

# Council of Governors Public Meeting

Tue 21 June 2022, 13:00 - 14:45

Ashford Borough Council Chambers, Civic Centre, Tannery Lane,  
Ashford, TN23 1PL

## Agenda

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13:00 - 13:10 **22/22**  
10 min  
**Chairs Introductions**  
*To Note*      *Niall Dickson*

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13:10 - 13:10 **22/23**  
0 min  
**Confirmation of Quoracy**  
*To Note*      *Niall Dickson*


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13:10 - 13:10 **22/24**  
0 min  
**Apologies for Absence and Declaration of Interests**  
*To Note*      *Niall Dickson*

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13:10 - 13:10 **22/25**  
0 min  
**Minutes from last Council of Governors Meeting held on 28 April 2022**  
*Approval*      *Niall Dickson*  
 22.025 CoG Public Minutes 280422 DRAFT.pdf (11 pages)

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13:10 - 13:10 **22/26**  
0 min  
**Matters Arising from the Minutes**  
*Approval*      *Niall Dickson*  
 22.026 Outstanding actions public.pdf (2 pages)

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13:10 - 13:10 **22/27**  
0 min  
**Ratification of Virtual Votes since the last meeting**  
*Approval*      *Niall Dickson*  
 22.027 - Ratification of Virtual Votes Front sheet 210622.pdf (2 pages)

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13:10 - 13:15 **22/28**  
5 min  
**Chairs Report**

*Discussion*      *Niall Dickson*

To Follow

 22.028 Chairman's report to Council June 2022v2.pdf (1 pages)

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**13:15 - 13:20**  
5 min

**22/29**  
**Chief Executive Officer's Report**

*Discussion*      *Tracey Fletcher*

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**13:20 - 13:25**  
5 min

**22/30**  
**Folkestone/Hythe & Swale election results**

*To Note*      *Neville Daw*

 22.030.1 Declaraton of Results Folkestone.pdf (1 pages)

 22.030.2 Unopposed declaration - Swale.pdf (1 pages)

 22.030 Front sheet Folkestone Hythe & Swale Election results.pdf (1 pages)

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**13:25 - 13:40**  
15 min

**22/31**  
**East Kent Health Care Partnership**

*To Note*      *Karen Sharp, Programme Director East Kent Health Care Partnership*

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**13:40 - 13:50**  
10 min

**22/32**  
**NHSE/I Update**

*To Note*      *April Brown, Intensive Improvement Director NHSE/I*

 22.032 RSP PRES FOR GOVERNORS EK FINAL V1.pdf (13 pages)

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**13:50 - 13:55**  
5 min

**22/33**  
**Staff Patient Engagement Committee update report**

*Approval*      *Bernie Mayall*

 22.033 - CoG SPEC Update Report 230522 to CoG 210622.pdf (2 pages)

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**13:55 - 14:00**  
5 min

**22/34**  
**Membership Engagement Communications Committee update report**

*Approval*      *Alex Lister*

 22.034 - CoG MECC Update Report to CoG 210622.pdf (1 pages)

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**14:00 - 14:05**  
5 min

**22/35**  
**Audit and Governance Committee update report**

*Approval*      *Bernie Mayall*

14:05 - 14:20  
15 min

**22/36**

## **NEDs overview report- Board Committee Chair Reports to Public Board**

*Discussion*                      *Chair of Committees*

22.036 - NEDs Overview report Front sheet.pdf (1 pages)

**22/36.1**

### **Quality & Safety Committee**

*Discussion*                      *Sarah Dunnett*

22.036.1 - QSC Assurance Report 070622 BoD FINAL.pdf (5 pages)

**22/36.2**

### **Integrated Audit & Governance Committee**

*Discussion*                      *Olu Olasode*

22.036.2 - IAGC Chair Board Assurance Report (May 2022) FINAL.pdf (5 pages)

**22/36.3**

### **People & Culture Committee**

*Discussion*                      *Stewart Baird*

22.036.3 - PCC Chair Assurance Report BoD 31 May 2022.pdf (2 pages)

