

**COUNCIL OF GOVERNORS PUBLIC MEETING
6 November 2018, 10.15 am
Boardroom, William Harvey Hospital, Ashford, TN24 0LZ**

AGENDA

The venue will be open and refreshments available from 9.00am. The Public meeting will be preceded by a Private session starting at 09.30.

HOUSEKEEPING				
1.	Chair's introductions	To note	10.15 (05)	<i>Stephen Smith Trust Chair</i>
2.	Apologies for Absence and Declarations of Interest	To note		<i>Stephen Smith Trust Chair</i>
3.	Minutes from the last Council of Governors' Public meeting held on 3 August 2018	To agree Appended		<i>Stephen Smith Trust Chair</i>
4.	Matters arising	To agree Appended		<i>Stephen Smith Trust Chair</i>
BUSINESS				
5.	Trust Chair report	To discuss CoG 18/18	10.20 (15)	<i>Stephen Smith Trust Chair</i>
6.	Board of Directors Integrated Audit and Governance Committee report	To discuss CoG 19/18	10.35 (20)	<i>Jane Ollis Non-Executive Director</i>
7.	Board of Directors Quality Committee report	To discuss CoG 20/8	10.55 (20)	<i>Jane Ollis Non-Executive Director</i>
BREAK 11.15 (10)				
8.	Verbal report from the Trust CEO	To discuss	11.30 (20)	<i>Susan Acott CEO</i>
9.	Council of Governors Membership Engagement and Communication Committee report. Including: <ul style="list-style-type: none"> • Membership Engagement and Communication Strategy 2019 - 2022 	To discuss CoG 21/18	11.50 (20)	<i>Philip Bull MECC Chair</i>

10.	Working Group: Governor Responsibilities Pack	To discuss CoG 22/18	12.10 (10 $\frac{1}{2}$)	
CLOSE				
11.	ANY OTHER BUSINESS Please notify Committee Secretary of matters to be raised – deadline 48 hours before the meeting.		12.20 (10 $\frac{1}{2}$)	<i>Stephen Smith Trust Chair</i>
12.	QUESTIONS FROM THE PUBLIC		12.30 (10 $\frac{1}{2}$)	<i>Stephen Smith Trust Chair</i>
13.	DATE OF NEXT PUBLIC MEETING See below		Ends: 12.40	<i>Stephen Smith Trust Chair</i>

Future meeting dates

Date	Type	Time	Location
2019			
14 February	Closed Public meeting Joint with Non-Executives	9.30 To follow 14.00	Margate area Venue TBC

**UNCONFIRMED MINUTES OF THE COUNCIL OF GOVERNORS MEETING
 3 AUGUST 2018, 10.20 am
 BOARDROOM, KENT AND CANTERBURY HOSPITAL, CT1 3NG**

PRESENT:

Stephen Smith	Trust Chair (Chairman)	StS
Sarah Andrews	Elected Governor □ Dover	SAn
Julie Barker	Elected Governor □ Rest of England and Wales	JBa
David Bogard	Elected Governor □ Staff	DBo
John Bridle	Elected Governor □ Ashford	JBr
Philip Bull	Elected Governor - Shepway	PBu
Jenny Cole	Elected Governor □ Swale	JCo
Roy Dexter	Elected Governor □ Thanet	RDe
	Left during first item □ taken unwell	
John East	Elected Governor □ Dover	JEa
Alex Lister	Elected Governor □ Canterbury	ALi
Ken Rogers	Elected Governor □ Swale	KRo
John Sewell	Elected Governor □ Shepway	JSe
Marcela Warburton	Elected Governor □ Thanet	MWa
Nick Wells	Partnership Governor □ Volunteers	NWe
Junetta Whorwell	Elected Governor □ Ashford	JWh

IN ATTENDANCE:

Barry Wilding	NED	BWi
Jane Ollis	NED	JOI
Nigel Mandsley	NED	NMa
Susan Acott	Chief Executive	Sac
	For items 32 □ 34 and 41/18 only	
Alison Fox	Trust Secretary	AF
Amanda Bedford	Committee Secretary (minutes)	AB

MINUTE NO.		ACTION
32/18	CHAIRMAN'S WELCOME The Chair welcomed the attendees to the meeting.	
33/18	APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST Apologies were noted from Philip Wells (PW), Chris Wells (CW), Mandy Carliell (MC), and Debra Teasdale (DT). There were no new declarations.	
34/18	MINUTES FROM THE LAST COUNCIL OF GOVERNORS PUBLIC MEETING The minutes of the previous meeting, held on 10 April 2018, were accepted as a true and accurate representation of the meeting.	
35/18	MATTERS ARISING 31/17 Matters arising □ NM's review of Finance Board papers The Chair noted that there had been a lot of discussion on how Board Committees should report and the intended purpose of the review had been	

	<p>superseded by events. NM noted that there was a need to develop the financial reporting processes and he had been mentoring Phil Cave with respect to this. Action to be closed.</p> <p>5/18 Governor involvement in the STP process The Chair reported that he had raised the issue of Governor involvement in the STP process with Glenn Douglas (GD), the Chief Executive, Kent and Medway STP Partnership. The eight acute trusts in the region had approached GD to express concerns that their voice was not fully represented, and suggesting two governors be invited to join the Partnership meetings. GD was of the view that greater representation from the lay public was needed. The Chair said that he was minded to respond that this would only be agreed if governors from the acute trusts in the STP were in agreement with the proposal. KRo noted that, although patient involvement in the STP was being reported, the opportunity for direct input by governors would be welcome. The Chair said that he would keep the Council updated via his Chair report. Action to be closed.</p> <p>08/18 Joint Site Visits The Chair reported that six Joint Site Visits had already taken place. Reports from the visiting teams were being reviewed and the proposal was for recommendations to be taken to the Executive Management Team. Action to be closed.</p> <p>28/18 GDPR The Chair confirmed that the Trust was GDPR compliant. Action to be closed.</p> <p>The updates on items 19/18a, 19/18b, 19/18c, 19/18d and 23/18 were noted and the proposals to close the actions agreed.</p>	
36/18	<p>TRUST CHAIR REPORT</p> <p>The item was not covered.</p>	
37/18	<p>BOARD OF DIRECTORS FINANCE AND PERFORMANCE COMMITTEE REPORT</p> <p>NM presented the Board of Directors Finance and Performance Committee Report on behalf of the Committee Chair, Sunny Adeusi (SAd), who was unable to attend. NM noted that the Trust was still in financial special measures and was likely to be for some time. NM was of the view that the finances would follow quality.</p> <p>ALi queried what was meant by 'market forces factor' (MFF). NM explained that it was the sum added on top of the tariffs of operations and procedures, and that it varied by trust and CCG to take account of different economic circumstances around the country. BW noted that it had previously been based on deprivation, which had been useful to the Trust. NM noted that the Trust's MFF was 3-4%.</p> <p>PBu noted that the auditor had accepted that the Trust had historically been underfunded, and queried what could be done to challenge the MFF formula. NM suggested that the Trust needed to be lobbying, with evidence, and with as many people as possible. The Chair noted that the eight local MPs for were supportive of the Trust's position.</p>	

	<p>NWe queried what CIP had been achieved in the previous financial year, what the target was for the present year and whether this target was realistic. NM said that the target had been £30 million, and would be the same for this year; £31 million had been achieved last year. The FPC had scrutinised the current plans and were of the view that they would be difficult to achieve. JWh offered her congratulations on achieving the £30 million SIP, and queried how much was through cutting back on agency staff. NM acknowledged that this was an area of risk in the current financial year.</p> <p>DBo queried whether NM was satisfied with the support available to staff to implement their cost-saving ideas. NM explained that the programme management office was there to provide some support, but implementation remained the responsibility of local teams.</p> <p>The Council NOTED the update on the Board of Directors Finance and Performance Committee Report.</p>	
38/18	<p>BOARD OF DIRECTORS QUALITY COMMITTEE REPORT</p> <p>BW presented the Board of Directors Quality Committee Report.</p> <p>SAn thanked BW for the reference in his paper to the last Board report on the website, but noted that the next Board report was days from being posted on the website. She queried whether there were any significant changes between the two reports. BW said that due to the changes in committee meeting schedules there was no update to provide.</p> <p>SAn noted the significant improvement in relation to never events. She queried whether there were any particular underlying concerns. BW felt that the most important theme was embedding a culture of patient safety throughout the organisation. The Committee regularly reviewed performance indicators, such as the patient safety thermometer, and these had been consistently good in terms of new harms, but old harms had been worsening.</p> <p>PBu suggested that the dashboard should go right the way down to speciality meetings. BW agreed. A risk register had been put in place, but work was still needed to embed it throughout the organisation. AF explained any person with access to the dashboard could see the high-level report, and speciality levels should be able to see the key issues for the Trust alongside the risk register. Work was needed to feed down to speciality levels. BW explained his focus was on whether processes were working, and the Quality Committee was reasonably assured of that.</p> <p>KRo noted that there was not a lot of detail in the report and did not agree that it was sufficient for the Council to be provided with a link to the Board paper submitted by the Quality Committee. He felt the risk register should be on the Council agenda. SAn noted that the report to the Board meeting was public, and the information was the same as that which came to the Council. KRo felt that more work was needed to make sure that the information coming to the Council was correct.</p> <p>NWe said that he was surprised that the bulk of the reports from the NED chairs to Council was terms of reference of the committee. However, he was confident that as the new process developed, there would be more detail in</p>	

	<p>the report. He expressed concern that the report was subjective, and queried whether the safety culture within the Trust was improving. BW noted that when he had arrived he had been surprised at how little safety had been embedded in the organisation, and that the general emphasis on health and safety had been very low. Since then the Quality Committee had interrogated divisional directors and there had since been improvements with regular updates. There was still distance to go, but it was improving.</p> <p>JO noted that the Nominations and Remunerations Committee had met the previous week, and discussed how to embed safety culture into the performance of the executive. AF noted that there would be more training on this. NM noted that the managers knew their staff very well and that this reduced incident risk.</p> <p>The Council NOTED the update on the Board of Directors Quality Committee Report.</p>	
39/18	<p>BOARD OF DIRECTORS STRATEGIC WORKFORCE COMMITTEE REPORT</p> <p>JO presented the Board of Directors Strategic Workforce Committee Report and explained that she was attending for the Chair of the Committee Colin Tomson (CT), as he was unavailable.</p> <p>She highlighted that the Trust's staff turnover rate was 12%, which was within the norm for an NHS trust. Retirement and stress were cited as the biggest reasons for people leaving. The Trust's vacancy rate was 11%, which was middle of the pack. 60 consultants had been recruited in the last year and there were 35 current vacancies.</p> <p>PBu noted that there was evidence that operating a resilience programme for medical undergraduates improved drop out rates. As the Trust would soon own the syllabus of a medical school, this could be included.</p> <p>JCo queried what training was in place for when a member of staff was accused of bullying. The Chair commented that the first stage was to determine the veracity of the allegation; if confirmed then whether the accusations were true, and then the necessary training. AF explained there was a range of HR policies covering this issue and the Trust had robust processes in place which provided staff with a number of different routes to raise concerns.</p> <p>MWa noted that she was aware that leadership training was available, although she understood that it was not a mandatory requirement for those who managed departments. She queried whether managers should have received the training to recognise and deal with behaviour before it reached the stage of bullying. AF stated that the Trust continued to seek approval from NHSI to roll out a leadership programme which would provide full training to all managers. PBu suggested that feedback should be sought from staff as to whether their managers were following the framework.</p> <p>JWh noted that the Trust had a duty of care and if staff reported being bullied this had to be investigated. ALi expressed concern that people who had concerns were unwilling to go on record due to fear. The Chair noted that addressing this issue was part of the cultural change programme, which would</p>	

