

**MINUTES FROM THE TWENTY-NINETH MEETING OF THE
COUNCIL OF GOVERNORS
MONDAY 16 MARCH 2015, JULIE ROSE STADIUM, ASHFORD, WILLESBOROUGH ROAD,
ASHFORD, TN24 9QZ**

PRESENT:

Nicholas Wells	Chairman	NW
David Bogard	Elected Staff Governor	DB
Mandy Carliell	Elected Staff Governor	MC
Paul Durkin	Elected Governor – Swale	PD
Brian Glew	Elected Governor – Canterbury	BG
Reynagh Jarrett	Elected Governor – Thanet	RJ
Eunice Lyons-Backhouse	Elected Governor – Rest of England and Wales	ELB
Dr John Sewell	Elected Governor – Shepway	JS
Philip Wells	Elected Governor – Canterbury	PW
Matt Williams	Elected Governor – Swale	MW
Carole George	Elected Governor – Canterbury	CG
Jane Burnett	Elected Governor – Ashford	JB
Junetta Whorwell	Elected Governor – Ashford	JW
Sarah Andrews	Elected Governor – Dover	SA
Dr Philip Bull	Elected Governor – Shepway	PB
Susan Seymour	Elected Governor – Shepway	SSe
Marcella Warburton	Elected Governor – Thanet	MW ^a
Chris Warricker	Elected Governor – Ashford	CW
Debra Teasdale	Nominated Governor – Representing Christ Church University and University of Kent	DT
Jane Martin	Nominated Governor – Local Authorities	JM
Michael Lyons	Nominated Governor – Volunteers Working with the Trust	ML

IN ATTENDANCE:

Stuart Bain	Chief Executive (<i>Minute Number 13/15 to 18/15 and 20/15</i>)	SB
Sue Lewis	Improvement Director	SL
Richard Earland	Non Executive Director	RE
Jonathan Spencer	Non Executive Director	JSp
Sandra Le Blanc	Director of Human Resources (<i>Minute Number 13/15 to 20/15</i>)	SLB
David Hargroves	Clinical Chair of the Improvement Board	DH
Peter Gilmour	Director of Communications	PG
Alison Fox	Trust Secretary	AF
Sarah Swindell	Assistant Trust Secretary (Minutes)	SS
Stephen Dobson	FT Membership Engagement Co-ordinator	SD
Gavin Bennie-Coulson	Volunteer Co-Ordinator	GBC

Item 20/15 was taken as the first item after 16/15. However, the minutes reflect the order of the agenda for consistency.

MINUTE NO.		ACTION
13/15	CHAIRMAN'S PERFORMANCE EVALUATION This item was led by JSp and was held in closed session. A separate minute had been recorded and circulated to Governors only.	
14/15	CHAIRMAN'S INTRODUCTIONS NW welcomed members of the Council of Governors and Board of Directors to the meeting.	

15/15 APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies were noted from:

Roy Dexter, Elected Governor – Thanet
 Vikki Hughes, Elected Governor – Staff
 Geraint Davies, Nominated Governor – SECAMB
 Christopher Corrigan, Non Executive Director
 Peter Presland, Non Executive Director
 Valerie Owen, Non Executive Director (attended PM closed session)
 Julie Pearce, Chief Nurse and Director of Quality
 Paul Stevens, Medical Director

No declaration of interests were declared.

16/15 COG ELECTION RESULTS

The outcome of the election was noted. NW congratulated Governors who were re-elected and invited all new Governors to the Council to provide brief introductions and an overview of their background.

NW reminded the Council there were three seats subject to by-election.

17/15 MINUTES FROM THE LAST JOINT MEETING HELD ON 16 JANUARY 2015

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

The updates on actions were noted.

Matters arising

BG asked if there was any scope for Governor involvement in the Cultural Change Steering Group. SLB confirmed input would be welcome. SS would co-ordinate a Governor representative.

SS

18/15 PERFORMANCE UPDATE

Stuart Bain (SB), Chief Executive, was in attendance for this item. He provide the following key performance updates:

The Friends and Family Test response rate had steadily improved. EKHUFT now reported above the Kent average rate. Responses also indicated an improvement in the public's satisfaction with Trust services.

The Trust reported one MRSA at year end. After a difficult start to the financial year, *C.difficile* performance had improved and only two cases had been reported in the last 80 days.

The 18 week referral to treatment (RTT) standard reported a non-compliant position. SB reminded the Council of the agreement reached with Commissioners and Monitor to address the backlog position in chronological order. The decision was made in the best interest for patients.