**22/36.4**

### **Finance & Performance Committee**

*Discussion*                      *TBC*

22.036.4 - FPC Chair Assurance Report to BoD Public 31 May 22 FINAL.pdf (5 pages)

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14:20 - 14:25  
5 min

**22/37**

## **Joint Site Visit update report**

*Discussion*                      *Neville Daw*

22.037.1 Front sheet - Joint site visit updates.pdf (1 pages)

22.037.2 Appendix 1 Joint site visit reports.pdf (7 pages)

22.037.3 Appendix 2 Joint Site Visits Recommendations Log.pdf (1 pages)

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14:25 - 14:30  
5 min

**22/38**

## **Annual Work Planner**

*Approval*                      *Neville Daw*

22.038 Front sheet Council work plan 202223.pdf (1 pages)

22.038.1 Annual Workplan 202223.pdf (1 pages)

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14:30 - 14:35  
5 min

**22/39**

## **Any Other business**

14:35 - 14:35 **22/40**

0 min

## **Date of Next Meeting 13 September 2022**

To Note

Niall Dickson

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14:35 - 14:35 **RESOLUTION TO MOVE INTO PRIVATE SESSION**

0 min

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

**UNCONFIRMED MINUTES OF THE COUNCIL OF GOVERNORS PUBLIC MEETING  
THURSDAY 28<sup>TH</sup> APRIL 2022 AT 11.15****PRESENT:**

Niall Dickson	Chairman	ND
James Casha	Elected Governor – Staff	JCa
Nick Hulme	Elected Governor – Ashford	NHu
Alex Lister	Elected Governor – Canterbury	ALi
Bernie Mayall	Elected Governor – Dover	BMa
Sophie Pettifer	Elected Governor – Staff	SPe
Carl Plummer	Elected Governor - Folkestone & Hythe	CPI
Alex Ricketts	Elected Governor – Canterbury	ARi
Marcella Warburton	Elected Governor – Thanet	MWa
Paul Schofield	Elected Governor- Thanet	PSc
Paul Verrill (left 11:55)	Elected Governor- Dover	PVe
Linda Judd (left 12:00)	Partner Governor- Volunteers	LJu
John Fletcher	Elected Governor- Ashford	JFI

**IN ATTENDANCE:**

Sarah Dunnett	Non-Executive Director	SD
Stewart Baird	Non-Executive Director	SB
Raymond Anakwe	Non-Executive Director	RA
Jane Ollis	Non-Executive Director	JO
Olu Olasode	Non-Executive Director	OO
Luisa Fulci	Non-Executive Director	LF
Chris Holland	Non-Executive Director	CH
Dorothy Otite	Corporate Governance & Risk Consultant	DO
Neville Daw	Governor and Membership Lead	GML
Jessica Stanton	Governor and Membership Administrator	GMA
Sarah Hayward-Browne	Senior Advisor to the Chairman	SHB

MINUTE NO. CoG/22/		ACTION
22/1	<b>CHAIRMAN'S INTRODUCTIONS</b>  The Chairman welcomed everyone to the meeting.	
22/2	<b>CONFIRMATION OF QUORACY</b>  The GML confirmed that the meeting was quorate.	
22/3	<b>APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST</b>  The Chairman conveyed that the CEO apologised she is not able to be in the meeting today. She was asked by NHS England to attend a national meeting of Chief Executives but there will be a meeting in May with the CEO and the Governors.  This is Sophie Pettifer's last meeting as she is retiring from the Trust. The Chair thanked all she has done for the Trust and the value she has brought to the Council of Governors. She will be sorely missed.	

Chair's initials .....

