

**MINUTES FROM THE TWENTY-EIGHTH PUBLIC MEETING OF THE
COUNCIL OF GOVERNORS
FRIDAY 16 JANUARY 2015, SMITHS COURT HOTEL, 21-27 EASTERN ESPLANADE,
CLIFTONVILLE, MARGATE, CT9 2HL**

PRESENT:

Nicholas Wells	Chairman	NW
Mandy Carliell	Elected Staff Governor	MC
Jocelyn Craig	Elected Governor – Ashford	JC
Roy Dexter	Elected Governor – Thanet	RD
Paul Durkin	Elected Governor – Swale	PD
Carole George	Elected Governor – Dover	CG
Brian Glew	Elected Governor – Canterbury	BG
Alan Hewett	Elected Governor - Shepway	AH
Reynagh Jarrett	Elected Governor – Thanet	RJ
Eunice Lyons-Backhouse	Elected Governor – Rest of England and Wales	ELB
Michael Lyons	Nominated Governor – Volunteers Working with the Trust	ML
Dee Mepstead	Elected Governor – Canterbury	DM
John Sewell	Elected Governor – Shepway	JS
Philip Wells	Elected Governor – Canterbury	PW
Junetta Whorwell	Elected Governor – Ashford	JW
Matt Williams	Elected Governor – Swale	MWi
Cllr Patrick Heath	Nominated Governor (Local Authorities)	PH
Martina White	Elected Governor – Dover	MWh
Liz Rath	Elected Governor – Dover	LR
June Howkins	Elected Governor – Shepway	JH

IN ATTENDANCE:

Julie Pearce	Deputy Chief Executive	JP
Chris Corrigan	Non Executive Director	CC
Helen Goodwin	Deputy Director of Risk, Governance & Patient Safety (Minute No. 08/15)	HG
Sandra Le Blanc	Director of HR	SLB
Jane Waters	Cultural Change Programme Manager	JWa
Jonathan Spencer	Non Executive Director	JSp
Sarah Swindell	Assistant Trust Secretary	SS
Stephen Dobson	FT Membership Engagement Co-ordinator	SD

MINUTE NO.		ACTION
01/15	CHAIRMAN'S INTRODUCTIONS The Chairman welcomed Governors and members of the Board to the meeting.	
02/15	APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST Apologies were noted from: David Bogard, Elected Staff Governor Derek Light, Elected Governor - Ashford Marcella Warburton, Elected Governor – Thanet Geraint Davies, Nominated Governor – SECAMB Vikki Hughes, Elected Staff Governor Debra Teasdale, Nominated Governor representing University of Kent and Christ Church University Stuart Bain, Chief Executive	

Peter Presland, Non Executive Director
Valerie Owen, Non Executive Director
Richard Earland, Non Executive Director
Alison Fox, Trust Secretary

03/15

MINUTES FROM THE LAST PUBLIC MEETING HELD ON 7 NOVEMBER 2014 AND MATTERS ARISING

The minutes of the meeting held on 7 November 2014 were agreed as an accurate record subject to the following amendments:

- Page 6, paragraph 5, two sentences were repeated.
- Page 7, paragraph 3, should read blood lactate levels and not blood tests.
- Page 6, paragraph 8: There was a concern regarding the CQC's perception that the Trust did not have a lead for children and young people.

The update on actions was noted. The following additional updates were received at the meeting:

Minute Number 59/14 – CQC Inspection Update

JP clarified it had been made clear that she was the Executive Director lead for Safeguarding but the CQC Report highlighted communication and awareness of her broader role in terms of Executive Lead for children and young people had needed to be strengthened. This had now been addressed.

Closed

Minute Number 63/14 – Committees – PSE Committee

DM referred to discussion at the last meeting regarding staff availability to attend training programmes. DM had attended a child protection study day and raised a concern there were staff were due to attend but were unable to do so due to work pressures. She observed there were several staff booked on the course from one ward and A&E staff who did not attend and wondered if better planning was required. She also reported a subsequent programme had been cancelled due to lack of takers.