CCGs were now triaging referrals. The Trust was monitoring the impact which

currently reported a 25-50% reduction in excess referrals.

The cancer targets were subject to continued pressure. The Trust had received the second highest number of 2 week wait referrals in the country. Engagement with the wider health economy had strengthened and additional capacity had been put in place. Clinically, there was now a greater sense of ownership.

It was anticipated the Trust would fail the 62 day cancer target in Quarter 4 but compliance would be achieved against all other cancer targets. The 62 day cancer target was a challenge nationally. The Trust had a specific challenge in urology as patients with slow progressing cancers were choosing to delay procedures in favour of the less invasive robotic procedure.

Challenges were experienced in December with the 6 week target for diagnostics. Main drivers were within endoscopy linked to implementation of a new service at William Harvey Hospital and staff resource. This had since been resolved.

A&E reported a non-compliant position. Governors were aware of the challenges faced nationally. EKHUFT had taken forward a 'perfect week' pilot exercise in January 2015 and ran the full exercise in March 2015. The pilot was developed by National Advisory Teams with the aim of ensuring the whole system operated similar to an emergency situation. Analysis of the impact of the 'perfect week' would be undertaken.

Staff resource issues in social services continued. This impacted on delayed transfers of care.

Changes in the demographics of the population (living longer and living with co-morbidities) also impacted on hospital activity.

In terms of financial performance, this reported broadly in line with the previous reports. Cost pressures had impacted on the planned surplus and a deficit would be reported at year end.

Council of Governors discussion:

JS referred to correspondence previously sent from Monitor regarding use of the independent sector to address 18 week RTT. He asked if the Trust was using this to the maximum and whether there were any constraints.

SB confirmed the Trust was maximising independent sector resources. However, there were constraints related to tariff, patient choice and consultant constraints. In addition, long waiters were usually more complex procedures which were not of interest to the private sector.

Following a question raised by DT, SB clarified the general run rate was £40m (30 days).

DT referred to the identified financial risk related to the settlement with East Kent CCGs. She asked what could be done to ensure this was not a recurring theme.

SB clarified the CCGs had disputed the settlement position of the managed contract this time last year. The Trust was disappointed it had taken so long to resolve. Lessons learned would be taken forward. However, the 2014/15 year was complex. Approximately £4.5m central funds had been received for winter

pressures which were not anticipated. Backlog monies and payment was being negotiated.

PB referred to the two week cancer target. The ability of GPs to obtain a timely outpatient consultation for patients impacted on this target. There needed to be a better series of options for patients.

SA referred to the increased demand on the system. Strong relationships with the principle commissioners were fundamental with clear contracts in place.

MW asked realistically whether the Trust would ever reach a sustainable performance position.

SB commented that standards set nationally matched reasonable expectations of service delivery (ie, a patient would not expect to wait longer than four hours in A&E). However, there was a number of contributing factors to consider: changing demographics; workforce constraints; constraints in the wider health economy. Recalibration of the whole system was required to ensure sustainability going forward.

Council of Governors decision/agreed actions:

The Council noted the performance position as reported.

Noted

19/15

2014 STAFF SURVEY RESULTS

Sandra Le Blanc, Director of Human Resources, was in attendance for this item. She provided a presentation to include: the context of the survey; response rate of 41%; and summary of key findings.

The Trust reported in the lowest 20% for 22 key findings. This was one of the lowest of all acute Trusts in England.

The further deterioration on the previous year's poor results was noted together with actions being taken forward for improvement.

Council of Governors discussion:

ML commented there needed to be an understanding of the perception of bullying and performance management. SLB responded the Trust would be working to identify specific behaviours. Training and development would be provided to managers.

RJ commented the staff survey did not come as a surprise. He referred to issues highlighted by Governors in 2013 following their Staff Experience Survey undertaken. He asked that the planned staff charter encompass the four principle pledges of the NHS Constitution. SLB responded the charter would reflect the general principles of the NHS Constitution pledges.

RJ further added that there were pockets of excellent care being delivered by staff. However, staff were despondent following the publication of the CQC report.

SLB commented that the Trust was running a staff friends and family test. The results were anticipated in the next two to three weeks. This would test the impact of the cultural change programme.

JS referred to the deterioration in staff survey response rates for East Kent. He asked if this was a general trend or specific to East Kent.

SLB responded there had been an overall decline in staff engagement nationally.

SLB reported the Trust was above average for staff appraisals. However, further work was required to strengthen the structure of appraisals. Emotional touch points would be used to encourage discussion at appraisal meetings.

