 1 December 2015.

Interviews for the third and final candidate (with a clinical expertise) were conducted on 5 October 2015. At the time of writing this report an electronic voting process was underway by the Council of Governors. The outcome of this voting process will be reported verbally to the Council of Governors on 10 November 2015.

The interview panel for this post comprised of Carole George, Margo Laing, Philip Wells, Nikki Cole (Chair) and Barry wilding (Non Executive Director). Three candidates were interviewed.

The panel's unanimous view was that all candidates recommended for appointment demonstrated both balanced a good understanding of the challenges facing our Trust and demonstrated extensive skills and expertise.

The Council of Governors Nomination and Remuneration Committee met on 3 November to look at:

- NED commitments
- NED/Governor alignment to hospital sites
- NED remuneration/commencement date
- Review of lessons learnt from the recruitment process



The Council of Governors will be receiving a proposal at its November meeting to establish a Governance Committee. The Nominations and Remuneration Committee proposed that Governor alignment to hospital sites be discussed in more detail by this Committee in the context of the wider committee review.

The Board of Directors Nominations Committee will be reviewing the NED element of Board Committee membership/chairing responsibilities, together with wider NED commitments at its meeting on 17<sup>th</sup> November 2015.

The Council of Governors has a role in agreeing the Senior Independent Director position and recognised that this position is currently vacant following Jonathan Spencer's departure at the end of October 2015. Nikki Cole would be proposing to the Board's Nomination Committee on 17 November 2015 that going forward this position be held by the IAGC Chair. The rationale being that both the IAGC Chair and Senior Independent Director roles hold similar qualities.

The Nominations and Remuneration Committee agreed a proposal would be put forward to Council that Barry Wilding (current IAGC Chair) be appointed as Interim Senior Independent Director, pending further discussion by the Board's Nomination Committee on 17 November 2015.

The Council of Governors have previously agreed proposal for new NED Remuneration levels:

- £10,000 basic NED remuneration;
- Additional premium: £2.5k – Committee Chair (FIC, Charitable Funds, Remuneration Committee, Nominations Committee, Strategic Workforce Committee);
- Additional premium: £4k – IAGC Chair;
- Additional premium: £1k – Senior Independent Director.

The Nominations Committee agreed a proposal would be put forward to the Council of Governors to commence the new remuneration levels from 1 November 2015.

#### **SUMMARY OF COMMITTEE'S FORWARD PLANS:**

- NED commitments
- NED alignment with both site and CoG committees
- NED remuneration/commencement date
- Review of recruitment process
- Prepare for recruitment of NED as necessary

#### **COUNCIL OF GOVERNORS ACTION REQUIRED:**

- To note the report.
- To formally note the outcome of the electronic voting process appointing Gill Gibb and Sunny Adeusi as Non-Executive Directors.
- To receive the outcome of the electronic voting process for the appointment of the third and final Non-Executive Director position.

- To endorse the proposal that following Jonathan Spencer's departure, Barry Wilding (current IAGC Chair) be appointed as Interim Senior Independent Director, pending further discussion by the Board's Nomination Committee on 17 November 2015.
- To note that Governor alignment to hospital sites will be discussed in more detail by the Governance Committee when established (proposal to November Council of Governors). Proposals would be brought to a future Council of Governors meeting.
- To endorse the recommendation that the new NED Remuneration levels be put in place from 1 November 2015 (back dated).

Philip Wells  
October 2015

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST****REPORT TO: COUNCIL OF GOVERNORS****DATE: 10 NOVEMBER 2015****SUBJECT: REPORT FROM THE STRATEGIC COMMITTEE****PURPOSE: Information****SUMMARY**

The Strategic Committee met on October 13 following an open invitation to all interested Governors, NEDs and Senior Executives to attend presentations of the first 3 of the Trust's Responses to Monitor's Enforcement Undertakings (July 2015), as agreed at the CoG Strategic Committee on October 1st. Colin Tomson attended as the Committee's interim "aligned" NED.