	Apologies were received from Shane Weller, Bob Bayford, Tracey Fletcher and Nigel Mansley.	
22/4	<p><b>MINUTES FROM THE LAST COUNCIL OF GOVERNORS' MEETING HELD ON 9<sup>TH</sup> DECEMBER 2021 AND MATTERS ARISING</b></p> <p>The minutes of the previous meeting held on 9<sup>th</sup> December 2021 were accepted as a true and accurate representation of the meeting.</p>	
22/5	<p><b>MATTERS ARISING FROM THE MINUTES</b></p> <p>21 01 Chairman's report- Governor members attending closed board sessions is on the agenda for the meeting so this action can be closed.</p> <p>21 02 Constitution review group report- This report will be presented to Council meeting in June 2022. This action will remain open.</p> <p>21 03- Constitution review group report- the revised constitution was posted to the Trust website on 20<sup>th</sup> December 2021. This action has now been closed.</p> <p>21 04 Committee membership- Concerned raised about the lack of Committees. All Committees have now met. The action has now been closed.</p> <p>21 05 Chairman's report- Patient voice and Involvement Strategy to be circulated. This action has now been closed</p>	
22/6	<p><b>RATIFICATION OF VIRTUAL VOTES SINCE THE LAST MEETING</b></p> <p>Since the last meeting there have been 5 requests for votes for council virtually and all were agreed and approved.</p> <p>The first one was CoG Nominations and Remuneration Committee membership size. The terms of reference required 8 members and it was reduced to 5.</p> <p>The next vote was the CoG Membership Engagement and Communication committee membership size. Again, this is a reduction from 8 to 6 and this was passed.</p> <p>The next vote was for reduction of CoG Audit &amp; Governance Committee membership size from 8 to 6.</p> <p>Also, to proceed with the Swale/Folkestone elections which was passed.</p> <p>Also, appointment of the Nominations and Remuneration chair which was passed.</p> <p>The Council of Governors <b>APPROVED</b> the virtual votes.</p>	

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22/7	<p><b>ANNUAL PRESENTATION OF THE REGISTER OF INTERESTS AND FIT AND PROPER PERSON DECLARATION</b></p> <p>DO asked that the Council check the register of interest as this is published on the trust website. Some members have come back with amendments and these changes have been made. Following the meeting if anyone has any changes they need to speak to GML or DO. DO would like to publish next week.</p> <p>The fit and proper person form have not been sent back by all members. DO requested Governors to complete the form and send back.</p>	
22/8	<p><b>CHAIR'S REPORT</b></p> <p>The Chair is delighted to have been joined by the new CEO Tracey Fletcher and excited by her arrival and the focus her leadership will bring on driving through the changes in culture and improvements in care. The Trust faces all the challenges that the rest of the NHS does and there have been ongoing issues associated with the pandemic.</p> <p>Patients coming through the hospital with the Omicron variant are less ill with the virus and the virus is incidental for many of those people in terms of reason for their admission. There has been a severe impact on staffing with the number of staff being off with Covid.</p> <p>NHSEI recently lifted a lot of the restrictions that were imposed but the Trust is no longer being funded for a lot of things which had been funded previously.</p> <p>It is still unclear what is going to happen going forward. It is hoped that the burden that Covid has imposed on operational work will become lighter but there is no certainty around this.</p> <p>There are massive backlogs for treatment particularly in electives and diagnostic work.</p> <p>There will likely be a tougher financial regime.</p> <p>The Trust continues to have issues around recruiting and retaining staff. The Trust has additional problems which are unique such as location. There is a major programme to recruit more than 400 nurses. Also need to focus on retaining staff.</p> <p>There are also problems with patients who are medically fit for discharge. The Trust recognises pressures on community organisations. There are currently more than 100 medically fit for discharge patients within the hospitals.</p> <p>The maintenance backlog is £120million and there is an urgent need to invest capital into the hospitals. This is progressing and the Trust is bidding to be in the last eight of the programme that the Government has announced but the timetable remains unclear.</p> <p>The Chair commented that the Trust is awaiting the outcome into the</p>	