	<p>take time and commitment from the whole organisation. JO noted that modelling behaviours needed to be from the top down.</p> <p>DBo noted the vacancy and turnover position meant that there was a reliance on the use of agency staff, which drove a cost pressure. He queried whether there was a robust and significant workforce strategy, including an apprenticeship scheme. JO said that the Strategic Workforce Committee did not currently have full assurance and the Council would be kept informed of the progress via reports to the Council. DBo suggested that non-medical workforce issues could be resolved in 10 years. JO stated that retention would be key. The Chair asked that the issue of an Apprenticeship scheme be raised at the Board. ACTION: the Apprenticeship scheme to be raised at Board.</p> <p>JBr asked about the measures the Trust had put in place to support employees experiencing work-related stress. JP noted that that the occupational health team made available a range of support mechanisms and that these were well-used. The Chair noted that a lot of work was being done to address issues in the Trust's Emergency Departments, which were stressful environments to work in. He was raising this issue at a national level.</p> <p>KRo asked about the figures on sickness levels. JO acknowledged that this was a deteriorating picture. In part, the introduction of electronic rostering and recording of absence had resulted in a downward shift in the figures. ACTION: include an update on the workforce strategy in the next report to Council from the Strategic Workforce Committee Chair.</p> <p>The Council NOTED the update on the Board of Directors Strategic Workforce Committee Report.</p>	<p>AF</p> <p>AF</p>
40/18	<p>BOARD OF DIRECTORS INTEGRATED AUDIT AND GOVERNANCE COMMITTEE REPORT</p> <p>BW presented the Board of Directors Integrated Audit and Governance Committee Report.</p> <p>In response to a question, BW confirmed that governors had a role in appointing external auditors, not the internal auditors.</p> <p>JWh queried whether the risk management report included reference to the welfare of the workforce, the contractors, patients and visitors. BW noted that the Committee was focused on identification, scoring, categorisation and training in respect of risks. It was for other Board Committees to look at the detail of the work being undertaken. JWh asked whether it would include risks facing mental health staff. BW confirmed that it would.</p> <p>AF explained that the risk management policy provided the Trust with its standard on how risk was looked at and how risk registers were used. There were other policies which covered managing mental health patients. BW noted that if the executive followed the risk policies properly, the risks should be minimised and mitigated. From that perspective, he was assured the processes were in place.</p> <p>The Council NOTED the update on the Board of Directors Integrated Audit and Governance Committee Report.</p>	

41/18	<p>VERBAL REPORT FROM THE TRUST CEO</p> <p>SA noted that she had formally taken up post on 1 April, after working as the Interim CEO for some months. In her view she found the Trust to be run managerially rather than clinically, and she was looking to install clinicians as accountable officers, which was standard elsewhere. It was hoped that this would be embedded by October. The Chair noted that this would mean that the Trust would be more in line with the majority of the country. PBU supported the approach.</p> <p>SA reported that access performance was falling short of targets. The three priorities were A&E, Cancer and waiting list performance. A&E had improved every month since January 2018, and the Trust had achieved 83%. There was a good plan in place to address cancer targets, although performance would appear to worsen before it improved, as the demand on services was increasing. On time to treatment, some patients had waited over 52 weeks, and the intention was to reduce this number to zero by the end of September.</p> <p>SA reported the major constraint around improved performance was capacity, especially around winter planning. The Trust was working with the Mental Health Trust and the CCGs to find a care plan for patients who waiting for transfer into the community. The orthopaedic surgeons had been asked to devise a plan to vacate beds occupied at Margate and Ashford for medical patients. Investment was also being sought from the centre to support the plans being developed to manage through the winter.</p> <p>SA noted that the Trust had successfully celebrated the NHS's 70th birthday celebrations, with the BBC showing coverage from QEQM; staff morale had been raised as a result. She was very pleased to report that East Kent staff and patients had been involved in the production of an NHS recruitment advertisement campaign.</p> <p>JCo noted that one winter issue for orthopaedics had been the amount of trauma cases from icy conditions, which had mean that elective cases had been cancelled. SA stated that the winter plan involved moving elective work into designated theatres and providing more capacity. In response to a question from JWh, SA confirmed that One Ashford Hospital would provide services to support the Trust when commissioned.</p> <p>The Council NOTED the verbal Report from the Trust CEO.</p>
42/18	<p>COUNCIL OF GOVERNORS MEMBERSHIP ENGAGEMENT AND COMMUNICATION COMMITTEE REPORT</p> <p>NWe presented the Council of Governors Membership Engagement and Communication Committee Report.</p> <p>KRo queried whether the NED/governor visits would be reported through the Committee. AB explained that the Trust was still working through how the changes to the Board and the agenda would work. The Joint Site Visits would be reported quarterly to the Board and the Council. The Chair added that it would also go to the EMT, and urgent matters would go directly to the CEO. The Council discussed what constituted urgent. The Chair agreed that the closed back loop was something that the Trust needed to get right. He had</p>

	<p>discussed it with AB and AF, and this was one of the issues that was being considered; an update would be provided at the next meeting. NWe emphasised the importance of identification, reporting and action. It was also important to make sure that the communication went back to the site visited.</p> <p>SA expressed concern that there would be delays in reporting on visits due to the timing of committee meetings. It was important for the Council to know that action had been taken promptly on their reports.</p> <p>ACTION: Feed back to the Council on a feedback loop from governors to the staff.</p> <p>The Council NOTED the update on the Council of Governors Membership Engagement and Communication Committee Report.</p>	AF
43/18	<p>TASK AND FINISH GROUP □ CONSTITUTION REVIEW AND GOVERNOR ROLE DOCUMENT REVIEW</p> <p>AF presented the report on the Task and Finish Group □ Constitution Review and Governor Role Document Review.</p> <p>The Council APPROVED the changes to the Trust constitution.</p> <p>The Council NOTED the update on the Task and Finish Group □ Constitution Review and Governor Role Document Review.</p>	
44/18	<p>ANNUAL COUNCIL AND COUNCIL COMMITTEE EFFECTIVENESS REVIEW</p> <p>AF presented the report on the Annual Council and Council Committee Effectiveness Review which was NOTED.</p>	
45/18	<p>UPDATE ON APPOINTMENT OF EXTERNAL AUDITORS</p> <p>AF presented the report on the Appointment of External Auditors. She explained that the Trust had two subsidiaries one of which, East Kent Medical Services, had recently undertaken a tender exercise and appointed KPMG as their auditors. The term of the contract would finish at the same time as the external audit contract for the Trust. Following that East Kent Medical Services would be audited by whoever the Trust auditor was.</p> <p>KRo queried whether the external auditors, appointed by the governors, would also be auditors for the second subsidiary company 2gether Support Solutions. AF confirmed that this was the case.</p> <p>The Council NOTED the report on the Appointment of External Auditors.</p>	
46/18	<p>ANY OTHER BUSINESS</p> <p>ALi noted that the Trust had a staff survey and a patient survey, and suggested that it would also be helpful to have a process for monitoring public perception. The following points were made in the ensuing discussion:</p> <ul style="list-style-type: none"> • The friends and family test was a separate issue. 	

	<ul style="list-style-type: none"> • MWA suggested that it should cover all aspects of health and social care. • KRo suggested that this could be done within the STP consultation process. ALi noted that the STP could not be controlled by the Trust - the Trust could, however, put in place its own perception management process. • In response to a question from the Chair, ALi suggested focus groups and surveys could be used along with other methods. Improving the Trust's public perception might help with other issues such as staff satisfaction. • AF noted the pathway work coming up with community mental health, and noted whether that would be of use for focus groups. There had been previous attempts at public surveys. The Chair asked the Council to consider how this may wish to take this forward. <p>ACTION: Consider how to take forward monitoring public perception of the Trust.</p> <p>AL queried whether the Trust had considered how to reduce single-use plastics. The Chair acknowledged that this was a good point and would be considered for further discussion at the next meeting.</p> <p>ACTION: Single use plastic – item for next agenda</p> <p>NWe noted that the Kent & Canterbury Hospital League of Friends Summer Fair was on 18 August, and Governors were welcome.</p> <p>JBr felt the Trust needed to be more flexible about the timing of meetings to facilitate governors who were working to attend.</p>	<p>AF</p> <p>AF</p>
47/18	<p>QUESTIONS FROM THE PUBLIC</p> <p>There were no members of the public present.</p>	
48/18	<p>DATE OF NEXT PUBLIC MEETING</p> <p>The next meeting scheduled for 6 November 2018.</p>	

The meeting closed at

Date of Next Meeting: 6 November 2018 at 9.30am in the Boardroom at WHH

Signed _____

Date _____

Chair's initials □ □ □ □ ..

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS MEETING (PUBLIC) PRESENTED ON 6 NOVEMBER 2018

ACTION POINTS FROM THE COUNCIL OF GOVERNORS MEETING (PUBLIC) HELD ON 3 AUGUST 2018

MINUTE NUMBER	DATE OF MEETING	ACTION DESCRIPTION	LEAD	DUE BY	PROGRESS
OUTSTANDING ACTIONS FROM PREVIOUS MEETINGS ∅ there were no outstanding issues.					
ACTIONS FROM THE LAST MEETING HELD ON 3 AUGUST 2018					
39a/17	03.08.18	SWC Report: Apprenticeship to be raised at the Board.	AF	Next meeting	06.11.18 Update: data on apprenticeship scheme presented to Board as part of the Committee Chair's report. Propose close action.
39b/18	03.08.18	SWC Report: Include an update on the workforce strategy in the next report to Council from the Strategic Workforce Committee Chair.	AF	Next meeting	06.11.18 Update: SWC report due to come to 14 February 2019 Council meeting. To be included on that agenda. Propose close action.
42/18	03.08.18	MECC Chair report: confirm how staff are provided with feedback following Joint Site Visits	AF	Next meeting	06.11.18 Update: Staff are sent an email after the visit report is received thanking them for their time and relaying any comments made by the team. Staff will also be advised of any actions proposed and the outcome. Propose close action.
46a/18	03.08.18	Any other business: consider how to take forward monitoring public perception of the Trust.	AF	Next meeting	06.11.18 Update: Trust Secretary and Director of Communications and Engagement liaising.
46b/18	03.08.18	Any other business: single use plastic ∅ item for next agenda.	AF	Next meeting	06.11.18 Update: to be included in the CEO's verbal report to the meeting.