1. The Short Term Financial Recovery Plan 2015/16 (submitted to Monitor 30th September with Addendum following on 31st October) . The Interim Chief Executive presented the essential features of this 101 page plan which includes a detailed analysis of the Trust's financial position and recent decline, this resulting from multiple national and local factors., including high levels of investment in capital projects over the previous 2 years, additional staffing costs (compounded by rising agency fees for medical and nursing staff) following the CQC inspection and shortfalls in CIPs targets. The impact on the Trust's 5 year Sustainability Plan had been re-assessed as a deficit of £36.7 million for 2015/16 and for £44.5 million for 2016/17, resulting from the lack of progression of the Strategic Initiatives and Clinical Strategy (site centralisation and other initiatives including KPP benefit, Staffing issues (agency costs) and failure of delivery of CIPs). Immediate actions to establish financial "grip" were being taken and had been outlined to Monitor at a challenge meeting on 8 July .These included Improving Financial Decision Making, Improving Management and Control, Improving CIP Management and Improving Forward Planning. A review by every Director of the Risks listed in the Board Assurance Framework (BAF) for which they were responsible had been carried out and Executive Review of the BAF was now completed quarterly.
2. The Financial Governance Action Plan (submitted to Monitor 30th September) was presented by the Interim Chief Executive. The Trust's Director of Finance, had commissioned Grant Thornton to undertake a review of Financial Governance and this had been submitted in July and an Action Plan to address the issues in this report had been agreed and that this would include external support. A Financial Governance Steering Group had been set up to ensure that the issues highlighted in this report were addressed and improvement secured.
3. A&E Recovery Plan (submitted to Monitor 31 August ). The Chief Operating Officer presented a Progress Review of this Plan, including Assurance. She laid particular emphasis on addressing Recruitment and Retention (R&R) and other Workforce Issues and also on the Whole Healthcare Economy (WHE) approach being taken forward - through monthly meetings of the Urgent Care Board, this including Executive and Clinical Leads and weekly WHE reviews via a shared portal. Heads of Clinical Operations posts had been agreed for QEQUH and WHH and were to be appointed shortly and would oversee consistent site management and escalation processes and other developments to improve Flow. Current Risks were outlined,

these including R&R, Success of WHE winter plans and the financial costs of winter (£6M in 2014/15,

A further Monitor requirement was the appointment of a Turnaround Director (T.D.) (by end September 2015) and this had been met. The Turnaround Director presented the Trust's Turnaround and Transformation Programme Overview, developed together with the Interim Chief Executive and Finance Director. Key Issues are the increasing monthly deficit and CIPs' deliverabilities. Key Messages include developing Internal Clinical Leadership and Good Communication. The Transformation Strategy includes 3 phases - Stabilisation (0-6 m.), Turnaround (0-12m) and then Transformation (12-48m). All CIPs would require a robust risk assessment and Medical Director and Chief Nurse authorisation. The Turnaround Board (T.B.) would hold overall accountability for Turnaround and Transformation and the Clinical Working Group (C.W.G.) would provide the clinical leadership. The Governance and Accountability of these were outlined and the Immediate Priorities highlighted.

Governors were given opportunity for clarification and comment and the future presentation of Plans confirmed.

An informative and interesting presentation on the recent Audit by Capita CHKS on behalf of Monitor of the Trust's Coding and Costing by the Head of Clinical Coding and Corporate Planning and Performance Lead followed. This had shown that the Trust's processes were generally good but had revealed some errors in Costing, largely due to non coder errors and actions had been taken to address this.

#### **SUMMARY OF COMMITTEE'S FORWARD PLANS:**

The Trust's Operational and Strategic Workforce Plans (submission to Monitor 31.10.2015) will be circulated to the CoG's and along with the Long Term Strategy for Financial and Clinical Sustainability will be on the agenda at an open meeting of the CoG Strategic Committee on 15 December.

(Governors will be invited to submit comments on the Long Term Strategy for Financial and Clinical Sustainability to the Chair of the CoG Strategic Committee within the week following this presentation to enable a Governors' Commentary to be prepared before submission to Monitor on 31 December 2015.)

#### **COUNCIL OF GOVERNORS ACTION REQUIRED:**

To note the report.

John Sewell  
Chair CoG Strategic Committee

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST****REPORT TO: COUNCIL OF GOVERNORS****DATE: 10 NOVEMBER 2015****SUBJECT: REPORT FROM THE CoG PSE COMMITTEE****PURPOSE: Information****SUMMARY OF COMMITTEE ACTIVITY**

At the P&SE ~Meeting held on 8th. October, we discussed the report previously reviewed by the Board of Directors detailing Patient Experience and Activity for July 2015.