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	<p>investigation into maternity services which will be highly critical but the Trust is determined to learn lessons from this. This will be a difficult time not just for staff in maternity but all staff. also need to reassure mums and families.</p> <p>There have been two positive visits from the Chief Operating Officer from NHSEI, Sir David Sloman. He was able to see the conditions that staff were working in at QEQM in Margate. There was also another positive visit from the Archbishop of Canterbury who saw the new emergency department development and the intensive care unit that will be opened shortly.</p> <p>SPE commented that she is reassured to have Tracey Fletcher, Niall Dickson, Sarah Shingler and Rebecca Martin in post as a really good senior management team who are committed to the road ahead.</p>	
22/9	<p><b>CHIEF EXECUTIVE OFFICER'S (CEO'S) REPORT</b></p> <p>Tracey Fletcher sent her apologies for this meeting so there is no CEO report to discuss. Tracey will be engaging over the next couple of weeks with Governors.</p>	
22/10	<p><b>NEDS OVERVIEW REPORT- BOARD COMMITTEE CHAIR REPORTS TO PUBLIC BOARD</b></p> <p><b>22/10.1 QUALITY AND SAFETY COMMITTEE (Q &amp; SC)</b></p> <p>Sarah Dunnett presented highlights from the meeting.</p> <p>There has been an improvement on deaths from sepsis however the focus is now on fracture, neck and femur. There are strict guidelines within which patients need be seen and treated. The total number of harms have increased and this is driven by the drive in covid numbers. The March meeting looked at February data. Theatre capacity is improving but long waits remain a challenge. Cancer 62 days performance has been impacted due to the increase in referrals and access to diagnostic capacity.</p> <p>SD discussed Duty of Candour reporting which the Trust are not good at evidencing where conversations have taken place. Currently demonstrating low level of compliance which is not acceptable. Work is being done to improve compliance quickly.</p> <p>There was a monthly update from Maternity and Neonatal Assurance Group where there is a significant programme of work. The committee has asked that internal auditors carry out an audit of the compliance with the maternity improvement plan.</p> <p>PVe commented about a recent personal experience with a relative in A &amp; E and urgently need to consider having a meeting of all interested parties and agencies including KCC, NHS to work out the forward plan.</p> <p>SDu assured that the conversations are happening and have been across East Kent and the wider health economy in Kent &amp; Medway for many months.</p> <p>The Chair commented that there is a new Director of Social Care and conversations are happening to try and release more provision within East</p>	<b>GML</b>

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	<p>Kent.</p> <p>MWa suggested having different type of furniture in A &amp; E to provide more comfort as there a lack of beds. SDu answered that due to the significant expansion of A &amp; E these considerations have been taken into account.</p> <p>PSc spoke about his experience with A &amp; E QEQM and WHH and commented that some patients said they did not feel safe. PSc asked what security there was. SDu stated that there is 24-hour security on site but will raise the concerns and try and ascertain exactly what level of security there is.</p> <p>LF works for a council and there are conversations going on about discharges and coping with patients coming back into the care of the community. This is very difficult due to number of cases.</p> <p>SPe commented that there is a policy in the ED where patient who are asked to sit in chairs should be going through a fit to sit process. if more beds or furniture if put into ED then it would not be able to function.</p> <p>SPe also commented that there are only two security guards on site at each hospital to support ED and the wards. It would be appreciated to have more security especially on a Friday and Saturday night where patients are more likely to be intoxicated.</p> <p><b>22/10.2 INTEGRATED AUDIT &amp; GOVERNANCE COMMITTEE (IAGC)</b></p> <p>OO presented the highlights from the committee meeting. Governance is a key area for the committee. NHS England have updated requirements for trust annual governance statement and work is ongoing in the background. The key requirements in the statement are accuracy of the elective waiting time data, workforce strategy, staffing systems, gifts and hospitality, value for money, efficiency and information governance. Item 12 in the report talks about the governance guide which feeds into the process. following the committee, will be looking at assurance map and look at ongoing review of committee effectiveness and structure. Will be looking at new areas such as benchmarking and peer reviews within the system to see how we can improve governance arrangements and effectiveness.</p> <p><b>22/10.3 PEOPLE &amp; CULTURE COMMITTEE (P&amp;CC)</b></p> <p>SB presented the highlights from the meeting. There are several priorities that are being focused on. These are do we have sufficient staff, are they properly trained and are we assessing their performance regularly and do we provide a culture that underpins safety and excellent patient experience to drive staff retention.</p> <p>The committee is tracking the additional 400 nurses and midwives that were signed off and so far this is going to plan. The numbers are coming in at 30-40 a month. There is a big rise due over August-September so in the next P &amp; CC there is a session dedicated to a forward look at recruitment. There have been a few problems with international colleagues and the qualification required to operate as a band 5 nurse. There is a big backlog and one batch of international nurses could not get through. This has now been resolved but they may be more issues.</p>	
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Retention is a big point to focus on. The general turnover is better than expected although there was a small blip with registered nurses last month. Year on year 400 WTE more than there were in March 2021 so everything is going in the right direction. The number of exits is going down. The Trust now has an online exit interview to gather as much information as possible. There are known hotspots within theatres at KCH, pharmacy and critical care at WHH. These areas are being focused on.