REPORT TO:	COUNCIL OF GOVERNORS MEETING
DATE:	6 NOVEMBER 2018
SUBJECT:	TRUST CHAIR'S REPORT
REPORT FROM:	TRUST CHAIR STEPHEN SMITH
PURPOSE:	DISCUSSION
BACKGROUND AND EXECUTIVE SUMMARY	
This report provides an update to the Council on key issues.	
LINKS TO STRATEGIC OBJECTIVES:	<p>Patients: Help all patients take control of their own health.</p> <p>People: Identify, recruit, educate and develop talented staff.</p> <p>Provision: Provide the services people need and do it well.</p> <p>Partnership: Work with other people and other organisations to give patients the best care.</p>
RECOMMENDATIONS AND ACTION REQUIRED:	
To note the content of the report for discussion at the meeting.	
<p>With Colin Tomson's departure from the Board I have made some changes to the chairmanship and membership of the Board Committees. These are outlined at Annex A to this report.</p> <p>As Colin Tomson was the Deputy Chairman for the Trust the position is currently vacant. In accordance with section 30 of the Trust's Constitution I am making a recommendation to Council that Jane Ollis be appointed as the Deputy Chair.</p> <p>As you will be aware, the Board is meeting on 1 November and the agenda covers a number of the issues which you asked Sarah Andrews to raise during her meeting with me as the Lead Governor. This includes winter preparedness and planning for Brexit. I am aware that you have been receiving feedback from your constituents and members of the public about problems with outpatient services. Susan will be attending the Council meeting to update you on all these issues and the other key challenges the Trust is managing.</p> <p>I found the Kent and Medway Governor network event on 30 October to be very interesting and useful. The speakers at the event provided valuable updates on the work of the CQC and the STP developments in East Kent. I am sure Susan will also wish to mention the unannounced CQC visit when she speaks with you.</p> <p>Paul Howard was a very entertaining facilitator for the afternoon sessions and the discussions around engaging with the public were thought provoking. It is quite timely that the Chair of your Membership Engagement and Communication Committee has invited discussion today to establish a steer for the group to begin developing the Council's Membership and Engagement Strategy for 2019 - 2022.</p> <p>As I reported to the Board, I have attended a number of national and local events in the last month and recreate that section of my Board report below for your information.</p> <p>NHS Providers Annual Conference and Exhibition 2018</p> <p>I attended the annual conference of NHS Providers on 9 October in Manchester, which was attended by NHS Trust Leaders and Stakeholders. This year's event focussed on how providers are adapting and changing as the NHS moves towards integrated health and care</p>	

systems. Along with exploring the shift to local system working and collaboration around improving care for the public and efficiency. The event provided an opportunity to discuss the latest issues within the NHS sector as well as receiving presentations from expert lead speakers. A keynote address was provided by NHS England's Chief Executive on the key priorities for the health and care system over the next decade that is outlined in his vision for the future. The work of the providers was recognised around continuing to deliver outstanding patient care.

The day included consideration of what the priorities for the long-term plan should be around maintaining performance and transforming services. An interesting panel session was held exploring inclusion and diversity in NHS leadership.

EKHUFT's Medical Forum

I attended the Trust's Medical Forum on 16 October in Canterbury that was opened by the Trust's Medical Director, and closed with a speech from the Trust's Chief Executive. A presentation was provided by the Foundation Dean of the Kent and Medway Medical School (KMMS) updating the forum on progress with the Medical School.

The Care Group Clinical Directors presented on the 3 to 5 year strategies of the new Care Groups around the new structure for EKHUFT being a clinically led organisation. A question and answer session was led by the T3 Clinical Leads regarding electronic patient records and where the Trust is with the T3 programme.

Chairs' and Chief Executives' Induction Day

I attended an interactive event run by NHS Improvement on 16 October in London. This event provided an opportunity to meet peers across the Country and receive presentations from Senior NHS Leaders. A range of topics were covered which included; working within the regulatory environment; working with NHS Improvement and NHS England; system wide leadership and the role of Chairs and Chief Executives; and looking to the future.

Brain Injury Multi-Disciplinary Conference

The ninth East Kent brain injury conference was held on 12 October in the Kent and Canterbury Hospital Education Centre, which was chaired by the Trust's Consultant Physician in Neuro-rehabilitation Medicine/Director of Neuro-rehabilitation Service/Chair of Kent Brain Injury Forum. The event was opened and attendees were welcomed by the Lord Mayor of Canterbury, EKHUFT's Chief Executive, the MP for Canterbury, and the Dean of Kent Health at the University of Kent.

Keynote lectures were provided at the event, which covered:

- Neuro-modulation research in Canterbury from the Kent University Professor for Neuropsychology;
- Professional Virtues in Modern Medicine from the Professor for Philosophy at Warwick University;
- Sight loss as a consequence of traumatic brain injury and mental health implications from the Head of Research and Innovation from the Blind Veterans Charity;
- Service characteristics and resource needs of specialist neuro-rehabilitation units from the South Warwickshire NHS Foundation Trust's Clinical Director and Consultant Physician in Neuro-Rehabilitation;
- Assistive Devices for empowering DisAbled People through robotic Technologies from the Chief Investigator of the ADAPT research project;
- Norwegian Psychomotor Physiotherapy;
- A presentation from the Consultant Clinical and Research Neuro-Physiotherapist on the balance of rehabilitation using robotic walking devices for people living with multiple sclerosis;
- Functional electrical stimulation for foot drop;
- Behavioural disorders secondary to traumatic brain injury from the Lead Clinician for Neuro-Psychiatry Services;

- A Presentation from the EKHUFT's Director of Research and Innovation on where the Trust is with its Research and Innovation (R&I) as well as future R&I opportunities;
- A talk from the Chief Investigator of EDUCAT research project regarding EDUCAT – Empowerment of disabled people through the user co-production of assistive technology;
- An update regarding Deprivation of Liberty;
- A talk from a representative of the Kent Brain Injury Forum.

This was a hugely successful event and was attended by eminent speakers from the UK, Norway and France. The conference provided the opportunity of showcasing the Trust's Specialist Neuro-rehabilitation Service in this Region that provides a good clinical service within the provision of a 19 bedded inpatient facility. The Trust recognises and extends its thanks to the staff for their hard work and commitment, as whilst pursuing their day to day clinical work they also undertake world class research and innovation work.

REVISED NON-EXECUTIVE DIRECTOR MEMBERSHIP OF BOARD COMMITTEES

Quality Committee – no changes

Barry Wilding – Chair
Jane Ollis
Wendy Cookson

Charitable Funds – no changes

Keith Palmer – Chair
Barry Wilding
Sunny Adeusi

Nomination & Remuneration Committee – now a joint committee

Wendy Cookson – Chair
All NEDs

Strategic Workforce Committee

Jane Ollis – Chair, replacing Colin
Wendy Cookson
Sean Reynolds – new member

Integrated Audit and Governance Committee

Barry Wilding – Chair
Keith Palmer
Nigel Mansley
Jane Ollis, as Chair of SWC

Finance and Performance Committee

Sunny Adeusi – Chair
Nigel Mansley
Keith Palmer
Sean – as an addition and to provide crossover between FPC and SWC

REPORT TO:	COUNCIL OF GOVERNORS' MEETING
DATE:	6 NOVEMBER 2018
SUBJECT:	Report from the Chair of the Board of Directors' Integrated Audit and Governance Committee
REPORT FROM:	Chair, Board of Directors' Integrated Audit and Governance Committee Barry Wilding
PURPOSE:	DISCUSSION
BACKGROUND AND EXECUTIVE SUMMARY	
<p>This report provides Council with an outline of the key issues that the Integrated Audit and Governance Committee has been focussed on, highlighting to Governors how the Non-Executive Directors are seeking assurance about the performance of the Board.</p>	
LINKS TO STRATEGIC OBJECTIVES:	<p>Patients: Help all patients take control of their own health. People: Identify, recruit, educate and develop talented staff. Provision: Provide the services people need and do it well. Partnership: Work with other people and other organisations to give patients the best care.</p>
RECOMMENDATIONS AND ACTION REQUIRED:	
<p>The Council is asked to discuss this report and take the opportunity to share with the Non-Executive Directors present intelligence arising from Governors' engagement with FT members and the public relevant to the work of the Committee as reported to the Trust Board.</p>	
Background	
<p>The Integrated Audit and Governance Committee (IAGC) is the high level committee with overarching responsibility for risk. The role of the IAGC is to scrutinise and review the Trust's systems of governance, risk management, and internal control. It reports to the Board of Directors (herein shown as the Board) on its work in support of the Annual Report, Quality Report, Annual Governance Statement, specifically commenting on the fitness for purpose of the Board Assurance Framework, the completeness of risk management arrangements, and the robustness of the self-assessment against CQC regulations.</p> <p>The Board of Directors' IAGC meets on a quarterly basis and the last meeting was on 16 October 2018. The Chair's report to the 1 November Board meeting is attached at Annex A.</p>	
Chair's report to Council	
<p>One of the key papers that the IAGC receives is a report on the principal corporate and strategic risks. As Non-executive Directors we will be looking for evidence that the risks that we have identified, based on our own knowledge and experience, appear on the risk register and that suitable action is being taken. We will also look for reasonable progress in those actions. The Committee noted one addition to the register in period.</p> <p>It is important that the IAGC maintains its focus on governance issues; it is for the other Board Committees to scrutinise the operational performance and strategic development. The IAGC role is to ensure that there are robust processes in place for that scrutiny to be comprehensive and effective.</p>	

With that in mind the IAGC requested a deep dive into the processes and controls in place around the governance schemes included in the Cost Improvement Programme (CIP) relating to the Maternity Safety Strategy Clinical Negligence Schemes for Trusts (CNST) Discount. The Committee were assured about by this report that proper processes were in place.

The Committee received reports on the following:

- Freedom to Speak Up Guardians – this system is an important part of the trust's strategy to ensure staff feel able to report any concerns they have in relation to patient care and staff well being.
- Losses and special payments
- Single tender waivers – which provides details of high level procurements made by the trust where a tender has not taken place.
- Data Security and Protection toolkit.
- External Audit
- Internal Audit
- Counter Fraud

My report to the Board summarises the outcome of discussion on these reports. There were no issues which the Committee considered required specific action by the Board.

The IAGC is mindful that the current contract for our External Auditors expires next year. As Chair of the IAGC I will work with the Council of Governors Audit Committee which oversees and approves the new appointment.

Unfortunately, I have had to send my apologies for the Council meeting; Jane Ollis, who is on the Quality Committee, has kindly agreed to attend on my behalf.

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	1 NOVEMBER 2018
SUBJECT:	REPORT FROM THE INTEGRATED AUDIT AND GOVERNANCE COMMITTEE (IAGC)
BOARD SPONSOR:	CHAIR OF THE INTEGRATED AUDIT AND GOVERNANCE COMMITTEE
PAPER AUTHOR:	CHAIR OF THE INTEGRATED AUDIT AND GOVERNANCE COMMITTEE
PURPOSE:	APPROVAL
APPENDICES:	NONE

BACKGROUND AND EXECUTIVE SUMMARY

The Integrated Audit and Governance Committee (IAGC) is the high level committee with overarching responsibility for risk. The role of the IAGC is to scrutinise and review the Trust's systems of governance, risk management, and internal control. It reports to the Board of Directors (herein shown as the Board) on its work in support of the Annual Report, Quality Report, Annual Governance Statement, specifically commenting on the fitness for purpose of the Board Assurance Framework, the completeness of risk management arrangements, and the robustness of the self-assessment against Care Quality Commission (CQC) regulations.

The report seeks to answer the following questions in relation to risk, governance and assurance:

- What positive assurances were received?
- What concerns in relation to assurance were identified?
- Were any risks identified?
- What other reports were discussed?

MEETING HELD ON 16 OCTOBER 2018

Positive assurance was received in relation to:

1. The Committee received and discussed a report on the principal corporate and strategic risks, noting the changes that had been made to the risk register. The Committee took assurance from the progress updates provided in relation to the management of the risks, noting the following.

- 1.1 There were no risks proposed for closure;
- 1.2 There was one new risk added to the corporate risk register. Risk CRR51 - Patient safety may be compromised as a result of the move of acute medicine, acute geriatric medicine and Stroke from the Kent & Canterbury Hospital (K&CH) site. This had been agreed for closure in August but in view of the relocation of elective orthopaedic surgery from the William Harvey Hospital (WHH) to the K&CH site, this risk is being re-instated.

2. The Committee received and discussed a Cost Improvement Programme (CIP) deep dive report regarding the Maternity Safety Strategy Clinical Negligence Scheme for Trusts (CNST) Discount.