The efforts of the PET Team were highlighted by the Acting Deputy Chief Nurse, these had resulted in a reduction of formal complaints by, wherever possible, prompt resolution of concerns. Also, the valuable assistance of the Communications Team in ensuring a record of compliments received.

It was noted that Problems with Communication remain as one of the top five themes for concern, along with Attitude and Nursing Care.

The Patient Story reviewed by the Trust Board related to the experiences of a family whose Aunt died in the Intensive Care Unit at the Queen Elizabeth the Queen Mother Hospital and is a positive one, in which the family, not only show their appreciation of the opportunity to be involved in the final care of their Aunt, but also describe the good practice in place, when caring for bereaved relatives and friends. In particular, the caring attitude and counselling of them by the Ward Clerk, along with the supporting bereavement documentation, are sited as worthy of providing an example of excellence.

The Acting Deputy Chief Nurse drew attention to the (April) ward staffing review, discussed at Board level in August, and drew the Committee's attention to a paper summarising recent activity to address recruitment and retention issues in nursing. The paper, entitled What are we doing about Nurse Staffing, details current situation, background, assessment and recommendations. As P&SE has not received a detailed update on Paediatric Nursing funded/in-post establishment levels this has now been itemised for January 2016.

It had been intended to finalise the introduction of the P&SE Committee involvement using Emotional Touchpoints methodology within a Staff Engagment Project, but the Cultural Change Programme Manager was unable to attend our October Meeting. Her presentation has been deferred until November and, indeed, this may facilitate the suggested alignment where newly appointed Non Executive Directors , work with Governors ,

undertaking the Staff Engagement Project within specified areas. We would envisage linking the same “teams” within the same areas, carrying out the revised arrangements for Executive Patient Safety Visits.

To date, we have not re-visited further Outpatient Clinics, to pursue use of Emotional Touchpoints with Patient Experience. The arranged visit to Kent and Canterbury, linked with a Meet the Governor Session in October was cancelled, owing to Governor participation in the process for appointment of a substantive CEO. We will continue to link MTG with our Outpatient Patient Experience Project over the next twelve months. A presentation from the Outpatient Services Team, detailing current and proposed available outpatient facilities across all six outpatient sites, is arranged for our November meeting..

**SUMMARY OF COMMITTEE’S FORWARD PLANS:**

Near future Agenda items include presentations upon Maternity Services across Kent, Committee members to submit points for clarification in advance to the Acting Head of Midwifery. Update upon lymphoedema services. Staff bullying and harassment: HR to report back on monitoring data and any correlation between CQC issues, complaints to the external helpline/hot spots. We continue to receive regular updates from the Trust Estates Directorate.

**COUNCIL OF GOVERNORS ACTION REQUIRED:**

To note the report.

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST****REPORT TO: COUNCIL OF GOVERNORS****DATE: 10 NOVEMBER 2015****SUBJECT: END OF LIFE BOARD****REPORT FROM: GOVERNOR MEMBER****PURPOSE: Information****SUMMARY:**

The report provides a summary of the End of Life Board (the Board) meetings in August and October 2015.

The Board is undergoing a review of its terms of reference and membership under the leadership of a new Chair, the Head of Nursing. A work plan is being developed to support all clinicians and Directorates in the delivery of the highest quality end of life care for patients when they are in hospital, taking account of our values. The Board will from now report to the Patient Experience Committee that in turn will report to the Quality Committee chaired by a NED.

Selected members of the Board, including the Medical Director are also members of the newly formed pan CCG End of Life Pathway Redesign Group. This Group, reporting to the East Kent End of Life Strategy Group has been established during this reporting period. Its purpose is to develop an integrated pathway for people at the end of their lives that is understood across the whole health and social care system. This to enable provision of the right care at the right time to each individual, with support to die in the place of their choice. EKHUFT will focus on Tier 3 (specialised) pathway design for hospital patients.

A key feature of this work is the development of an electronic individualised patient record that is accessible by all those involved in each patient's care, incorporating anticipatory and advance care plans that may be developed/revised at different stages of care. This will assist smooth transition between GP, hospital, care home and hospice care.