There has been a rise in sickness with the covid peak but this has hopefully passed. The Omicron peak did not only impact staffing levels but also the ability to take staff off shifts to conduct training and appraisals. The ED has seen the worst performance but this will be monitored more closely.

Culture is being tracked. NHSI have put forward a cultural leadership programme and have suggested this is the right move for the Trust. The team waited for Tracey Fletcher to join to get her initial views and then there will be a briefing with the NEDs around why this is the right scheme.

The freedom to speak up guardians have now been in post for a couple of months and Sarah Dunnett is their champion. They report into PPC and we are already starting to see some really interesting comments and now starting to get a flow of information. The format of PCC is being changed to invite more staff groups.

The staff survey results were published at the end of March. At the PCC meeting on Tuesday there is a 45-minute in-depth briefing which will be brought back to board with a summary. The trust has not fallen backwards like many have but they are disappointed with the results.

**22/10.4 FINANCE AND PERFORMANCE COMMITTEE (FPC)**

SB chaired the FPC meeting in the absence of Nigel Mansley. SB is confident the Trust will finish the prior year on a break-even position. The challenge is going into this year with a deficit and still being asked to deliver significant cost savings on top. The financial outlook is challenging this year and needs careful monitoring.

The operational business plan has been submitted to NHSE in March and the finance plan is being submitted later this week.

The plan is to eliminate patients waiting more than 104 weeks by June 2022 then focus on patients waiting longer than 78 weeks by April next year. The number of patients waiting over 52 weeks is decreasing.

The committee signed off three business cases. One was picture archiving communication system which is a Kent side initiative with Maidstone, Medway and Dartford to share imaging across all trusts at all sites. Also signed off enhancing bank rates until the end of April to improve staffing. Now starting to look at long term strategy to bring temporary staffing cost down. The committee signed off a trust project for multi-functional devices which delivered an immediate cost saving.

The Trust has agreed contract terms for Harmonia with the provider. This is due to be signed in the next week or two. SB and BMA will go down over the

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	<p>summer to meet the new provider and hopefully see patients in residence and using the operation.</p> <p><b>Action: GML to arrange visit to Harmonia</b></p> <p><b>22/10.5 CHARITABLE FUNDS COMMITTEE (CFC)</b></p> <p>JO is bowled over by the generosity of people who both support in time and effort and fundraising. The charity is looking at raising £700,000 to support patients and families this year. JO suggested Governors visiting some of the equipment that has been supported by the charity when they next visit.</p> <p>JO had a call with Linda Judd who is part of the league of friends and also a Governor. The league of friends shop at WHH has been refreshed.</p> <p>The charity is always in need for more volunteers to support any of the league of friend's sites.</p> <p>On 20<sup>th</sup> August 2022 the annual fair will resume which has not been held for a couple of years. JO gave the Governors the Facebook link to support the charity and share the page.</p> <p>It was asked if anything would be done for the jubilee. JO commented that there is still a concern with doing large scale indoor events but this will be looked into.</p> <p><b>22/10.6 NOMINATIONS AND REMUNERATION COMMITTEE (NRC)</b></p> <p>JO commented that 2gether support solutions have a new chaired, George Jenkins who started in post on 11<sup>th</sup> April 2022 alongside a new managing director, Paul <b>Ryder</b> who started on 18<sup>th</sup> April. 2gether have delivered some amazing projects this year for the Trust including the new critical care unit which opened this week.</p> <p>The committee next meets in a couple of weeks and will be starting conversations with Tracey Fletcher around Executive performance.</p>	
22/11	<p><b>STAFF AND PATIENT ENGAGEMENT COMMITTEE (SPEC) UPDATE REPORT</b></p> <p><b>22/11.1 GOVERNOR ATTENDANCE PROCESS</b></p> <p>The GML commented that there have been a few problems in the past which affects the smooth running of the council. This proposal has been put together for the process of monitoring Governor attendance at the main Council of Governors meeting. The draft process was recommended by SPEC so now needs approving by the Council.</p> <p>The Council <b>APPROVED</b> the Governor attendance process.</p> <p><b>22/11.2 GOVERNOR JOINT VISITS PROCESS</b></p> <p>The GML commented that the joint site visits were stopped due to covid but they have now restarted again. There were visits to William Harvey Hospital</p>	