JP recognised there were challenges when releasing staff for training during periods of pressure. Staff were encouraged to commit to booked training where they can. JP chairs the Children's Board and this forum was looking at alternative ways of delivering training in the work place, to include work place training.

SLB stressed the importance of mandatory training. E-learning was used in the Trust but there were system issues which were being looked at. The Trust was moving towards a booklet for staff to work through. She added that where training required a practical element, backfill was reliant on agency staff. SLB and JP were reviewing challenges to ensure staff receive the required staff.

RJ raised a concern workplace training could be distracting.

LR reported she had proposed to the Deputy Chief Nurse that training be evaluated to ascertain those unable to attend due to inadequate cover being arranged by line managers.

RJ reported some staff were willing to undertake e-learning in their own time whereas others were not.

NW reported the robustness of the e-learning system was being reviewed.

Other matters arising

PD referred to the presentation received at the last meeting on Sepsis. He reported he had been given permission to hand out leaflets he had acquired with further information and these were tabled at the meeting.

04/15

PERFORMANCE UPDATE

JP provided an update on behalf of Stuart Bain, Chief Executive. She contextualised the current performance position by reminding the Governors of the operational pressures faced by the Trust.

The Trust had met the diagnostic standard (99% of patients seen within 6 weeks) for November and December. There had been previous challenges within the endoscopy pathway which had been addressed. The improved performance would have positive implications for cancer pathways and 18 week RTT.

A&E continued to experience challenges. December reported 88.5% of patients seen within 4 hours against the 95% standard. The Trust had a sound understanding of the contributing factors: increased demand; and increase in the acuity of patients presenting. There had been an increase in the number of frail elderly patients with pneumonia and flu in comparison to the previous year.

Challenges associated with delayed transfers of care continued, specifically at QEQM.

A joint recovery plan was in place with commissioners which had been discussed with Monitor and the area team.

The Trust was currently piloting a 'Perfect Week' Department of Health initiative. The Trust and key partners had signed up to pledges to improve patient flow. This would be formally evaluated to identify key learning to be embedded into normal practice. The actual 'Perfect Week' would run from 3 March 2015 to 10 March 2015.

Council of Governors discussion (A&E):

RJ referred to a report to the Parliamentary Select Committee which stated the 111 service was responsible for a high number of referred attendances to A&E. He asked if this had been experienced in East Kent.

JP responded there were multiple variables contributing to the increase in A&E activity. The 111 service was also experiencing increased demand, as too was SECAMB. The 111 services did not regularly share data direct with the Trust as this was sent to commissioners. The Trust was working with commissioners to try to link data.

JC referred to the guidance recently announced by NICE on the nurse to patient ratio in A&E. She asked if the Trust was meeting these requirements.

JP responded there would be a consultation on the NICE guidance and this would be reviewed by the Trust. The Board of Directors would be receiving a Ward Staffing Report at its January meeting which would include A&E. The Trust was not meeting the standard proposed by NICE and investment would be required to do so.

RJ referred to the national shortage of band 5 nurses and asked how the Trust would meet the proposed NICE guidance. JP responded it was unclear if the NICE guidance referred to registered nurses only as there were opportunities to review the multidisciplinary team.

JC relayed a personal experience of a delay in receiving diagnostic results. She asked if the Trust kept records of these delays.

JP confirmed the Trust does record this data. There were workforce constraints but areas of improvement had been identified.

CG supported JC's comments regarding delays with receiving diagnostic results and relayed her own personal experience.

MWh referred to the additional funding from Government for A&E Departments and asked if this Trust had received this additional funding. JP confirmed surge resilience funding had been received. Commissioners were required to evaluate who received funding and the impact of schemes.

JP added the Trust had implemented with commissioners an integrated discharge team which had been funded from surge resilience funding. The main purpose was admission avoidance.

Following a question raised by MWh, JP confirmed work had been undertaken in pharmacy to extend working hours to align to discharge planning.

RJ observed it was important a fundamental step change took place in social care to support the acute sector.

JSp encouraged Governors to read the report issued by Monitor on 2 January 2015 which recognised significant pressures across the NHS with a large number of Trusts reporting a deficit position at quarter 2. A&E waiting times had trebled which was unprecedented in the last 10 years. As a result, Monitor was asking Foundation Trusts for a one year forward plan rather than two years as requested in previous years.