At the two meetings in August and October the Board has:

- Commenced consideration of the operational design for Tier 3 End of Life services, plus respective roles and responsibilities;
- Reviewed and overseen the design of a new end of life documentation pack that is being piloted with patients in the hospitals prior to roll out;
- Undertaken an audit of the recording of end of life conversations with patients whilst in hospital;
- Identified ward based end of life link nurses to work with the Specialist Palliative Care Team;
- Received a presentation of an existing Advance Care Planning Decision Support Tool for patients with Parkinson's disease and neurological disorders and an Advisory Anticipatory Care Plan being used to support patients dying in care homes.

**NEXT STEPS:**

- To finalise a formal action plan.
- The next meeting of the Board is on December 10<sup>th</sup> 2015



**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST****REPORT TO: COUNCIL OF GOVERNORS****DATE: 10 NOVEMBER 2015****SUBJECT: PREVENTION OF FALLS AND INJURIES STEERING GROUP****REPORT FROM: GOVERNOR MEMBER****PURPOSE: Information****SUMMARY:**

The report provides a summary of the third meeting of the Prevention of Falls and Injuries Steering Group (the Group) meeting on 23<sup>rd</sup> September 2015.

The Group has completed terms of reference and agreed membership under the leadership the Chair, the Deputy Chief Nurse, and an Action Plan has been developed. The Group will report to the Patient Safety Board.

The Group has responsibility for oversight of and delivery of the Action Plan that includes:

- The engagement in and response to national and local data collections and audits about the number and nature of falls occurring within the hospitals, by site and directorate, and compliance with the Trust Falls Policy, risk assessment and care planning;
- An evaluation of how well the Trust is achieving NICE standards in relation to the prevention of and mitigation of harm from falls, and supporting / planning to support areas where these standards are not yet embedded;
- Setting in place practical interventions for the prevention of falls where possible, with a focus on: delirium management; provision of walking aids; vision assessments; medication review and postural hypotension; and information provision;
- Identifying key themes from serious incidents, challenge practice and ensure learning is embedded across the Trust;
- Utilising the QII Hubs to share innovation and good practice;
- Monitoring the impact of the plan on the reduction in the number of and harm resulting from falls.

**NEXT STEPS:**

- Create a mechanism for celebrating and sharing good and innovative practice across the trust and nationally.
- The next meeting of the Group is on 16<sup>th</sup> December 2015.

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO: **COUNCIL OF GOVERNORS**

DATE: **10 NOVEMBER 2015**

SUBJECT: **CULTURAL CHANGE STEERING GROUP**

REPORT FROM: **GOVERNOR MEMBERS**

PURPOSE: **Information**

**SUMMARY:**

Cultural Change Committee last met on 24 September 2015

The group is now much smaller. There are 3 main projects

- Appraisal
- Recruitment
- Recognition

At the meeting the three project leads gave an update

**1. Appraisal**

Meeting for the first time on 3/11. Currently a full literature search is being undertaken. The new system needs to be ready for the Appraisal round in April 2016. JB met with the project lead to talk through the current picture on 29/09/15. There is a need to develop a clear understanding of the process and value amongst all levels of staff. The new paperwork will be more developmental than the current paperwork allows.

**2. Recruitment**

This project formally met for the first time on 13/10/15. The aim is to embed values through the whole recruitment process from advert to appointment.

**3. Recognition**

The group has met twice. They have looked at what recognition looks like. 4 levels currently being developed

1. Recognition cards
2. Long service awards to include addition of 10 and 15 years
3. Trust awards need to include admin staff more fully
4. Monthly stars the aim being that managers will highlight outstanding work on a monthly basis.

Much is happening in divisions however needs to be more cross Trust sharing to embed a common culture of recognition.

**Other work of the committee****Values and Behaviour update:**

6 Behaviours are being promoted. A leaflet has been produced to be circulated throughout the Trust. The aim is that the documents will be used as part of appraisal to embed the behaviours

**Leadership and Management**

The leadership courses are cascading down through the Trust to Band 8 and 7. There

has been a review of content, and it has been decided to include Finance and Technical skills.

There is a need to join up the training that others are receiving such as the Clinical Leadership programme.

**Communications**

Forums are being used to engage key groups such as Consultants, Managers and Admin staff.

**Respect update**

In the last three months 21 calls to the Helpline, 18 calls for Bullying advice and 4 mediation meetings set up. 2006 people have viewed the Formal Grievance video. There is an e-mail etiquette and Meeting Code of Conduct being developed. These will be launched via the Forums.