DT asked if it was possible to breakdown the survey to test pockets of culture in the organisation. She provided examples of where Christ Church University had used real examples of leadership as a learning tool which had been successful.

SLB confirmed the Trust had decided to use videos with actors to deliver real case scenarios to provide understanding and more awareness.

PB commented the way in which feedback was delivered to staff is important. He referred to his experience (when working for the Trust) of 'stress management paperwork' which appeared more like 'performance management' documentation.

Following a question raised by DB, SLB confirmed staffing levels were an issue for the organisation. Concerns had been raised by staff. Work was ongoing to strengthen workforce planning and improve recruitment processes.

JB commented leadership development was important at all levels to empower staff. SLB agreed and commented that a clinical leadership programme was already in place. A wider programme was anticipated to be in place April 2015.

NW agreed leadership development was critical, particularly when staff move into managerial positions.

JW asked whether analysis had been undertaken to identify areas of discrimination from the staff survey. SLB confirmed a high level analysis had been undertaken to identify occupational groups affected. However, detailed analysis to identify types of discrimination had not yet been undertaken.

Board of Directors decision/agreed actions:

The Council of Governors noted the Staff Survey Results 2014.

Noted

20/15

CQC ACTION PLAN

David Hargroves, Clinical Chair of the Improvement Board, was in attendance for this item. He reminded the Governors of the role of the Improvement Board to oversee implementation of the Trust's action plan. He presented the report which reflected the 11 February 2015 position and drew attention to the following specifically:

Actions had been collated into themes: leadership; staff engagement; safety; data quality; and estates concerns.

Significant changes had been made to the process for monitoring and implementing the CQC action plan. It was important the action plan was fit for purpose. In addition, it was important to celebrate success to ensure a balanced

approach.

DH had led a rigorous process of reviewing all actions and timelines to determine whether they were realistic and achievable. There was a degree of optimism linked to original deadlines and this had been re-balanced.

The Cultural Change Programme (led by SLB) reported directly into the Improvement Board.

A system had been developed to evidence improvements made. The report outlined specific improvement areas since the last report provided.

There were a number of actions which were ongoing and these were monitored monthly by the Improvement Board. DH went through the high level improvement plan and provided an update on the areas currently reported as red:

A robust system for storing and accessing electronic policies and guidelines: This action was led by AF who was leading a process of cleansing the current SharePoint system and taking forward the implementation of an alternative IT solution. Robust action plans had been established at Divisional level. In addition, work was ongoing to remove all out of date paper copies of policies from ward and clinical areas.

Staff fulfilling their roles in accordance with clinical guidelines: The process was due to finish in March 2015 and this action was likely to turn blue in the next two months.

Review of complaints process and timeliness of responses: The complaints procedure had been reviewed and a new policy was awaiting sign off by the Quality Assurance Board.

Council of Governors discussion:

RJ asked whether the CQC provided guidance on how SharePoint should be used for policy management. He further asked if links had been made to other organisations to share learning.

AF confirmed she was looking at systems used by other organisations which would provide a link for availability of policies via the intranet.

SL added when the CQC revisit in July 2015, they would be looking for assurances actions were being addressed. SL's role was to assure Monitor the Trust's action plan was robust and would deliver improvements to move the Trust to a compliant position.

MW asked the Non Executive Directors if they were reassured the plan was realistic.

NW responded he was assured the plan was realistic. The key was delivering the action plan at sufficient speed.

RE believed the plan to be realistic. He commented this was a dynamic process and elements would require a greater degree of assurance.

JW commented on the format of the report which was difficult to read. She

referred to the complaints element of the action plan and asked whether the Trust was collecting data from the public.

SB clarified the action was related to response times and completeness of responses to reduce the number of returners. The complaints policy had been updated. SB was confident overall the Trust was on track to achieve this action.

CG referred to recruitment of staff and recruitment of overseas nurses where English was not the first language. She commented that clear communication was important and asked how the Trust would strengthen understanding of elderly patients and the hard of hearing. CG further referred to the importance of listening and responding to staff and asked for assurance processes to be put in place.

DH provided assurance that the Trust ensured staff employed were fit for purpose. DH agreed front line staff often have good ideas and it was important the Trust streamline processes (such as business case processes) to ensure innovations were taken forward in a timely way.

PD referred to a press article from a 'mystery shopper' following a visit to Trust sites. He referred specifically to the importance of a 'meet and greet' facility at KCH to deal with complaints and to collate compliments. NW confirmed this was an area of focus for the Complaints Steering Group of which he was a member.