ELB referred to improvements needed in outpatients to ensure diagnostic results were available for appointments.

JW referred to the national shortage of GPs which impacted on hospital pressures.

Referral to Treatment – 18 week

The results for November 2014 were included in the paper accompanying the agenda. JP reminded Governors of the increase in orthopaedic referrals which had impacted on the backlog position. A robust plan had been jointly agreed with commissioners, Monitor and the area team. It was hoped resilience funding would be sustained to increase capacity to address demand. This formed part of contract discussions with commissioners.

Council of Governors discussion (18 weeks):

RJ asked if there was spare orthopaedic capacity within the private sector. JP

reported there were constraints and the Trust was working hard to increase internal capacity.

Cancer Standards

JP reported this was an improving position. There had been previous challenges within the 2 week wait and the 62 day referral pathways. The Trust reported compliance for both standards in December 2014. However, the Trust would not be reporting a compliant position for quarter 3. A recovery plan was in place with Divisions to move the Trust into a compliant position from quarter 4.

Council of Governors discussion (cancer standards):

AH commented that since breast surgeons had been removed from general surgery, performance appeared to have deteriorated. JP clarified breast surgeons had been removed from emergency rotas only. There had been an increase in demand within the 2 week symptomatic breast pathway which had impacted on performance. Capacity had increased but would take time to embed.

NW added that many GPs had not made patients aware of the referral pathway which had impacted on the 2 week wait target.

LR referred to the increase in number of 20-30 year olds presenting to A&E. JP responded the Trust was seeking to clarify the reasons behind this increase.

Quality

JP reported *C.difficile* reported an improving position. Extra measures put in place were coming to fruition. In addition, the Trust met the required standard for response times to complaints for November and December.

Finance Position

The Trust continued to report a deteriorating financial position. Contributing factors included: increased costs and spend, particularly agency staff in response to demand; and non-achievement of the cost improvement programme. In terms of the latter, the Executive Team had reviewed additional support for Divisions and identified specific themes.

Council of Governors decision/agreed actions:

The Council noted the latest performance position.

Governors proposed consideration be made to the following changes in reporting and SS agreed to feed back to the Director of Operations:

- MWh commented it would be useful within the A&E section of the performance report to have detail of fluctuation of staff and number of attendees.
- LR commented it would be helpful to have patient activity numbers included in future reports. In addition, differences between weekends and weekday performance, particularly in A&E.
- RD asked if the A&E performance data could be broken down by site and requested this be included in future reports. JP confirmed this data was held by the Trust.

05/15 PATIENT STORY

JP presented the report which relayed the experiences of an 84 year old lady with confusion who was discharged inappropriately from the Clinical Decision Unit (CDU) at QEQM. The story described a breakdown in communications and discharge planning which caused distress to the patient and family who lived a distance away.

The complaint had been sent to the Parliamentary Health Service Ombudsman (PHSO) who upheld the complaint. The Trust had apologised to the family.

JP went through the learning in the report and actions identified. These specifically related to alignment of communication processes. JP explained although ward managers were responsible for discharge planning, there had been recognition of the support required for teams to ensure responsibilities were discharged safely.

Council of Governors decision/agreed actions:

The Council of Governors noted the report.

Noted

06/15 CQC INSPECTION UPDATE

JP provided an update. The report circulated with the agenda reflected the position as at November 2014. There was a subsequent submission on 11 December 2014.

The report provided an idea of the progress made by the Trust. Governors were reminded of the RAG rating system. The CQC action plan was subject to robust challenge from Monitor and by the Trust's Improvement Director.

The Trust was working to ensure staff were aware of the work ongoing in the Trust.

Council of Governors discussion:

PW asked if the Trust was communicating the RAG rating system to staff. JP responded the Trust was working with the Communications Department to ensure staff felt listened to and to present feedback in a meaningful way.

SLB added a newsletter had been developed "Our Improvement Journey" which was being circulated with payslips.