Next meeting 16 November 2015.

Jane Burnett

**Guide to using email at work**

Philip Bull would like to bring the CoG attention to the current guide (attached).

Philip Bull

**NEXT STEPS:**

To note the report.

# Using email at work

To achieve a 'great place to work' we need to make a number of changes to the way we work together. How we use e-mail and the volume of e-mails is an important part of this.

## First, be email aware

- email is not an informal communication tool, and has the same authority as any other communication to and from the organisation
  - it should be regarded as published information
  - e-mails are not confidential, and can be read by anyone given sufficient levels of expertise
  - binding contracts may be inadvertently created
  - defamation of colleagues or other parties (deliberate or otherwise) may occur
  - abrupt, inappropriate and unthinking use of language can lead to a bullying tone and possible offence to others even harassment for example, capitals are often interpreted as shouting
  - consider whether a phone call may be a better way of discussing a complex or confidential matter.
- (Based on the ACAS Guide to internet and email)*



Let's make  
our Trust a  
**great place**  
to work

## What should be in an email?

- always consider whether you can first have the conversation face to face, or can you make a telephone call? You can always follow up with an email after.
- think about who you are copying in to the email – is it appropriate and necessary for people to see what you are saying?
- when responding to an email which is copied into lots of people think about whether the cc'd people need to see your response.
- clarify when you have cc'd people that it is for their information not action. Consider whether you really need to cc people and what is the purpose.
- treat it like a formal letter. You should address it to the person in the email (eg Dear John) or if is an email to more than one person use something like 'Dear Colleagues' and end it with your normal valediction eg Best Wishes or Best Regards and ensure that you have your job title and telephone number.
- ensure that the content of the e-mail is not unnecessarily threatening – what would the impact of the email be on you if you received it?
- check that you haven't used bold, underline or capitals inappropriately these can come across as shouting.
- remember the Staff Charter rights and responsibilities.

## Respecting each other

### What to do if you have any concerns about email use or respect at work

- Raise it **verbally** to the person
- Use the four 'I's feedback model:

#### Four 'I's

Issue	Get straight to the point – say what the issue is, eg “I am raising this in line with the email guide that has recently come out. “When I received that e-mail from you, which was copied into XXX, I found the tone to be very threatening.”
Impact	Outline the impact it is having on the situation, eg, “The impact is that it causes unnecessarily upset to myself and others – it feels rude like you are disrespecting me, shouting at me over email.”
Instead of	Respectfully suggest how they could approach it differently, eg, “Perhaps if you had addressed it to me and explained your reasons in the email, asking for my input it would not have that impact.”
Incentive	Outline the benefits of this approach, eg “The benefit would be that I wouldn't spend time worrying about what you did or didn't mean and we would be able to do what you have asked but feel much happier.”



For more information about the Staff Charter rights and responsibilities or the 'Respecting each other' programme, please visit [www.ekhuft.nhs.uk/respectingeachother](http://www.ekhuft.nhs.uk/respectingeachother)

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**REPORT TO: **COUNCIL OF GOVERNORS**DATE: **10 NOVEMBER 2015**SUBJECT: **GOVERNWELL - CORE SKILLS**PURPOSE: **Information****Report on GovernWell Training Event – Core Skills. Tuesday 30<sup>th</sup> June 2015 by NHS Providers in Westminster. Attended by Chris Warricker**

Twelve governors attended this one day event, consisting of formal presentations with discussion on issues faced by governors. One presenter was a Governors chair and the other was Mr. Redhead from Monitor who also presented at an internal trust recent training event. The session provided a forum for governors to network and learn from each other.

The topics covered were:

- The framework within which NHS foundation trusts operate
- The governors duties
- The concepts and methods of holding the board to account

The models of care included in the **5 year forward view** were explained, this is useful to know so that governors can determine whether Trust plans and the wider health economy in the area are focusing on the right things.

One section examined the **obligations of the Board, what it should do and how it should function**, understanding this is essential for governors to effectively hold the Board to account. This section also covered **what can go wrong when a Board is ineffective**, and the importance of good information to provide adequate assurance. Questioning is discussed and advice given.


NHS money flows trust financial structures were explained. **The role of Monitor is explained**. It explains the importance of financial information being presented in a way that facilitates a **judgement on the performance of the Board** and its assessment of the performance of the trust.