- 2.1 The Committee received assurance around the processes and controls in place around the governance of schemes within the CIP plan.
- 2.2 Robust key project management functions are in place to facilitate the delivery of

and quality assurance around the CIP schemes, providing project updates, monitoring of risks and mitigations, and milestones and finances.

The following reports were also discussed:

3 The Committee received and discussed a quarterly Freedom to Speak Up Guardian (FTSUG) report providing an update on the activity of the FTSUGs in Q2. The following was noted.

- 3.1 There have been no cases referred during the quarter.
- 3.2 The Guardians had recently attended a Regional meeting.
- 3.3 The Board undertook a workshop at the beginning of October around their responsibilities and completed the NHS Improvement (NHSI) self-assessment.

4 The Committee received and approved a report on losses and special payments summarising the losses and special payments made from 1 April 2018 to 30 September 2018. The Committee noted the level to date was more than the previous year, which was mainly due to overseas visitors and accommodation arrears.

5 The Committee received and approved a report on Single Tender Waivers (STWs). The Committee noted the number of STWs approved during the period reported in comparison against the period in the previous year. The following was noted.

- 5.1 The value of STWs has exceeded the total value of 2017/18 and is 27% higher.
- 5.2 The Procurement Services Department manages the process for STW approval and documents all instances.
- 5.3 The Trust is committed to reducing the number and value of retrospective STWs, and continues to focus on-going monitoring of STWs. Budget holders are reminded of their requirement to competitively tender requirements in line with Standing Financial Instructions (SFIs) and EU Procurement Legislation.

6 The Committee received and approved a report on the Data Security and Protection Toolkit and noted the following.

- 6.1 The Committee noted the submission status in relation to the Information Governance Toolkit (IGT).
- 6.2 The IGT has been replaced and the replacement toolkit has been changed significantly, with a strong focus on security.
- 6.3 The IGT is due to be submitted on 31 October 2018.
- 6.4 The Committee agreed the appropriate timing for baseline assessment reporting as well as a way forward for future internal audit.
- 6.5 The new toolkit is still being developed.

7 The Committee received and discussed a progress update from External Audit regarding the work undertaken during the quarter reported.

8 The Committee received and discussed the Internal Audit progress report. Three internal audit reports had been completed and were reported to the Committee, these were regarding Consultant Job Planning, Care Groups Risk Management, and the pre-implementation review of the Patient Administration System. The Committee highlighted its disappointment with regards to the number of follow ups of audit actions.

9 The Committee received and discussed the Counter Fraud progress report and noted the following.

- 9.1 One case has been submitted to the Crown Prosecution Service;

- 9.2 On-line training has been provided to all Finance Directorate;
- 9.3 The Counter Fraud pages on the Trust's Internet and Intranet have been updated;
- 9.4 Work has commenced on the National Fraud Initiative (NFI) process to inform staff of data usage and data uploading to the Cabinet Office;
- 9.5 A number of fraud alerts have been issued that included mandate fraud.

RECOMMENDATIONS AND ACTION REQUIRED:

The Board is asked to discuss and accept the report for approval.

REPORT TO:	COUNCIL OF GOVERNORS' MEETING
DATE:	6 NOVEMBER 2018
SUBJECT:	Report from the Chair of the Board of Directors' Quality Committee
REPORT FROM:	Chair, Board of Directors' Quality Committee Barry Wilding
PURPOSE:	DISCUSSION
BACKGROUND AND EXECUTIVE SUMMARY	
<p>This report provides Council with an outline of the key issues that the Quality Committee has been focussed on, highlighting to Governors how the Non-Executive Directors are seeking assurance about the performance of the Board.</p>	
LINKS TO STRATEGIC OBJECTIVES:	<p>Patients: Help all patients take control of their own health. People: Identify, recruit, educate and develop talented staff. Provision: Provide the services people need and do it well. Partnership: Work with other people and other organisations to give patients the best care.</p>
RECOMMENDATIONS AND ACTION REQUIRED:	
<p>The Council is asked to discuss this report and take the opportunity to share with the Non-Executive Directors present intelligence arising from Governors' engagement with FT members and the public relevant to the work of the Committee as reported to the Trust Board.</p>	
Background	
<p>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.</p> <p>It meets on a monthly basis and the following items appear on every agenda:</p> <ul style="list-style-type: none"> • Updates from Committees which report into QC as part of the Trust's governance structure: <ul style="list-style-type: none"> ○ Patient Experience Group ○ Clinical Quality and Patient Safety Group ○ NICE Clinical Effectiveness Committee ○ Infection Prevention and Control ○ Patient Safety Board • Emergency Department (ED) recovery plan • CQC update report • Quality risks • Reports from the Care Groups <p>The Committee's latest report to the Board, for their meeting on 1 November, is attached at Annex A for information.</p>	
Chair's report to Council	
<p>My report to the 1 November meeting of the Board provides an overview of the wide range of issues that the Committee seeks information about. At present areas the Committee is sighted upon include:</p>	

- Medicine safety
- Reports from the Patient Experience Group
- Harm free care falls
- Ulcers
- Hospital acquired infections
- VTE (Venous Thromboembolism)

The following areas are of particular focus for the Committee.

- The recent CQC visit and report. The committee has been considering very carefully its role in ensuring that an effective action plan is devised and implemented and how it maintains oversight and assurance of this process. Due to the importance of this issues, there will also be a half day board workshop on this subject.
- The Committee has been receiving and discussing a monthly highlight report on the National Constitutional Standards for Emergency Department (ED), Referral to Treatment (RTT) and Cancer & Diagnostics. At our last meeting this included an update on month 6 operational performance and activity.

We have previously taken assurance from the report and our discussions that there was a robust action plan in place and that the required trajectory was being met or nearly met.

However there has been a deterioration in performance in the last month and the Committee considered this to have been of such importance that it has recommended that this item should be dealt with directly by the Board of Directors and not subjugated to any Board Committee.

- The Committee also looks at the highest mitigated quality risks either in or a summary format (monthly) or by looking at the fully detailed risk register report (quarterly) and we have been able to take assurance from those reports and from questioning the executive that adequate actions are being taken to mitigate these risks. However it is worth reminding everyone that the trust continues to face a very large number of risks within a very difficult operating environment.

My report to the Board meeting on 1 November also highlights areas which have gone well, including:

- in the introduction of the new Patient Administration System (PAS);
- the focus on arranging discharge for patients with a length of stay exceeding 21 days; and
- the implementation of the new Care Group structure and training plans to ensure staff understand the national constitutional targets, delivery, implementation plans and escalations.

Unfortunately, I have had to send my apologies for the Council meeting; Jane Ollis, who is on the Quality Committee, has kindly agreed to attend on my behalf.

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	1 NOVEMBER 2018
SUBJECT:	QUALITY COMMITTEE (QC) CHAIR REPORT
BOARD SPONSOR:	CHAIR OF THE QUALITY COMMITTEE
PAPER AUTHOR:	CHAIR OF THE QUALITY COMMITTEE
PURPOSE:	APPROVAL
APPENDICES:	NONE

BACKGROUND AND EXECUTIVE SUMMARY

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.

The following provides feedback from the October 2018 Quality Committee meeting. The report seeks to answer the following questions in relation to the quality and safety performance:

1. What went well over the period reported?
2. What concerns were highlighted?
3. What action has the Committee taken?

MEETING HELD ON 23 OCTOBER 2018

1. The following went well over the period:

- 1.1 The Committee received and discussed a highlight report on the National Constitutional Standards for Emergency Departments (EDs), Referral to Treatment (RTT), Cancer and Diagnostics including an update on month 6 operational performance and activity. The Committee noted the following key areas:
 - 1.1.1 The introduction of the new Patient Administration System (PAS) was well managed through a robust project management structure. It was acknowledged that it will take staff longer to become familiar with the new processes and information screens.
 - 1.1.2 The Trust continues to work on implementing the ED improvement plan as well as maintaining health economy focus, and progressing the frailty pathway and upskilling staff and staff training.
 - 1.1.3 During September performance against the A&E 4 hour target was 77.1% against the NHSI trajectory of 85.4%, which was a 3% decrease in performance compared to the previous month. There were no 12 hour trolley waits in month.
 - 1.1.4 The Trust is focussing on patients who have a length of stay more than 21 days so that they can be discharged to their own home with the support they need.
 - 1.1.5 Performance reported in September against the Referral to Treatment (RTT) standard of 76.27% against a trajectory of 81.32%. Improvement actions are in place as per plan.
 - 1.1.6 Cancer performance in September reported at 77.05% against the improvement trajectory of 62.76%. We are reporting a reduction in

patients waiting greater than 104 days this month and this is now down to 8 patients.

1.1.7 In relation to the DMO1 Diagnostics standard, this was not met in month with an actual compliance of 98.53% against a trajectory of 99.1%. This was an expected result and maps to the pressures engendered by an improvement in cancer waiting list performance.

1.1.8 Actions continue to be implemented to improve the DMO1 standard, these include focussed activity to recruiting to respiratory technician posts.

1.1.9 Following the implementation of the new Care Group structure and the appointment of the leadership teams, training will be provided to ensure staff understanding of the national constitutional targets, delivery and implementation plans and escalations.

1.2 The Committee received and discussed the principal mitigated quality risks.

1.2.1 The Committee took assurance from the progress updates around mitigation of the risks. A number of risks had been updated on the same date and the Committee requested that this be looked into and a briefing provided on the reasons for this. The Committee noted:

1.2.1.1 Risk CRR16: Poor Complaints management, the residual risk score has been increased to reflect the number of long delays in complaint management and staff shortages.

1.2.1.2 Risk CRR40: Lack of robust antenatal and new-born screening programmes, the residual risk has been reduced as the likelihood has lessened and there has been no harm to date.

1.2.1.3 There have been two target scores changed. Risk CRR 41: Failure to manage patients with challenging behaviour (Dementia and other mental health challenges), has decreased from 9 (moderate) to 6 (low). Risk CRR 31: Exposure to Cyber Security Attacks, has increased from 2 (very low) to 3 (very low).

1.2.1.4 There were no risks proposed for closure, no new risks, and no risks recommended for merging.

2. Concerns highlighted over the reporting period:

2.1 The Committee received and discussed the report from the Patient Safety Board.

2.1.1 The Committee noted that there had been an infection control incident in the Neonatal Intensive Care Unit (NICU) at William Harvey Hospital (WHH) which necessitated a temporary closure of NICU earlier in the month. Immediate actions were taken and the Committee have requested a briefing report to provide further assurance from the Estates team that this risk is being dealt with appropriately around the replacement of these utility provisions.

2.1.2 The Committee noted that medicines safety remained an issue and requested a report to be presented at the next meeting on the improvement plan for missed doses. There is focussed work in place around improving the prescription and administration of insulin. A Getting it Right First Time (GIRFT) visit will take place later this month to review diabetes, which will support improvement.