NW reported the Trust's staff engagement plan was central to discussions with Monitor at monthly performance review meetings. Monitor had indicated that delivery of Trust's staff engagement programme would move the Trust in the right direction. In addition, the Trust was looking at other Trusts who had been placed into special measures to see how they report progress to staff.

JW referred to indepth cleaning audits being undertaken in all areas and asked who carried out this work. JP explained audits were undertaken by Serco and Ward Matrons on a daily basis.

MWh referred to the areas in the action plan confirmed as 'blue' (completed and embedded). She asked if the CQC and Monitor jointly agree status against actions with the Trust. JP explained this was the Trust's view.

NW added that progress with the action plan was subject to rigorous review by the Trust's Improvement Director who would confirm agreement or not to the status declared against actions.

LR referred to recruitment and retention. She commented retention was a risk and robust mentoring of newly appointed staff was required.

RJ referred to European nurses employed by the Trust with competencies and skills which were not being recognised. He added there needed to be a more rapid way of recognising these skills and competencies to ensure staff felt valued.

JP explained there was a wide variation in the skills of European nurses and it took time for the Trust to assure itself of their competencies. However, the Trust had identified learning from early cohorts to improve team integration.

DM observed although the Trust had experienced staff moving away from the organisation, there were a significant number of staff still arriving from Europe.

PD asked if the Trust was promoting the choose and book system for outpatient appointments. JP explained financial incentives had been removed resulting in a change in behaviour.

Council of Governors decision/agreed actions:

The Council noted the update of progress made against the plan.

Noted

07/15

STAFF ENGAGEMENT PROJECT – UPDATE

SLB introduced the item. She explained the project had been introduced to respond to observations made by the CQC report and feedback received from staff via national staff surveys.

Jane Waters (JWa), Cultural Change Programme Manager, was in attendance for this item. She provided a presentation to include details of the future vision for the culture of the organisation, current work ongoing and timetable. The same presentation was provided to Monitor at the last Performance Review Meeting.

An updated 'Vision' was tabled at the meeting. Governors were asked to comment. The vision was based on research undertaken nationally and globally on what engages and motivates staff.

Council of Governors discussion:

RJ referred to the vision document tabled and the quotation marks used. He asked if these statements were what the Trust wanted to achieve or what staff had fed back.

CG further asked if the vision was based on qualitative and quantitative information and asked the level of staff involvement in formulating this vision.

JWa confirmed measures were put in place and pulse surveys were being formulated to test the vision face to face with staff. Monitor had also requested to see the detail.

SLB added the Trust was working with the Hay Group to conduct focus groups

with staff to better understand issues raised and to understand their view of the future. The report from Hay would be available in March 2015. Monitor challenged this date and requested the Trust develop an improvement plan at pace. The vision had been developed from information in the CQC report, national staff survey reports and internal staff listening exercises. This will be tested as part of the focus groups.

JSp asked how the Trust would encourage participation from staff who had been disaffected. JWa responded it was important not to 'over-survey' staff. There were a variety of initiatives in place and a wide range of staff were committed.

JC referred to the stakeholder events and focus groups and asked if Governors would be involved.

JWa confirmed Governor involvement would be welcome. Staff Governors were already engaged and she would be seeking one or two public governor representatives. In addition, she was keen to work with the Council of Governors Patient and Staff Experience Committee.

RJ commented changing behaviours would take time to embed. JWa agreed and reported the development of an agreed set of values and behaviours were integral to this project.

LR commented staff engagement would improve by listening and responding to staff concerns.

JWa agreed and confirmed this was one of the main aims of the focus groups.

LR asked if the Unions had been involved in this project.

SLB confirmed this project had been presented to the Staff Committee and trade union colleagues had endorsed the direction of travel. Executive Directors and NW had spent time engaging with staff directly and indirectly.

SLB went on to say that the Trust's Raising Concerns Policy had been updated and the Trust was starting to see an increase in concerns being raised. Cultural change would take time to embed.

AH referred to leadership issues highlighted by the CQC and commented that cultural change needed to take place at all levels.

JWa responded SLB would be working with the Executive Team and the Board regarding role modelling, sponsorship and commitment to this project.