Another section showed **how governors can support the provision of quality care**, and the importance of understanding how the Trust is performing, what its strategy is and how plans are effectively implemented.

The roles of the **NED's and governors are compared and contrasted**, this is useful in ensuring questions are targeted on the right areas.

This is an excellent course, I will be using much of what I have learnt and will be a more effective governor as a result.

**I recommend that all governors attend this course, and perhaps the Trust should arrange a session locally to avoid unnecessary travel.**



# Schwartz Centre Rounds



# A demanding healthcare environment

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- Increase in demand and activity
- NHS funding constraints
- Patient population – older, more frail and complex
- Shortage of highly trained, specialist staff, dependency on staff from EU with English as a second language and locums
- Uncertainty at all levels / high rates of organisational change
- Short term relationships – between staff and between staff and patients
- Pressure to reduce lengths of stay
- Care staff working very long shifts



# Pressures on staff wellbeing

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- In 2013 1.7 million people went to work for the NHS and three million patients were treated every week

The 2012 NHS Staff Survey tells us that:

- 38% of staff felt unwell as a result of work-related stress in the previous year
- 69% say they attended work in the previous three months despite not feeling well
- 30% say they experienced bullying, harassment and abuse from patients, their relatives or the public in the previous year

# ○ What is the effect of the problem?

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- Withdrawal for emotional protection
- Isolation, depression and stress
- Large minority = burnout
- Lowered sense of personal effectiveness
- Emotional exhaustion
- Depersonalisation of care

***“Kindness suffers as the capacity for fellow feeling recedes.”***

Ref: Ballat J and Campling P (2011) *Intelligent Kindness*

# Schwartz Rounds

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*Schwartz Rounds are meetings which provide an opportunity for staff from all disciplines across the organisation to reflect on the emotional aspects of their work and are inclusive of all staff groups.*

# ○ Format of a Schwartz Round

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- Lunch is offered before the start
- Presenting team talk for 15 - 20 minutes
- Trained facilitators moderate the discussion
- The audience is asked to share their thoughts, ask questions, offer similar experiences
- Round lasts for 1 hour in total
- [http://www.youtube.com/watch?feature=player\\_embedded&v=JUk-mIGZm7s](http://www.youtube.com/watch?feature=player_embedded&v=JUk-mIGZm7s)

# ○ What is a Schwartz Round?

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## Examples of Round themes

- The patient I'll never forget
- Trying to help in impossible circumstances
- Conflict – with patient; family; colleagues
- 'Unrewarding patients' – nasty; terrifying; intractable problems; ungrateful; uncooperative; families
- Organisational events – e.g. poor CQC report, a major complaint; litigation
- Making mistakes
- Human too – personal and professional overlap

# ○ Impact of Schwartz Rounds

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## **US evaluations show that Rounds have a positive effect**

- For individuals
- For teams
- For organisations
- This impact increases over time spent attending Rounds

Sanghavi DM (2006) What makes a compassionate patient-caregiver relationship? *Joint Commission Journal on Quality and Patient Safety* 32(5): 283-292.

Lown, BA, Manning, CF (2010) The Schwartz Center Rounds: Evaluation of an interdisciplinary approach to enhancing patient-centred communication, teamwork and provider support. *Academic Medicine* 85(6).

# ○ Impact of Schwartz Rounds (Continued)

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## **In the UK, Round led to an increase in:**

- Staff confidence in handling sensitive issues
- Beliefs in the importance of empathy
- Actual empathy with patients as people
- Confidence in handling non-clinical aspects of care
- Openness to expressing thoughts, questions and feelings