RJ referred to the recent Board Governance Review which states the PALS service was non-existent in the Trust. ELB confirmed a presentation had been received at the Council of Governors Patient and Staff Experience Committee confirming the service had been reactivated and improvement had been realised.

DT referred to the removal of paper policies and guidelines at ward level and asked for assurance nurses and ward staff would have instant access to up to date documents. DH clarified the exercise was to remove out of date documents and confirmed access would remain.

JS recognised the importance of innovation but was minded of ensuring realistic timelines and managing expectations of CQC and Monitor.

PB referred to the complaints process and referred to his previous experiences working at the Trust. A conversation between the person raising concerns and the manager and/or consultant could often immediately address some of the issues raised.

Council of Governors decision/agreed actions:

The Council of Governors noted the update position as reported.

Noted

21/15

COUNCIL OF GOVERNOR COMMITTEES

Communication and Membership Committee

BG presented the report and drew attention to the following:

- Summary of current membership engagement initiatives put in place.
- The third of the latest Trust road shows was due to take place on 17 March 2015, focussed on 'pathology'. Governors were encouraged to attend.

Following the elections, Governors were encouraged to consider joining Governor Committees.

Strategic Committee

JS presented the report and drew attention to the following:

- The last meeting took place on 17 February 2015. The main focus was an update on the developments with the Trust's clinical strategy and to receive a presentation on the Trust's Seasonal Plan.

JS thanked all Governors for their contributions to the Governors' commentary on the Strategic Operational Plan 2015/16.

JS also encouraged Governors to consider joining the Committee in light of the recent Governor elections.

Nominations and Remuneration Committee

PW presented the report updating the Governors on the recruitment process and timeline for the Chair and Non Executive Director positions. The Council of Governors endorsed the following recommendations:

- To note the outcome of the electronic process conducted to proceed with the recruitment to the Chair, two vacant Non-Executive Director positions and one Non Executive Director with financial qualifications and experience to anticipate relevant Non Executive Director term expiries in early Autumn 2015.
- To note the outcome of the electronic process endorsing there be no uplift to Non Executive Director and Chair remuneration for 2015/16.
- To note the appointment of Odgers Berndtson, external recruitment agency working with the Trust.
- To note the timeline for the recruitment process attached to the report.

Patient and Staff Experience Committee

ELB presented the report and drew attention to the following:

- The Committee would be taking forward a patient experience project in outpatients using emotional touch points.
- The Committee would be working with the Trust as part of the Cultural Change Programme .
- A presentation was received at the last Committee meeting from the East Kent Hospitals Charity regarding their next major appeal focussed on Dementia.

NW reported Governors could play an important role in promoting the Charity Appeal. It was proposed a future presentation be planned for a main Council meeting.

AWG Lead Governor Report

PW presented the report from the meeting held in February 2015. The meeting focussed on obtaining an understanding of the external audit plan for 2014/15. PW further advised the Trust's external auditors would be putting on additional training sessions for Governors.

22/15

REVIEW OF COG COMMITTEE MEMBERSHIP

The current membership was noted and Governors were encouraged to join a Committee and put forward expressions of interest to Sarah Swindell.

All

23/15 **FEEDBACK FROM GOVERNORS WHO ATTEND WIDER TRUST GROUPS/COMMITTEES**

PD reported back from the Sepsis Collaboration. He reminded Governors of the importance of the Collaborative.

JW reported the last We Care meeting took place in January 2015. Unfortunately, she was not able to attend, but would be receiving the minutes.

RJ was a member of the Patient Safety Board. The Board had focussed on medicines management and incident reporting.

MWa attended the last clinical handover of care meeting. The focus of the meeting was around patient transfers (ward to ward or hospital to hospital). Audits had been undertaken in the Trust and analysis would be undertaken.

24/15 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no members of the public present.

25/15 **ANY OTHER BUSINESS**

DT raised a question in relation to the new legislation on Counter Terrorism. AF agreed to circulate details to the Council of Governors together with the Trust's obligations.

AF

AF reported the fit and proper person test applies to Board of Directors as well as Governors. The Trust would be using insolvency registers and DBS searches. All Governors currently elected had been subject to these checks. AF asked for a view from Governors as to whether these checks were carried out each year or whether Governors would prefer to self-certificate. Governors agreed an annual self-certification process would be undertaken. AF/MC would lead.

AF/MC

AF referred to an NHS Providers Governor Policy Award. A hard copy of nominees was circulated and Governors were asked to vote for two nominees and send to AF by Monday 16 March 2015. AF would register the votes on behalf of the Council.

AF

Date of next meeting: 8 May 2015, The Glo Centre, Margate