2.1.3 The number of StEIS report breaches has been reduced from 21 to two, and these last two will be cleared shortly.

3. Other topics discussed:

- 3.1 The Committee received and discussed a Clinical Quality and Patient Safety Report, which included the patient safety metrics, and monthly complaints and compliments. The Committee noted:
- 3.1.1 That the number of C. Diff remains above the Department of Health trajectory. We are in receipt of an external review that was undertaken to sense check our own internal actions are sufficient to improve the trajectory and ensure these recommendations are implemented.
 - 3.1.2 The Trust is undertaking a review of its complaints procedures in liaison with a local Acute Trust to share learning and best practice, and make step change improvements to the way we prioritise complaints and the length of time they are open.
 - 3.1.3 The Friends and Family Test (FFT) inpatient satisfaction rate remains positive at 97%.
 - 3.1.4 The ratio of compliments to complaints is positive.
 - 3.1.5 There has been positive progress made in reducing the number of complaints which have been open for more than 60 working days, and the new Care Groups are on track to achieve the required reduction by mid November 2018.
 - 3.1.6 The Patient Advice and Liaison Service (PALS) have achieved being able to take "live" PALS calls to improve patient experience and to prevent accruing delay and backlog at the beginning of the PALS process.
 - 3.1.7 In relation to other Healthcare Associated Infection (HCAI):
 - 3.1.7.1 E Coli bacteraemia recorded post 48 hours, remains green.
 - 3.1.7.2 HCAI monitoring continues to be overseen by the Infection prevention and control team.
 - 3.1.8 Grade 2 Pressure ulcers reported green and there were no grade 3 or 4 pressure ulcers reported in September.
 - 3.1.9 There were no never events reported in month.
 - 3.1.10 Overall Harm Free Care (HFC) related to the Harms patients are admitted with, as well as those they acquire in our care. The Safety Thermometer continues to register green for new harms in September.
 - 3.1.11 Overall Patient Experience reported green in September reporting 90.1%, which is a recovering performance since August and is now reporting on the lower control limit.
 - 3.1.12 In relation to mixed sex accommodation (MSA) breaches fell below control limits in September for the first time within the rolling year. The Trust continues to aim to improve patient experience of MSA by achieving 30% reduction in mixed sex breaches by March 2019; and 70% reduction by December 2019. Current performance is on track to achieve this required improvement.
 - 3.1.13 Venous Thromboembolism (VTE) risk assessment, despite the improved position reported over the year 2017/18, Trust performance for VTE risk assessment remains red reporting 90.2 % in September (compared with 93.1% in August) against a national target of 95%. Recovery actions are in place and are being overseen by the Patient Safety Board.
- 3.2 The Committee received, discussed and noted the report from the Patient Experience Group (PEG).
- 3.2.1 The Group received and discussed the Patient involvement Action Plan, this provided reassurance that the plan is on track.
- 3.3 The Committee received and noted a report from The National Institute of

Clinical Excellence (NICE)/Clinical Audit and Effectiveness Committee (CAEC).

- 3.3.1 It was noted that this Committee has not yet been fully embedded in the organisation. Attendance at the last meeting had been poor and it is expected that this will be addressed and resolved once the new care group structure is in place from October.
- 3.4 The Committee received and noted a Care Quality Commission (CQC) update report. Providing an update on the CQC engagement work, progress against actions, along with a briefing on the outcome of the final CQC report.
- 3.4.1 The Committee noted the improvement programme that has been put in place.
- 3.4.2 A Board workshop will be held in late November to review and discuss the improvement plan and journey around what needs to be done and embedded within the organisation to achieve getting to a rating of 'good' by the next CQC inspection. There will also be agreement regarding the assurances required to monitor improvement progress, and what metrics and areas of quality the Board needs to be sighted on and receive assurance to ensure traction and pace of improvement.
- 3.4.3 This report provided the Quality Committee with an update on the CQC improvement plan and associated assurance activity.
- 3.4.4 The Committee noted key points around the CQC improvement plan:
- 3.4.4.1 The Improvement Plan was submitted to the CQC on 8 October 2018.
- 3.4.4.2 The Trust's risk management system 4Action is being updated with all the actions, of which these will be assigned to Care Group representatives and other leads across the organisation. Action leads will be required to maintain progress against their actions, and updates will be received through the agreed governance process.
- 3.4.4.3 A two year improvement journey is being developed to ensure a rating of 'good' at the next inspection.
- 3.4.4.4 The Trust undertook a Routine Quality Review on 5 October 2018. Feedback was shared at a Trust-wide collaboration session held in the afternoon of the visit.
- 3.5 The Committee received and discussed an Infection Prevention and Control Quarter 2 Report. The Committee noted the key points highlighted:
- 3.5.1 The number of *C. difficile* cases for July to September was 11, an increase compared to Q2 the previous year of 8 cases), and is one above the Department of Health (DH) trajectory.
- 3.5.2 Methicillin Resistant *Staphylococcus aureus* acute Trust assigned blood stream infections remained at 2 with no further cases in Q2.
- 3.5.3 Methicillin Sensitive *Staphylococcus aureus* remain largely community based infections. However, in Q2 there were 3 intravenous line related cases and root cause analyses are being undertaken.
- 3.5.4 *E. coli* blood stream infections continue to increase in line with national trends, although Q2 figures for 2018/19 show a slight decrease in post 48 hour cases.
- 3.6 The Committee discussed and noted a report regarding Quality Impact Assessments (QIAs). These are completed for every clinical cost improvement programme (CIP) proposal submitted as a saving scheme, outlining the proposal and assesses it for risk. The Committee noted:

- 3.6.1 Every QIA is required to be approved by the Medical Director and Chief Nurse & Director of Quality prior to implementation. Should a scheme be turned down on quality and/or safety grounds, it will be referred back to the Head of the Programme Management Office (PMO).
- 3.6.2 The Committee was assured of the processes in place and that all schemes are risk assessed using a robust risk assessment tool prior to the implementation of the scheme.
- 3.6.3 No adverse events have been reported with any scheme that has passed the QIA process.
- 3.6.4 There is a rolling monitoring process of all CIPs being implemented.
- 3.7 The Committee received and noted an update report on the NICE and Clinical Audit and Effectiveness Committee.
- 3.7.1 This Committee had not met since the last Quality Committee meeting due to operational and conflicting commitments of attendees. The Committee was assured of the importance of these meetings be held and that a date was scheduled for a meeting to be held on 13 November.
- 3.7.2 This is a newly constituted committee and represents the amalgamation of the NICE Implementation and Clinical Audit and Effectiveness Committees. The membership, new terms of reference (ToR) and work plan had been presented for sign off but the changes to both meeting structures and the organisational structure to new Care Group has meant that the ToR require minor revisions, which will be presented to the new membership for sign off.
- 3.8 The Committee received and discussed a report regarding Safe Systems for Controlled Drugs (CD), and approved the Annual Assurance Report 2017/18.
- 3.8.1 The report provided assurance that CDs are being handled and managed safely and securely in the organisation.
- 3.8.2 The CD Policy has been revised as part of the Trust Medicines Policy review, which has been approved by the Drug and Therapeutics Committee and is being presented to the Policy and Procedures Group for approval.
- 3.8.3 The role of the Medication Safety Officer has been recruited to and the member of staff was now in post. This role is key in supporting the delivery around monitoring and improvement of CD management processes.
- 3.8.4 The Committee supported the Controlled Drugs Accountable Officer (CDAO) in relation to the project to pilot dedicated staffing resource for CD management, which will strengthen the support for the CDAO in delivering improvement in CD Management and surveillance systems.
- 3.8.5 The Committee agreed the implementation measures recommended by the CDAO to improve adherence to NICE CD Guidelines NG46.
- 3.9 The Committee received and discussed reports from the Divisional Governance Boards along with the confirmed minutes.

RECOMMENDATIONS AND ACTION REQUIRED:

The Board is asked to discuss and accept the report for approval from the Quality Committee.

REPORT TO:	COUNCIL OF GOVERNORS' MEETING
DATE:	6 NOVEMBER 2018
SUBJECT:	MEMBERSHIP ENGAGEMENT AND COMMUNICATION COMMITTEE (MECC) CHAIR'S REPORT
REPORT FROM:	Chair, MECC PHILIP BULL
PURPOSE:	DISCUSSION
BACKGROUND AND EXECUTIVE SUMMARY	
<p>This report provides a summary of the key items discussed at the MECC meeting held on 8 October 2018.</p>	
LINKS TO STRATEGIC OBJECTIVES:	<p>Patients: Help all patients take control of their own health. People: Identify, recruit, educate and develop talented staff. Provision: Provide the services people need and do it well. Partnership: Work with other people and other organisations to give patients the best care.</p>
RECOMMENDATIONS AND ACTION REQUIRED:	
<p>The Council is asked to:</p> <ol style="list-style-type: none"> note and discuss the content of this report; discuss Membership Engagement and provide the working group with a steer on the content of the next strategy; and agree the principle to follow for governors to be members of Trust Committees. 	
Chair's Report	
<p>The Committee wishes to bring the following items to the attention of Council following their meeting on 8 October.</p> <p><u>Annual Members Meeting (AMM)</u></p> <p>The Committee discussed the AMM agreeing that it had been well organised and had gone well with interesting presentations. Providing an opportunity for questions to be posted before the meeting had worked well, allowing those who might not want to speak at the meeting the chance to ask a question and time to gather information to ensure answers were as comprehensive as possible.</p> <p>Attendance at the meeting seemed to have dropped; it was noted that over 20 apologies had been given by members. The next AMM might attract more attention as it was likely to take place during a public consultation period. It was suggested that presentations for the next event should be chosen to provide greater clarity and assurance to the public to allay any concerns they may have.</p> <p><u>Membership and Member feedback</u></p> <p>The Committee received the regular report from the Governor and Membership lead which summarised feedback received since the last meeting. The work planned to confirm with members on the database who have not provided an email address that they wish to continue as a member has been delayed. This was to ensure that the membership office was in a position to manage the replies to this request before it was sent to members. The task will be completed by the next MECC meeting scheduled for 14 January.</p>	

The Committee noted that outpatient issues had developed as clear theme in the feedback being received from members. It would be helpful to have a wider discussion on this topic at the full Council meeting. Members provided some details of specific issues which Amanda agreed to pass on to Lee Martin, Chief Operating Officer.

Meet the Governor events

The Committee noted that the off site Meet the Governor trial had almost been completed with three sessions under taken at Gateway centres in Dover, Ashford and Canterbury. The final session was scheduled in Margate for 22 October. The success of the session had depended on the location provided by the Gateway centre; Ashford had been particularly good as the stand was at the front entrance.

While the off site sessions did provide more opportunity to meet with the wider public, it was considered that the sessions on trust sites tended to result in more contacts. Sessions on trust sites would be added to the diary, although it was noted that governor time was also being taken with the Joint Site Visits. The Committee considered that these visits were very useful, providing an opportunity to meet with patients and staff and also to work with the Non-Executive Directors.

The Committee were advised that work was underway to set up evening member meetings; each meeting would cover a set topic and also provide members with the opportunity to meet with the Chief Executive or Chair. Sepsis was being suggested as the first topic.

Governor attendance at other Trust meetings

The Committee noted that the issue of whether Governors should be attending Trust meetings in their governor capacity had not yet been resolved by Council. Members were of the view that in principle there should be a clear reason why a Governor should be on the membership of a committee as opposed to a patient or member of the public. It was agreed to request that Council consider and agree the principle which should be followed.

Council Membership and Members' Engagement Strategy

In my last report to Council I updated colleagues on the plan for developing the next Membership and Members' Engagement Strategy. The MECC received a paper on the developing strategy at the October meeting, at Annex A for ease of reference. Annex B is the current strategy, for information.

The MECC agreed that the working group members would be Nick Wells, John Bridle and Alex Lister; the first meeting to take place in early December.

The Council is asked to discuss Membership Engagement at the meeting to provide the working group with a steer on the content of the next strategy; what are the priorities for the strategy to cover.

Governor newsletter (GNL)

The Committee considered and agreed the proposed content for the next Governor newsletter and suggested some additions. Natalie Yost advised that she was exploring different ways for sending the document out electronically to ensure that it displayed well in all devices. Moving forward the newsletter could be sent quarterly which would enable the Committee to review and agree the draft of the newsletter at each meeting.

The next MECC meeting is scheduled for 14 January 2019.