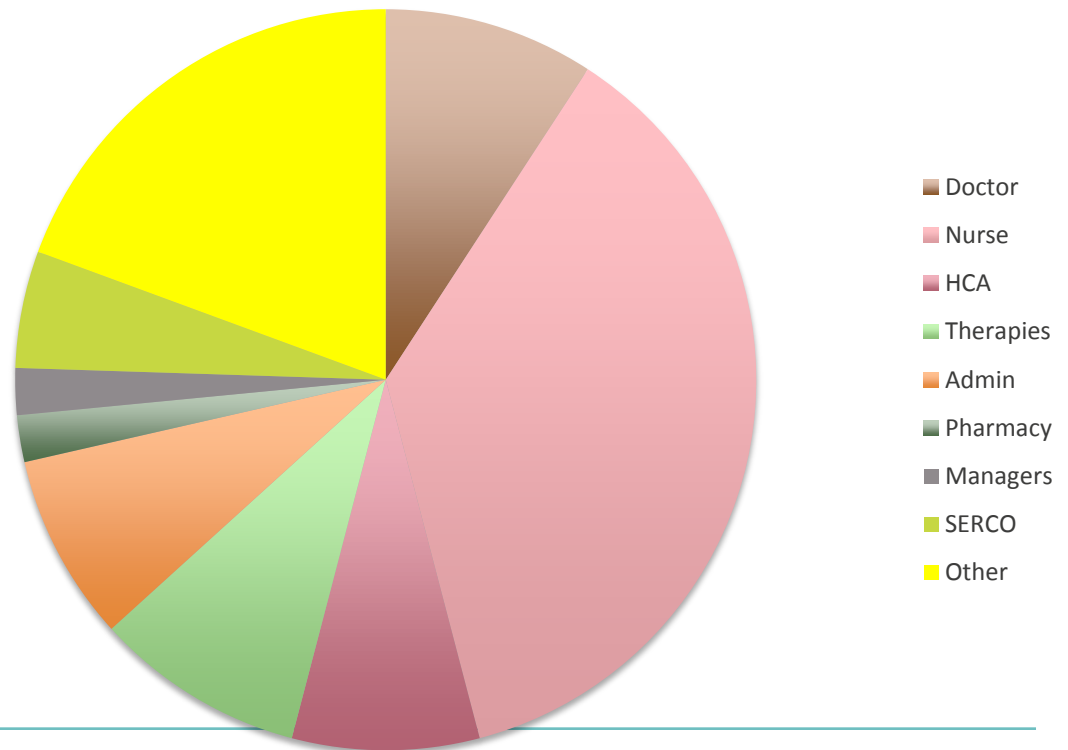
*Goodrich, Joanna 'Supporting hospital staff to provide compassionate care: Do Schwartz Centre Rounds work in English hospitals?' JR Soc Med 2012: 105:117-122*

A number of other published studies report positive results

# ○ EKHUFT Experience

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- Rounds introduced at WHH in January 2015
- 583 people have attended the first 6 rounds (average 97 per round)
- Need to engage theatre and laboratory Staff.
- More Managerial and Exec visibility needed

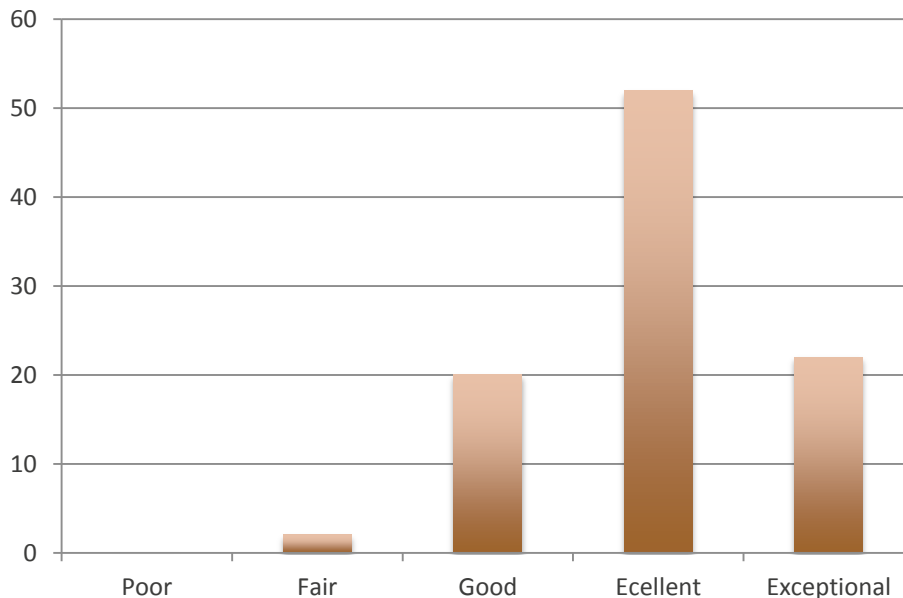




# ○ Feedback Jan-July 2015

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- 425 (73%) Provided Feedback



- **Rounds so far:**
- A patient I will never forget
- Grinning and bearing it
- End of Life Care
- Going the extra mile
- In the dock
- Winter Pressures
- Being dropped in at the deep end
- What makes a compassionate care giver?

