



November 2010

Kent LINK External Representatives Meeting Report

Name of LINK Representative	Jim Hancock
Name of External Organisation	Kent and Medway NHS and Social Care Partnership Trust
Name of External Group	Board of Directors
Name of lead contact of External Group	
Date of Meeting	24 January 2011
Venue of Meeting	Trust Headquarters, Kings Hill
Summary of Meeting (If appropriate attach papers)	Monthly Board Meeting
Recommendations / Actions eg <ul style="list-style-type: none">• Items for LINK bulletin• Items for individual interest group• Issue to Priorities Panel / Governors' Group	As per attached Memo
Date of Next Meeting	23 February 2011

Signature J Hancock **Date** 21 02 2011

Memorandum

Date: 21 February 2010

To: Cate Boland

From: Jim Hancock

Subject: Kent and Medway NHS and Social Care Partnership Trust (KMPT) Board Meeting
24 January 2011

I attended the January KMPT board meeting and detail below the matters I believe to be relevant to Kent and Medway LINKs.

Patient Experience:

Mr James Sinclair (Director of Social Care and Partnerships) stated that as a result of presentation to the Board in November 2010 entitled 'Patient Experience the Intelligent Board' a series of recommendations are being implemented in order to ensure the board receives 'soft' information regarding patient experience.

- Service users / carers to make a 10 minute presentation at the beginning of each board meeting about their experience of mental health services.
- Complaints reporting will be adapted to provide both hard and soft information in order for the board to be assured that the Trust is dealing with complaints in a timely and appropriate manner.

This information will be passed to the operational teams:

- Patient Consultative Committees
- Patient Survey Action Plan
- Patient Advice and Liaison Services (PALS)
- Complaints
- Patient Public and Community Involvement issues (PPCI)

Representatives from the PPCI department will attend the service line management meetings in order to ensure that patient experience matters are taken to the centre of operational service. In turn reports for information will go to the Trust wide Patient Experience Group. This group is a sub – group of the board and will be giving the board the assurance that it needs regarding patient experiences.

Status and Risks: CQUINS and KPI's

Ms Marie Dodd, Executive Director of Operations produced the report with an update on the status and risks of the Quarter three Commissioning for Quality and Innovation (CQUIN) report and month eight update on Kent Performance Indicators (KPI) with financial penalty.

Of the 26 listed, 15 showed a green (achieved) status, five showed a yellow status (acceptable) and 6 showed a red status (under achieved).

Although these figures may show cause for concern, it should be noted that there were delays in formulating this information, and these will be monitored on a monthly basis.

Please refer to TB/11/14 of agenda papers for further information

Governance and Risk Report:

Dr Karen White, Executive Medical Director, presented this report.

The focus was on the key risks identified from the Assurance Framework and Trust Risk Registry since the October meeting. There were five risks removed and a further five added. The five risks removed are:

- The risk of data not being accurate.
- The risk of failing to demonstrate sufficient written / local evidence to support unannounced visits undertaken by the Care Quality Commission
- The risk of loss of reputation and risk of non-compliance with the registration standards for Medway A Block.
- The risk relating to succession planning not being adequate and adversely impacting on staff workload distribution and staff morale.
- The risk which related to a financial risk into the Trust of the cost of funding 3,000 Microsoft licences.

The five risks added are:

- Forensic Services relating to the risk of the in-patient Addiction Services not being financially viable.
- Forensic Services relating to the risk of low secure accommodation not being up and running by 1 April 2011.
- Human Resources and the financial risks and risk to reputation arising from inadequate resources within the Human Recourses to deal with all areas of activity.
- Non – compliance with current Waste legislation.
- Financial risk of loss of rental and maintenance income from PCT leading to overspend on the 'New Court' budget.

Please refer to TB/11/16 of Agenda papers for further information

Reference was made to the establishment of a two additional Committee of the Board, the first of which is to be known as 'The Integrated Audit Committee. The Committee is a non – executive committee of the Board and has no executive powers, other than those specifically delegated within the Terms of Reference.

The Committee will be appointed by the Board from existing Non – Executive Directors and shall consist of not less three members. The duties of the Committee will be categorised as: Governance, Risk Management and Internal Audit.

Please refer to TB/01/18 of Agenda papers for further information.

The second Committee will be known as 'The Finance and Estates Committee. The Committee will not have any executive powers other than those specifically designated within the terms of reference. These will include:

Duties:

- To confirm a board and long – term Financial Strategy is developed in support of the wider Service Development Strategy and to review the overall financial performance of the Trust and the reporting practices related thereto.
- To confirm the Trust manages its asset base efficiently.
- To review the Trust's Estate Strategy
- To make recommendations to the Board and to the CEO.
- To monitor the performance of the Trust in respect of its key Financial Performance targets.

The Committee may be required to take on additional duties at a later date.

Please refer to TB/01/19 of Agenda papers for further information.

NOTE: Re: Patient Experience:

The suggestion that the board should receive 'soft' information regarding patient experience is, in my opinion, ambiguous and as such should be clarified and attempts made to ascertain why they should, in fact, only receive 'soft' information. It is also unclear whether the future information provided to the Board will be available during the first part of the meeting, which is open to the public, or during the second part, which is a 'closed session'.