SLB added it was anticipated a behavioural framework would be in place by the end of March 2015.

JSp referred to reports from the Kings Fund regarding leadership vacancies in the NHS. They refer to the name and blame culture of the NHS rather than resource deficiencies. He commented placing a Trust in special measures would affect staff morale.

Council of Governors decision/agreed actions:

The Council noted the work being undertaken to improve staff engagement within the Trust.

Noted

JWa/SLB would reflect on the following comments received on the vision document:

JWa/
SLB

- MWh felt that reference to team working needed to be incorporated ('I am listening to my team and responding').
- JW commented there was no mention of staff supervision or appraisals. In addition, how would making a difference to patients be measured.
- CG felt it would be useful for bubbles to be overlapped to articulate the importance of engagement from Management. She added it needed to be made clear on the document this was a continuing and changing process.

08/15

QUALITY REPORT 2014/15: LOCAL INDICATOR

Helen Goodwin, Deputy Director of Risk Governance and Patient Safety, was in attendance for this item.

A presentation was provided which included the background of the requirement for Trusts to produce a Quality Report and the requirements of external auditors to audit mandated indicators and a local indicator chosen by Governors.

There was not a requirement last year for Auditors to publish their opinion of the Governors opinion.

From intelligence received from the Trust's external auditors, for 2014/15, the local indicator chosen by Governors will continue to be in place. There is a change to Mandated indicators: maximum time of 18 week RTT for patients on an incomplete pathway (target 92%); and a choice between 62 day cancer waits, emergency or 28 day readmissions.

In order for KPMG to perform a complete audit, data must be aligned with a unique data indicator. Proposals put forward to the Council were:

- Response times to formal complaints (indicator for the previous year);
- Cardiac arrest data (review of outcomes following cardiac arrests with our service); and
- VTE risk assessment documentation (including administration of the correct thrombolytic drug treatment).

Council of Governors discussion:

RJ asked the difference between cardiac arrest and someone dying. HG responded it was important to align CPR with end of life decision making which is patient centred.

DM disagreed with the CQC report which stated the Trust did not provide good end of life care. She asked if the cardiac arrest indicator could be expanded to end of life decisions.

BG personally was in favour of the VTE indicator. He commented that this was an area of improvement highlighted (in terms of process) at executive patient safety visits.

Council of Governors decision/agreed actions:

The Council of Governors agreed the Patient and Staff Experience Committee would co-ordinate a list of indicators put forward from Governors for consideration.

ELB/AH

A vote would be conducted electronically.

SS reminded Governors that the indicator would need to be auditable and advice would be sought internally and fed back to Governors.

09/15

COUNCIL OF GOVERNOR COMMITTEES

Communications and Membership Committee

BG assumed the report had been red and asked for endorsement to the recommendations. The Council of Governors approved the following:

- The Committee to have a (new) role in managing and reporting feedback from the members and wider public.
- Develop further the relationship between the Council and volunteers/voluntary organisations working with the Trust.

Agreed

Agreed

The Committee also recommended a discussion item involving HealthWatch twice per year. A concern was raised this would occupy too much time on the agenda and RJ referred to information events already put on by HealthWatch. This would be discussed more fully in the open discussion session in the closed meeting later today.

The Council also noted the positive experiences of those Governors who engage actively with wider community interests.

Strategic Committee

JS presented the report. The Committee had received a presentation on the latest Annual Plan developments. Monitor had subsequently published guidance requesting Foundation Trusts submit an annual forward plan. Governors would receive an update on the development of the Trust's plans in the closed meeting later today.

The Committee will lead on a commentary from the Council of Governors for the Trust to consider as part of its final submission to Monitor in April 2015.

The Council broke for lunch at this time.

Nominations and Remuneration Committee

PW and NW provided an update from the meeting held on 9 January 2015. The Council of Governor endorsed the following recommendations:

- To proceed immediately with the recruitment to two NED positions, one to replace Steven Tucker who left the Trust in November 2014 and an additional NED position which had been created to rebalance the Board following the introduction of a new Executive Director position (Chief Operating Officer).
- The next meeting of the Committee will review the terms of office of other NEDs due to expire in 2015 at their next meeting.
- Three Governors to participate on interview panel – It was noted that the whole nominations and Remuneration Committee will be involved in the shortlisting of candidates.