# ○ Impact of Schwartz Rounds

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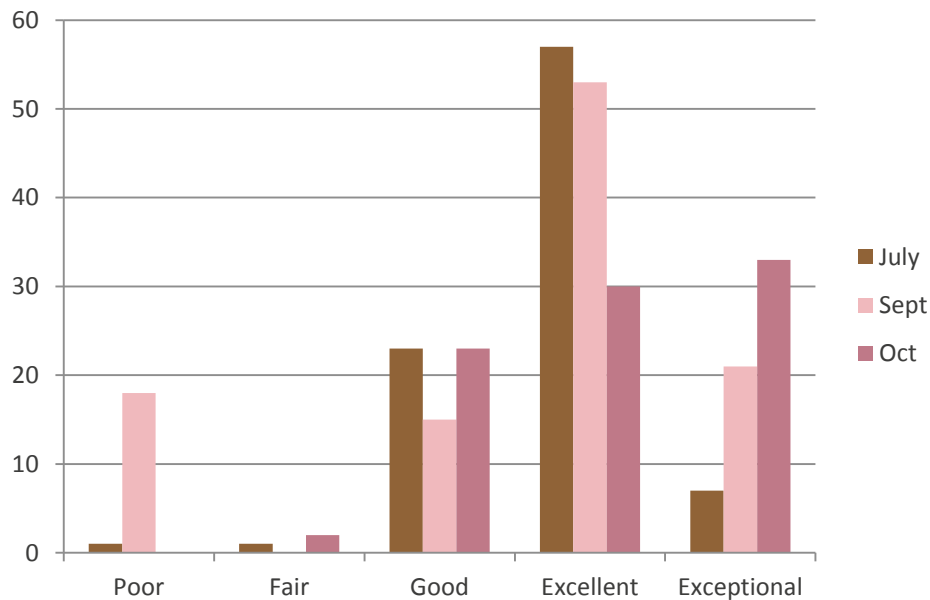
## **Feedback from Rounds**

- Rounds acknowledge feelings and reduce stress
- Rounds encourage networking and multidisciplinary team working
- Rounds contribute positively to hospital culture
- Power of hearing senior staff express vulnerability
- Shared understanding of experience
- Different opportunity to think when not trying to problem solve

# ○ Feedback July-Sep 2015

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- 223 (76%) Provided Feedback



## Rounds so far:

- Thrown in at the deep end
- What makes a compassionate carer
- Lightning can strike twice

## 2016 COUNCIL OF GOVERNORS' MEETING SCHEDULE

MONTH	DATE & TIME	VENUE
January	Monday 18th 10:00 - 15:00 AM – Public Meeting PM – Private Meeting (Development/Training)	The Orangery <b>Smith's Court Hotel</b> 21-27 Eastern Esplanade Margate CT9 2HL
February	<u>Joint NED / Governor Meeting</u> Monday 22nd 09:30 - 13:00 Private Meeting	<b>The Julie Rose Stadium</b> Willesborough Road Ashford TN24 9QX
March	Monday 14th 10:00 - 15:00 AM – Public Meeting PM – Private Meeting (Development/Training)	<b>The Julie Rose Stadium</b> Willesborough Road Ashford TN24 9QX
May	Tuesday 24th 10:00 - 15:00 AM – Public Meeting PM – Private Meeting (Development/Training)	The Sanctuary <b>The Glo Centre</b> Unit 2 Westwood Business Park Margate CT9 4JJ
July	Thursday 21st 10:00 - 15:00 AM – Public Meeting PM – Private Meeting (Development/Training)	The Grand Jury Room <b>The Guildhall</b> Sandwich CT13 9AH
	<u>Joint Meeting with Board of Directors</u> 14:30 – 17:30 This is a closed (private) meeting.	tbc
	<u>AGM /Annual Members' Meeting</u> 18:00 - Exhibitions 19:00 - Meeting commences	tbc
November	Thursday 24th 10:00 - 15:00 AM – Public Meeting PM – Private Meeting (Development/Training)	The Cathedral Room <b>Best Western Abbots Barton Hotel</b> 36 New Dover Road Canterbury CT1 3DU