REPORT TO:	CoG MEMBERSHIP ENGAGEMENT AND COMMUNICATIONS COMMITTEE
DATE:	8 OCTOBER 2018
SUBJECT:	MEMBERSHIP and MEMBERS' ENGAGEMENT STRATEGY
REPORT FROM:	GOVERNOR AND MEMBERSHIP LEAD
PURPOSE:	Discussion
EXECUTIVE SUMMARY	
This paper provides a summary of the structure of the current Membership and Members' Engagement Strategy and performance to date against the objectives set to inform a discussion on the principles as a base for the working group to develop the next strategy.	
RECOMMENDATIONS AND ACTION REQUIRED:	
Receive and discuss the report and agree principles for the working group.	
BACKGROUND	
<p>The current strategy covers the period September 2016 to August 2019. The first draft was created by the MECC and proposed to the Full Council for discussion and ratification. It is included as an annex to the Trust's own Communication and Engagement Strategy. The strategy should be used to agree the priorities for the Governor and Membership Lead's work plan.</p> <p>It was agreed at the last meeting of the MECC that a small working group would be set up to develop a draft for the September 2019 to August 2022 strategy. Nick Wells volunteered to be part of the group, no other members have stepped forward.</p> <p>It was further agreed that at the October meeting all members of the Committee would agree principles for the working group to use.</p>	
CURRENT STRUCTURE	
The current strategy is formatted as follows:	
<ul style="list-style-type: none"> Introduction Background Role of Members Benefits to the Trust in having an engaged and active membership Membership and Engagement <ul style="list-style-type: none"> a) Current Membership b) Strategic Objectives of Membership Engagement c) Membership Recruitment d) Membership Engagement e) Membership communication tools The Role of Governors Delivering the Strategy 	

Evaluating the Strategy

One of the challenges of the current format is that the objectives have not been set in a SMART fashion: Specific, Measurable, Achievable, Realistic and Timely. Section 8 of the strategy deals with evaluation although it does not show a direct link to the objectives set out in the document itself. This makes performance against the strategy difficult to assess.

Section 8 states:

The following outcomes are suggested as indicators of success:

- Evidence that membership views have contributed to Council decisions
- Increases in survey response rates
- Members joining the Trust as volunteers
- Increase in communication networks and success of 'word of mouth' campaigns
- Increase in on line communication with members
- Membership numbers and demographic changes

A paper was taken to the September 2017 meeting of the MECC providing an update on the objectives and a suggested plan for moving forward. This has been updated at Annex A to show performance over the last year.

It is hoped that this paper will provide the Committee with sufficient information to develop some principles/guidelines to assist the working group in developing the next iteration of the strategy.

The project plan for developing the strategy is:

- October MECC – agree principles/guidelines
- January MECC – working group to propose a structure for the strategy
- April MECC – draft strategy to be presented and agreed.
- May Council – receive and comment on the draft
- July MECC – receive revised draft strategy based on comments made at Council
- August Council – ratify the strategy

Ref	Objectives	Page Ref	Achieved - as reported September 2017	Actions planned 2017/18	Achieved - as reported October 2018
	Membership				
1	Database to be accurate, meet regulations and aid membership development	6	Changed Database provider. New system has greater functionality for managing membership. Public membership data was cleansed during transfer process.	Move to using Trust Electronic Staff Record for staff members database - currently also run by the same company who provide the public database. The improved functionality will be used to support the work at action ref. 4 below.	Moved to using staff electronic record - 2018 elections run successfully using this data. GDPR met.
2	Increase to 20K	6	The data cleansing has provided a new, more robust baseline for the public membership. Existing volunteers have been signed up as members. When the Strategy was published membership stood at 18,136, consisting of 11615 public members and 6521 staff. Membership numbers as at 1 September 2017 will be reported at the meeting.	Include recruitment of new members during all engagement events. Target engagement events to the areas which are under-represented in the demographic profile.	Decision by Council not to increase membership numbers. Recruitment to focus on addressing any demographic imbalance. There has been no planned recruitment activity.
3	Promote membership	7	Generic presentation developed for Governors to speak to community groups. 90 invitations sent out to community groups for a governor to speak at a meeting. Governors have attended public events through the year, such as the Faversham and QEQM Health Fairs and the Diabetes day.	Continue to send out invitations to community groups. Arrange to attend colleges . Link to school networks to advertise membership. Use all Meet the Governor and community events as opportunities to promote membership.	Community group visits programme did not materialise: there was little interest expressed from groups and the membership on the Council changed.

				<p>New on-line membership form developed and linked directly to Trust website.</p> <p>Recruitment leaflets taken to Meet the Governor sessions.</p>		
4	Make it more representative	6		<p>Outreach to community groups has been activated with over 90 groups contacted and seven replies. Speaking events will start in September.</p>	<p>Resources available for recruiting membership need to be targeted to those groups which are currently most under-represented. Work will focus on identifying existing networks and understanding the factors which will encourage members of those communities to become involved as members.</p>	<p>Recruitment was not identified as a priority use of the administration resources available to the Council.</p>
5	Joining process simple	6		<p>Leaflet and on-line form have been re-designed so that all the information required is gathered on the one form. Previously new members were sent a letter asking them to provide further details once the initial request was received. Both leaflet and on-line forms are more accessible.</p>	<p>Objective achieved.</p>	
6	Introduce levels of engagement	7		<p>Work focussed on encouraging existing members to become more involved.</p>	<p>Year 2 - develop detailed model. Year 3 - implement</p>	<p>No progress made.</p>

7	develop membership material make it relevant to the diversity of East Kent Communities	7		New improved leaflet introduced. Member welcome letter revised. Website updated through year.	Work with Comms team to review website. Develop materials to meet diverse access needs	Website still requires substantial updating.
	Communication					
8	Newsletter	9		Bi-monthly Governor newsletter now produced on a regular basis. Governors are actively involved in providing copy. Look and feel of newsletter established and positive feedback received from members.	Continue and ensure that content is relevant to the diverse nature of the East Kent Communities. Encourage contributions from individual governors.	Production of the newsletter has slowed.
9	Include in Trust communications	8		Governors have a regular item in the 'Your Hospitals' magazine. Trust now emails members regularly to update on news items. Members are recognised as a key stakeholder group.	Ongoing	Ongoing
10	Maintain a two way dialogue with the membership to allow members to influence developments within the Trust. Use all media forms: ● email ● website ● social media	8		New database has made emailing members much easier. Information is regularly sent out. Members on the 'post only' list receive 3 mailings a year which includes information sent electronically to members. Member concerns database developed, monitored by MECC and reported into Full Council.	Website to be reviewed and updated. Use of social media to be explored and recommendation made to Council. Links to work on item 12 below.	Social media use to be considered for inclusion in the next strategy
11	Surveys	8		Longer term objective - Trust to prompt.	Year 2 - pilot and assess	Not taken forward
	Engagement					
12	Provide opportunities for members to engage, including:	8				

<ul style="list-style-type: none"> Meet the governor - on site 	<p>New tools developed to support governors to undertake the sessions and capture data. Sessions held each month. Data collected and monitored by MECC.</p>		On hold while offsite sessions run. To be evaluated
<ul style="list-style-type: none"> Meet the governor - off site 	<p>Approach made to set up events in Council Gateway centres.</p>	<p>Monthly sessions to be organised and data collected to be monitored by MECC.</p>	Last session due in October. To be evaluated.
<ul style="list-style-type: none"> Meet the governor - on line 	<p>Long term objective</p>	<p>Year 3</p>	Not taken forward.
<ul style="list-style-type: none"> Wider NHS partner events 	<p>Attended events set up by the Community Trust. STP listening events.</p>	<p>STP consultation events - governor involvement</p>	Involvement in STP
<ul style="list-style-type: none"> Trust public meetings 	<p>Governors attended events managed by Trust Engagement lead.</p>	<p>Continued liaison planned</p>	Meetings not promoted.
<ul style="list-style-type: none"> Member focussed education events 	<p>None held, liaise with Trust Engagement lead as above.</p>	<p>Year 2 - consider programme of member events.</p>	First round planned to take place before the end of this year.
<ul style="list-style-type: none"> Annual Members Meeting 	<p>Held in October with Council involvement. Feedback gathered and provided to improve the event for 2017. MECC Chair on project team.</p>	<p>Cycle to continue with direct involvement of MECC in planning.</p>	2018 event considered a success.
<ul style="list-style-type: none"> staff engagement 	<p>Governor elections presented at Hubs in November 2016. Information included in trust electronic communications</p>	<p>Year 2 - programme for staff governors to communicate with their members to be developed.</p>	Staff governors to work with the Director of HR.

East Kent Hospitals University NHS Foundation Trust

Council of Governors

Membership and Members Engagement Strategy

September 2016 – August 2019

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1. Introduction

The Council of Governors's Membership and Members' Engagement Strategy is the key document supporting the delivery of the Council's statutory duty to represent the interests of the members of the Trust as a whole and the interests of the public.

During 2016 the Trust has gone through a significant period of change and a decision was taken to review and revise the existing Strategy ahead of the scheduled end date of March 2017. The strategy is designed to dovetail with the Trust's Communications and Engagement Strategy, and as a platform for the speedy development of a full Membership Engagement operational plan.

This strategy covers a three-year period from September 2016 to August 2019, with annual reviews to take place each August.

2. Background

East Kent Hospitals University NHS Foundation Trust (EKHUFT) is one of the largest hospital trusts in England, with five hospitals serving a local population of around 759,000 people and employing 8,000 staff. The Trust also provides many health services from other NHS facilities across East Kent including renal services in Medway and Maidstone.

The Trust has a national and international reputation for delivering high quality specialist care, particularly in kidney disease, stroke and vascular services.

The Trust plays a vital role in the education and training of doctors, nurses and other healthcare professionals, working closely with local universities and Kings College University in London.

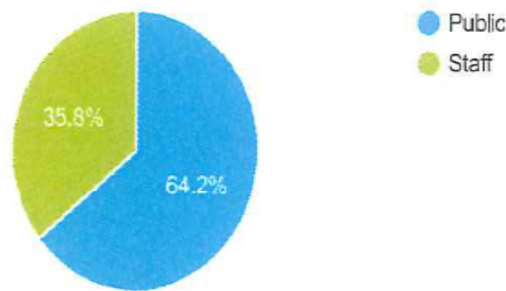
The Trust Board is committed to working with an active Council of Governors elected by a representative and engaged public and staff membership, recognising the contribution this can make to the Trust's on-going success.

It is important, therefore, that this strategy is designed to support the Trust's strategic priorities of:

- Patients – help all patients take control of their own health
- People – identify, recruit, educate and develop talented staff
- Provision – provide the services people need and do it well
- Partnership – work with other people and other organisations to give patients the best care.

The membership currently stands at a total of 18,136 of which 11,615 are public members and 6521 are staff members:

Membership Breakdown



In implementing this strategy, care will be taken to recognise that membership includes both staff and public members.

3. Role of Members

NHS Improvement (NHS I), in the document 'Representing the interests of members and the public', describes the purpose of members as:

All foundation trusts have a membership body that elects the governors of the trust from its members. This is part of their accountability to local communities. Members of foundation trusts include patients and service users, staff, carers and anyone with an interest in healthcare. Having a dedicated membership can provide trusts with a ready pool of feedback, local knowledge and support, but governors need to be aware that they have a responsibility to represent the interests of members of the trust and the public.

As a Foundation Trust EKHUFT recognises that the Council of Governors directly represents the patients, staff and the local communities it serves and that building and encouraging membership involvement provides a real opportunity to influence the work of the Trust and wider East Kent healthcare landscape. Representing the interests of, and engaging with, members is a key responsibility of Governors. The Trust recognises the need to encourage a membership that represents the patients it serves and the diversity of the East Kent communities.