Agreed

Agreed

Agreed

NW updated the Council on Executive Director recruitment process:

The Council was reminded the Trust was unsuccessful in its recruitment of a

substantive CEO in December 2014. The plan originally was to commence recruitment again early 2015. Discussions with Monitor concluded the most appropriate way forward was for the Trust to appoint an interim for 12 months from 1 April 2015. This would bring stability to the organisation to take forward the clinical strategy programme of work and embed recommendations from the CQC report, making the Trust more attractive to future potential candidates.

The Trust would be interviewing three candidates for the Director of Finance and Performance Management position on Monday 19 January 2015. Interviews for the Director of Operations position were scheduled for Friday 23 January 2015.

The Board of Directors had been asked to engage an external review of its governance. A draft report had been received by the Trust. The Board of Directors would be commenting on factual accuracy by 20 January 2015 and the report would be discussed at its closed meeting on 29 January 2015. The full report would not be published as it contained staff in confidence information. However, NW had asked Deloitte to produce a document containing the broad themes and recommendations for improvement together with the Trust's response. This document would be published and would be made available to Governors.

In addition, NW had asked Deloitte to attend the March Council of Governors in the closed session to provide the opportunity to Governors to receive the recommendations and responses in more detail.

MWi referred to the CoG responsibility to hold the Non Executive Directors to account. He asked how the Council could fulfil this role effectively without seeing the full report. RJ raised a similar concern.

NW clarified the report contained direct confidential quotations about individual directors which would remain staff in confidence. NW had tested the approach being taken by Monitor and Deloitte. Monitor would receive the full report and would ensure improvements were delivered.

RJ commented in view of the Deloitte report, Governors had not succeeded in holding the Board to account.

JC asked why the Trust had decided to appoint an interim CEO and not to a substantive position. NW explained the market was not strong at this time. The decision to appoint an interim followed discussion with Monitor. As the Trust was in special measures, Monitor would be involved in approving shortlists of CEO appointments.

The Council of Governors noted the Committee would review the terms of office of other NEDs due to expire in 2015 at their next meeting (Valerie Owen, Christopher Corrigan, Peter Presland, Jonathan Spencer). In addition, the Committee would review NW's position as his term was due to expire 3 September 2015.

Patient and Staff Experience Committee

ELB presented the report updating the Council on the work of the Committee since the last meeting. She referred specifically to the proposed involvement of

the Committee in the Staff Engagement Programme and invited discussion on envisaged priorities.

ELB

BG commented there was an additional element driven by the CQC report. There was a role for Governors to oversee and assure themselves regarding the Trust's response to the CQC report was achieving results. This could form part of discussions with staff as part of the Committee's involvement in the staff engagement programme.

SS

It was agreed that Jane Waters would be invited to the next Committee meeting to explore Governor involvement in the Staff Engagement Programme further.

10/15 **FEEDBACK FROM GOVERNORS WHO SIT ON WIDER TRUST COMMITTEES**

DM fed back from the End of Life Board meeting held on 4 December 2015. A paper was presented on the EKHUFT model for palliative care and end of life care. The next in your shoes session was scheduled for the 27 January 2015 at QEQM.

RJ was now a Governor member of the Patient Safety Board. He explained much of the information presented to this meeting was sensitive but he would report back key information to the Governors.

JW was a member of the We Care Steering Group and she reported this meeting had not met since the last Council meeting.

11/15 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no members of the public present.

12/15 **ANY OTHER BUSINESS**

PD reported a press article containing feedback from a mystery shopper who was exploring how easy it was to make a complaint. JP provided assurance by confirming she was taking this forward via the complaints process.

NW reminded the Council this was the last meeting for DM, JC and LR as they would not be standing for re-election when their term ended at the end of February 2015. NW thanked them for their contribution to the Council during their terms and Governors relayed their best wishes for the future.

Date of the Next Meeting: 16 March 2015, Julie Rose Stadium, Ashford