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	<p>in March and Royal Victoria Hospital in Folkestone last week. Currently looking at having a template everyone can use to it is much easier to follow after a visit. The GML will bring the template to the next meeting with outcomes and actions from those visits.</p> <p>The Council <b>APPROVED</b> the process for Governor Joint Visits.</p> <p>MWa commented that they used to do site visits with surveys and these were useful. Surveys were put together by the GML and Governors would meet and greet patients.</p> <p><b>Action: GML to look into surveys in hospitals</b></p>	
22/12	<p><b>MEMBERSHIP ENGAGEMENT AND COMMUNICATION COMMITTEE (MECC) UPDATE REPORT</b></p> <p><b>22/12.1 MEMBERSHIP AND ENGAGEMENT STRATEGY AND ACTION PLAN</b></p> <p>ALi commented that engagement with the community is not good at the moment. It was recommended that in May a paid for communication is sent out possibly in the form of mail drops which will require investment. It makes financial sense to spend money.</p> <p>BMa supported ALi and stated that the Membership and Engagement strategy is important. Also looked at surgeries in supermarket.</p> <p>MWa commented that part of the Governors survey would be also selling membership. The surveys gave the chance to meet the public and get interest in being a member.</p> <p>CPI was disappointed by the Governors page that was presented by Communications.</p> <p>The GML commented that this was partly down to lack of time and short printing schedule. It was agreed in this instance to go with the draft and ideas will be considered next time.</p> <p>The Chair suggested having a meeting with the comms teams to talk this through and ALi stated this is in hand at the MECC meeting.</p> <p>The council <b>APPROVED</b> the Membership and Engagement Strategy action plan for 2022/27 and 22-23 and action plan.</p>	
22/13	<p><b>AUDIT AND GOVERNANCE COMMITTEE UPDATE REPORT</b></p> <p><b>22/13.1 GOVERNING POLICIES AND PROCEDURES REVIEW TASK FORCE AND FINISH GROUP</b></p> <p>DO took this to the A&amp;G meeting and is recommending this to the CoG for approval. If the Council approve then DO would seek expressions of interest for all members to join the Task and Finish group. Once the group is set up, they will review the existing policies and procedures that govern the CoG, seek to strengthen them and fill any gaps.</p>	