4. Benefits to the Trust in Having an Engaged Membership

An active and engaged Governor led Membership provides many opportunities for the Trust to promote and expand public and patient involvement. The Trust can also benefit from feedback from members to shape delivery and development of services. It also provides a conduit for messages the Trust may wish to distribute within the East Kent communities.

An active and engaged membership provides opportunities to:

- provide more comprehensive feedback in consultations & surveys;
- create 'subliminal ambassadors' for the Trust;
- provide a pool of volunteers to participate in such things as:
 - patient user groups
 - focus groups
 - research projects
 - provide editorial assistance to help improve publications - such as information leaflets;
- provide a network for disseminating key Trust messages;

- cascade structure for word of mouth dissemination of information about activities, such as recruitment drives, use of A&E campaigns etc. and success stories; and
- increase fundraising opportunities for our Hospital Charity.

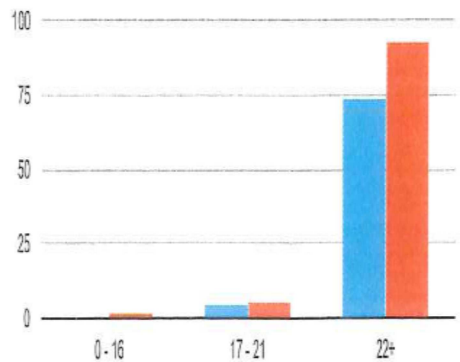
5. Membership & Engagement

This section sets out the priorities for the next three years in order to grow and develop a Membership which supports the work of the Governors and provides a valuable resource to the Trust for patient and public engagement. Implementation of these activities needs to be undertaken with due regards for the use of public funds, ensuring that the outcome adds value and supports the Trust's work.

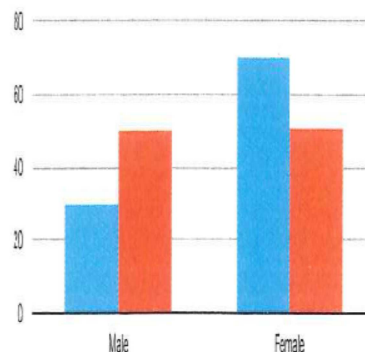
a. Current Membership

The following charts provide a view of the demographic breakdown of the membership with respect to Age, Gender, Ethnicity and Socio Economic Groupings. The blue bars represent the actual % of members in each category and the orange bars are the % that it should be to truly represent the communities of East Kent, based on the population data collected in the 2011 census.

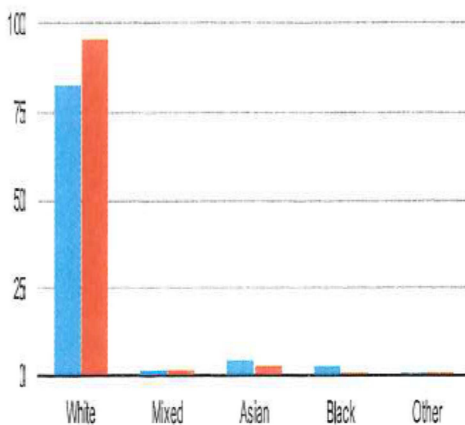
Age



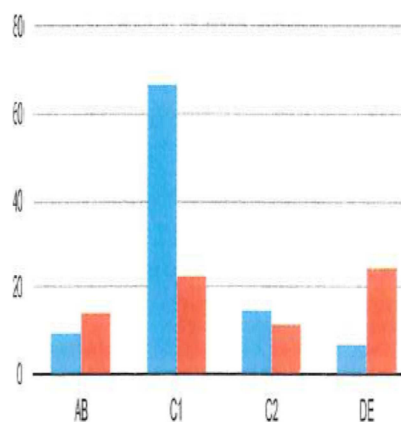
Gender



Ethnicity



Socio Economic Groupings



A: upper middle class
 B: middle class
 C1: lower middle class
 C2: skilled working class
 D: working class
 E: those at lowest level of subsistence

It is important that all membership recruitment, communication and engagement be Governor focused and Governor led. As noted elsewhere, it is important that this strategy links to and supports the Trust's Communication and Engagement Strategy, however it must remain focused on its raison d'être – to provide the framework for Governors to represent

and work with their members to ensure that patients and the public are able to understand and influence the work of the Trust.

b. Strategic objectives of Membership Engagement

These are:

- the Trust will embrace and utilise the statutory dictated membership system to assist in delivering its key objectives;
- to increase the interaction between members and Governors giving the opportunity for membership to guide governors' decisions;
- to build a membership that truly represents the community including challenging to reach groups;
- increase membership to a total of 20K;
- in recognition of how the public receive and absorb information, provide resources to communicate with members across all appropriate channels;
- to create an ongoing communication that promotes the work of Governors and the Trust's public engagement;
- to ensure all relevant Trust communications fully encourage engagement with members; and
- to identify, and utilise, every relevant 'touch point' to promote membership.

c. Membership Recruitment

Staff membership is an opt-out system: new joiners are automatically made staff members when they join the Trust and are offered the opportunity to opt out if they wish to do so. This section on recruitment therefore applies to public members.

The following objectives have been identified:

- maintaining an accurate membership database which meets regulatory requirements and can aid membership development;
- ensuring that the process for becoming a member is simple and accessible;
- increasing the membership to 20K;
- focusing this growth to improve the demographic representation of the membership to ensure that the membership truly represents the East Kent Community including:
 - challenging to reach communities who are seldom heard;
 - those with learning difficulties
 - BMA (black and minority ethnic) Communities
 - those under 25
 - LGBT (Lesbian Bi Gay Transgender) Communities
 - Health condition specific groups, for example stroke and mental health.
- offering members different levels of engagement.

To identify the demographic areas to prioritise a diversity analysis of the existing membership will be undertaken and specific, measurable recruitment targets will be set.

In preparing this strategy consideration has been given to feedback from public during recruitment exercises and discussions with Governors to look at the reasons why people did not, or chose not, to become members; to answer questions such as, 'Why should I be a member?' and 'What's in it for me?'.

Key messages have been developed to use when recruiting to address these barriers, focussing on promoting the positive benefits of membership, as summarised below.

Barriers	Key message response
Makes no difference	Materials and presentation to focus on how members effect change
Never used their services	Friends and family have, one day you may, think of the community
Too busy	Different levels of involvement, important to stay informed
Did not know about it	Increase and broaden publicity and fully embrace social media, focus on challenging to reach groups.
Bit old and white for me	Focus on challenging to reach groups in membership drives and address relevant community issues
Can't afford it	Membership is free
Seems a bit boring	Focus on diversity of forms of involvement
They wouldn't want me	Focus on inclusivity
What do I get	Focus on the slow burn messages and identify real benefits to be offered with membership – NHS Discounts has been used in the past.

‘Not for me’ is a strong theme that needs addressing and understanding why the public respond in this way will be an important factor in improving the quality of the membership.

It is recognised that the recruitment strategy must be balanced to the resources available and must make a measurable return for the investment made. It has therefore been decided to focus on the following recruitment methods; where-ever possible this work will be dovetailed with engagement work carried out by the Trust and developing partnership working with other organisations.

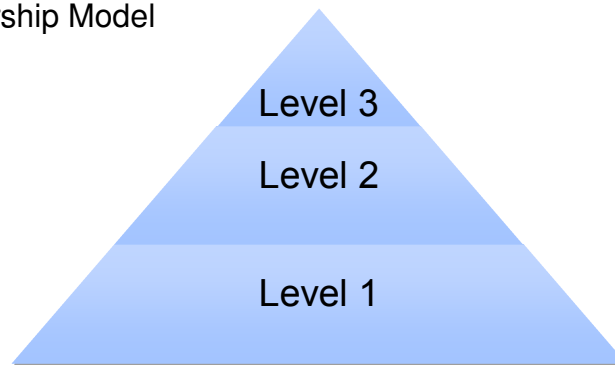
- Targeted and regular recruitment drives on Trust sites.
- Developing membership recruitment materials to be ‘relevant’ to the diversity of east Kent communities.
- All relevant media channels will be used to raise the profile of membership in the local community, including social media.
- Work with equality and diversity organisations.
- Encourage younger potential members to join via university and colleges, linking with the student volunteer schemes.
- Developing opportunities to work with other local health organisations to promote membership.
- Distribute membership information widely throughout the community.
- Identify opportunities to present the work of the Trust and benefits of membership at community groups and public meetings.

To recognise that there is a variation in the level of engagement that public members are seeking when they join, a pyramid model will be adopted to offer a choice of three levels depending on the degree of engagement the member is seeking:

- Level 1 – for those who just wish to be kept informed and provide feedback
- Level 2 – for those who wish to actively engage

- Level 3 – for those who are thinking of becoming a governor

Pyramid Membership Model



Membership is defined in section 5 of the Trust’s constitution and all levels of membership in this model are deemed to be public members.

d. Membership Engagement

The Membership needs to be an active resource for the Trust and must add value to the work that it does. The links to the Trust’s own Communications and Engagement Strategy are therefore essential and Members must be heard and know that they are heard.

Opportunities for engagement will include:

- membership of Trust groups;
- reviewing and commenting on written communications – such as Trust leaflets;
- participating in surveys;
- attending Trust or partner organised events, including consultation and public meetings;
- attending member focused ‘education’ events;
- following, and participating in, membership social media.

Providing members with the opportunity to engage with their Governor representatives via:

- promoted ‘Meet the Governor’ opportunities at various locations and events;
- on line ‘meet the governor’;
- Trust public meetings; and
- feedback via all forms of media;

In implementing this work due care will be taken to ensure that communication is accessible to all users. Support will be sought from the Trust’s Equality and Diversity group to ensure that this is achieved.

e. Membership Communication Tools

Maintaining a two way dialogue with the membership will allow members to influence developments within the Trust.

Methods of communication to include:

- Websites;

- Trust magazine;
- direct or face to face communication;
- social media;
- Email communication including members e-newsletter;
- presenting at [community] groups;
- printed materials; and
- Trust Hubs for staff member engagement.

In implementing the strategy, decisions will be taken about the timeframe for re-fresh cycles so that members can have a clear expectation when regular communications will be received and that this can be sustained within the resources available to the Governors.

6. The Role of Governors

NHSI states:

“Governors have an important part to play by listening to the views of their members, the public and other stakeholders, and representing their interests in the trust. This means, for example, gathering information about people’s experiences to help inform the way the trust designs, reviews or improves services effectively. Governors also have a role in communicating information from the trust to members and to the public, such as information about the trust’s plans and performance. Successful engagement calls for an on-going working relationship between a foundation trust and its members and the public, with patients and service users at the heart of this...”

Governors will be encouraged to take an active role in developing membership, in turn adding to their understanding of the community needs and therefore the CoG effectiveness. This will include:

- Governors will be given the opportunity to participate in all public and membership events
- Governors will be given the opportunity to take part in online meet the governor sessions
- Where appropriate, governors will be used to deliver media/public relations opportunities
- Governors will be given the opportunity to provide copy for Trust magazine, membership newsletters and Trust websites
- Governors can be active in membership social media groups

7. Delivering the Strategy

The CoG will [own] the strategy and it will be delivered via the MECC with support from the Governor and Membership Lead post and linking with the Communications and Engagement team. The MECC will develop and monitor an action plan to deliver the priorities identified in the strategy within an agreed timeframe and with measurable objectives.

It is recognised that the financial resources which can be provided by the Trust will be limited and that these must be focused in areas to support the journey away from special measures. The success of the strategy will, therefore, depend heavily on the commitment of individual Governors.

The Governors' role will need to be reflected in the documentation supporting Governor elections and the induction process for new Governors. The Trust recognises that Governors will need support and training to deliver this role and is committed to providing that.

8. Evaluating the Strategy

The Council of Governors will monitor delivery of the objectives set out in the strategy by monitoring the effectiveness of the strategy and ensuring that it remains meaningful and relevant. This will be done by way of regular reports from the MECC.

The following outcomes are suggested as indicators of success:

- Evidence that membership views have contributed to Council decisions
- Increases in survey response rates
- Members joining the Trust as volunteers
- Increase in communication networks and success of 'word of mouth' campaigns
- Increase in on line communication with members
- Membership numbers and demographic changes

REPORT TO:	COUNCIL OF GOVERNORS MEETING
DATE:	6 NOVEMBER 2018
SUBJECT:	TASK AND FINISH GROUP - GOVERNOR RESPONSIBILITIES PACK
REPORT FROM:	TRUST SECRETARY ALISON FOX
AUTHOR:	GOVERNOR AND MEMBERSHIP LEAD
PURPOSE:	DISCUSSION
BACKGROUND AND EXECUTIVE SUMMARY	
This report updates the Council on progress with the plans to develop a Governor Role Document.	
LINKS TO STRATEGIC OBJECTIVES:	<p>Patients: Help all patients take control of their own health.</p> <p>People: Identify, recruit, educate and develop talented staff.</p> <p>Provision: Provide the services people need and do it well.</p> <p>Partnership: Work with other people and other organisations to give patients the best care.</p>
RECOMMENDATIONS AND ACTION REQUIRED:	
The Council is asked to:	
<p>a) note the report and the revised project plan and timescale; and</p> <p>b) discuss Council's expectations for the policies relating to Chair and Non-Executive Director (NED) appraisal.</p>	
Background	
<p>At the Joint Governor and NED meeting on 15 February a Working Group was created to review the Trust's constitution and key guidance documents provided to Governors. Members of the working group are John Bridle, Ken Rogers, Sharon Hatfield-Tugwell and Barry Wilding, as SID with Alison Fox and Amanda Bedford providing support.</p> <p>The work on the constitution was completed and recommendations made for changes at the Council meeting on 3 August. These were subsequently ratified by the Board.</p> <p>The Working Group also proposed to Council that a Governor Responsibilities Pack should be developed to provide a comprehensive reference document for Governors which could form the basis of an induction into the role. Council agreed the proposal at their August meeting and the proposed schedule for the draft document to be brought to this meeting for approval.</p>	
Position Update	
<p>The proposed schedule required the first draft of the document to be taken to the Working Group in the first week of October so that an agreed draft could be provided to Council for ratification at this meeting.</p> <p>Unfortunately, the schedule has slipped for a number of reasons: the office move to WHH,</p>	

staff vacancies and pressures created by leave over the summer. The majority of the drafting has been done and should be completed by mid-November. As the next Council meeting is on 14 February 2019 it is proposed that the work on the pack be completed virtually to the following schedule:

- Week 19 November – to working group for comment by 30 November
- 3 December revised draft to Council for comment by 17 December
- 19 December final draft to Council for virtual ratification – replies to be returned by 4 January
- 14 February – virtual ratification noted at Council meeting.

Reviewing the policies linked to the Council is part of the work required and this includes the policies for appraising the Non-Executive Directors and the Chair. These do need extensive review and it would be helpful if Council could have a discussion about their expectations for these policies at this meeting to inform the drafting. The current policies are attached for information.



**East Kent
Hospitals University**
NHS Foundation Trust

MARCH 2017

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

POLICY FOR APPRAISAL OF THE CHAIRMAN

APPROVED BY COUNCIL OF GOVERNORS: 30 March 2017

REVIEW DATE: February 2021

POLICY STATEMENT

1. Good governance of Foundation Trusts requires that Board Chairs, like all other senior staff, should be subject to a formal scheme of annual performance appraisal. This ensures that Chairs are themselves appraised, and receive regular feedback on their performance, and on their responsiveness to external constituencies. It can provide evidence to NHS Improvement of accountability if needed, and can also support decisions by the Council of Governors on what actions to take when a Chairman's term of office comes to an end (including whether or not to reappoint without a further open competition).
 2. This Policy statement sets out the appraisal process for the Chairman of the Trust only. It has been agreed by the Council of Governors and reflects EKHUFT Guidance on the Statutory Duties of Governors.
 3. Annual appraisal enables:
 - a) Review of the performance of the Chairman of the Board
 - b) Update of the job specification and personal objectives for the chairman
 - c) Identification of personal development needs of the Chairman set out in a personal development plan where necessary
 4. A new Chairman on appointment will have an initial appraisal meeting with the Senior Independent Non-Executive Director (SID) within 4 to 8 weeks of appointment. The primary purpose of this meeting will be to:
 - a) Confirm that the job description is clear
 - b) Agree objectives
 - c) Agree a Personal Development Plan
- The key components of the Chairman's appraisal are attached at Appendix 1.
5. An incoming Chairman will have a formal mid-year review, to appraise progress, in October/November. The end of year appraisal will take place in April/May, together with objective setting for the year ahead.
 6. In subsequent years, the annual appraisal should take place within 2 months of the financial year end, and should:
 - Review performance and achievement over the preceding year;
 - Review the job description to ensure it remains up to date;
 - Identify changes to the chairman's objectives for the forthcoming year;
 - Agree any requirements for personal development, to be set out in a PDP if necessary.
 7. Mid year reviews should take place for established chairs at the request of either the chair or the SID as appraiser.
 8. The appraisal process should be conducted by the SID, drawing on the views of and perspectives of other directors, governors, and other stakeholders. The areas covered by the assessment are attached at Appendix 2. The timetable for the appraisal process is attached at Appendix 3.
 9. The SID should present the outcome of the appraisal process (including the Chairman's written self-evaluation) each year to the Council of Governors, with a view to reaching agreed conclusions.

WHAT IS APPRAISAL?

Appraisal is a participative two-way process between the appraisee and the appraiser. When appraisal is being used effectively, it is a positive, supportive and developmental process.

It provides the opportunity for the Chairman of the Board of Directors to reflect on his/her performance as an individual and as part of a team, suggest improvements, as well as providing a vehicle for expressing perceptions and feelings.

KEY COMPONENTS OF THE APPRAISAL SYSTEM FOR THE CHAIRMAN

The Trust considers that the following are some of the key characteristics of a successful appraisal system:

- There is top level support, from all the Trust Board and Council of Governors.
- Training for the SID will be made available if deemed necessary or if the SID requests training in undertaking the appraisal.
- There must be effective mechanisms in place for delivery of the appraisal. These should include allocation of time to undertake appraisals, time for on-going discussion of individual and organisational needs and clear but simple paperwork.
- Objective setting in advance is essential.
- The formal appraisal will consist of a discussion between the SID, who will have sought input from other directors, the governors, other relevant external stakeholders and the Chair who will have completed a self-evaluation of his/her progress against the objectives for the year.
 - The SID will solicit feedback from those concerned by seeking oral assessments against the chairman's personal objectives for the year in question, supplemented if necessary by written assessments;
 - The SID will solicit specific feedback from all governors on the Council on those aspects of the chairman's objectives that are visible to the CoG, normally using a simple questionnaire/rating scale agreed in advance with governors.

The content of the questionnaire will be agreed at the start of the year when the Chair's objectives are set. These be clearly defined and have measurable outcomes. The objectives and the job description will be appended to the invitation to Governors to complete the questionnaire.

- All those taking part in an appraisal should be aware of what happens to their documentation and ensure that issues of confidentiality are addressed.
- Summaries of job descriptions, personal objectives, and appraisals should be held by appraisers and copies retained by the appraisee.

AREAS COVERED BY ASSESSMENT

The Chairman's appraisal will be led by the Senior Independent Director, facilitating input from the Chief Executive, Board of Directors and members of the Council of Governors.

The appraisal will cover the following assessment:

- Performance against individual objectives;
- Effective chairmanship of the Board of Directors and Council of Governors;
- Effective leadership of both the Board of Directors and Council of Governors;
- Effective challenge at Board and committee meetings;
- Attendance at Board, committee meetings and Council of Governor meetings;
- Corporate understanding and strategic awareness;
- Commitment;
- Holding to account;
- Personal style;
- Independence and objectivity;
- Self-development and attendance at required training (including mandatory training) and development sessions and events.

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST NON EXECUTIVE PERFORMANCE EVALUATION PROCESS

1 Introduction

NHS Improvement's Foundation Trust Code of Governance states that the Board of Directors should undertake a formal and rigorous annual evaluation of its own performance and of its committees and individual directors.

This document sets out the process for the evaluation of NED performance. It reflects EKHUFT Guidance on the Statutory Duties of Governors.

2 The process

2.1 The Chairman will lead the process for evaluation of Non-Executive Director performance, facilitating input from the Chief Executive, Board of Directors and members of the Council of Governors.

2.2 The Chairman will meet with each non-executive director to set their objectives within 3-6 months of their start date. Thereafter the non-executive director will be appraised annually on the anniversary of their appointment against the objectives. The objectives for all non-executive directors will fall into three areas:

- The Trust annual objectives (set March / April each year)
- A specific improvement that they will lead in their chairing role; and
- An objective linked to the use of their expertise in a specific piece of work for the Trust.

2.3 The evaluation will consist of the following.

- 360 review with the NED nominating reviewers from:
 - the Council of Governors – total of five;
 - the Chief Executive;
 - Executive Directors; and
 - other relevant senior staff.
- A discussion between the Chair and Non Executive Director relating to performance against their specific objectives, professional and personal development. This will be structured using the form at Appendix 1.
- A table showing the NED's contributions to consultant recruitment panels, ward and staff visits, attendance at Council of Governor meetings and Committees, and completion of mandatory training.
- Agreement of objectives for the coming year.

2.4 The questions that will form the 360 degree element and thereafter provide the discussion between the Chair and non-executive director are:

- What does the NED do well and what is good about it?
 - What could the NED improve and what would this result in?
 - How has the NED performed as the Chair of a Board Committee
 - How has the NED performed as a member of the Board
- NOTE: for Governors answering the 360 review questionnaire, there will be a tick box to give them the option have not attended a Board meeting for this question.
- On a scale (1 to 7) is this NED a team player?
- A freeform box for additional comments will allow the appraiser to add anything they think relevant.

2.5 The outcome of each appraisal, in the form of a summary report by the Chairman, will be discussed at the Council of Governor's Nomination and Remuneration Committee and reported to the next private Council of Governor meeting. These outcomes will form the basis of any decision to re-appoint the non-executive director.

Revised: 30 March 2017

Next Revision: March 2021

Non-Executive Director Reflections

Please summarise the key points of the appraisal emphasising any key areas for development.

1. Contribution to meetings.

2. Understanding of governance and role of the Board.

3. Understanding of the NHS environment.

4. Understanding and awareness of EKHUFT Strategic Objectives.

5. Interaction with members of staff, Governors and other Board members.

6. Commitment and attendance.

7. Independence and objectivity

8. Self development.

9. Behaviours: the prompts below combine the Trust's agreed behaviour statements with the Nolan principles, bracketed.

Compassionate - we treat others with kindness and respect

Calm – we stay calm approachable and professional

Collaborative (*Openness*) - Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honest (*Honesty, Integrity, Objectivity*) - Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest. Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties. In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountable (*Accountability*) - Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Inspiring (*Selflessness & Leadership*) - Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends. Holders of public office should promote and support these principles by leadership and example

10. Impact

11. Previous year's objectives:

Please set out your key achievements against your personal objectives for the previous year

12. Objectives for the coming year

13. Personal development objectives

14. Any additional comments