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	<p>The Council <b>APPROVED</b> the Governing policies and procedures review task force and finish group</p> <p><b>22/13.2 UPDATE ON TIMETABLE FOR ANNUAL DOCUMENTS</b></p> <p>This report is for information and for Council to note.</p>	
22/14	<p><b>UPDATE ON STRATEGIC INITIATIVES</b></p> <p>Due to time constraints, this will be carried forward to the next meeting.</p>	
22/15	<p><b>GOVERNOR ATTENDANCE AT BOARD COMMITTEES</b></p> <p>This was taken to the board and was approved to run a pilot. This will involve three volunteer Governors to sit on three board committees during 22/23. The guidelines for the pilot are attached in the meeting pack. If the pilot is successful then this can be expanded to cover all committees. This will give Governors a greater insight into what is happening below board level in terms of running the trusts and holding NEDs to account. Governors will be asked to volunteer.</p> <p><b>Action: GML to ask for volunteers from Governors</b></p>	<b>GML</b>
22/16	<p><b>COMMITTEE MEMBERSHIP ANNUAL UPDATE</b></p> <p>This is to approve the current membership for CoG committee to continue for 22/23 and the reduction in membership of SPEC from 8 to 6 to align with MECC and then A &amp; G and discuss any further changes that are required.</p> <p>DO commented that there are some Governors who have not volunteered for membership to any committee. SPEC membership is 6 which is below quorate as the requirement is 8. In terms of approval, DO is asking that this is reduced to 6.</p> <p>There are 3-4 Governors who sit on 3-4 committees each. Having 5-6 members for each committee exposes meetings to being inquorate since the requirement is 4. To go back to having 8 per committee, requires 5 Governors to sit on two committees each.</p> <p>CPI volunteered to join any committee that was short of members.</p> <p>JCa volunteered for the SPEC committee. DO will take this board but only one staff Governor is required on each committee.</p> <p>ARi is always happy to step in if available.</p> <p>BMa thanked everyone who is a member of a committee.</p> <p>The Council <b>APPROVED</b> current membership of council committees in 2022/23</p> <p>The Council <b>APPROVED</b> the membership of SPEC from 8 to 6 to align with MECC and AGC.</p>	

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22/17	<p><b>ELECTIONS UPDATE</b></p> <p>The Council was asked to approve the invitation to the next highest polling candidate at the last staff elections on 1<sup>st</sup> March 2021 as Sophie Pettifer is standing down. It is Dr Janine Thomas to fill the staff consistency vacancy from 1<sup>st</sup> May 2022 to 29<sup>th</sup> February 2024.</p> <p>There are currently three vacancies, two for Swale and one for Folkestone/Hythe. There are three registers of interests for Folkestone/Hythe and one for Swale. The closing date for nominations in next weeks but candidates have to go through various checks.</p> <p>The GML commented that the process for Lead Governor and Deputy Lead Governor was followed. All elected Governors were given the chance to nominate themselves and if only one nomination was received in each category then that person would be elected unopposed. The GML confirmed that for Lead Governor there was one nomination from Bernie Mayall and one for Deputy Lead Governor which was Carl Plummer so the Council needs to approve appointment for both.</p> <p>The Council <b>APPROVED</b> the appointment of Dr Janine Thomas as the next staff Governor</p> <p>The Council <b>APPROVED</b> appointment of Bernie Mayall as the Lead Governor</p> <p>The Council <b>APPROVED</b> appointment of Carl Plummer as Deputy lead Governor</p> <p>ALi commented that with vacant seats in Swale. This underlines the need to spend money on communications and promotion.</p> <p>The Chair has written to the head of Swale Council and will also raise with East Kent Partnership board.</p>	
22/18	<p><b>MEETING AND COMMITTEE DATES FOR 2022/23</b></p> <p>The Nominations and Remuneration committee dates are to be confirmed.</p> <p>The Council <b>APPROVED</b> the meeting and committee dates for 2022/23.</p> <p>The GML would like feedback on the time of day. He has currently based the meetings around lunchtime for Governors who work so they can make meetings. The GML asked for any suggestions to be sent to him.</p>	
22/19	<p><b>QUESTIONS FROM THE PUBLIC</b></p> <p>There were no members of the public present.</p>	

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22/20	<p><b>ANY OTHER BUSINESS</b></p> <p>JO commented that during the meeting, the date for the Kirkup enquiry report has been leaked and therefore the Communications team have sent out an email informing staff. The date of release will be 21<sup>st</sup> September 2022.</p> <p>CPI asked if the next meeting will be virtual or face to face. The Chair commented that he hopes it will be face to face but will rely on advice from the Director of Infection, Prevention and Control. Will need to have a venue with good spacing.</p>	
22/21	<p><b>DATE OF NEXT PUBLIC MEETING</b></p> <p>The next meeting will be 21<sup>st</sup> June 2022.</p>	

The meeting closed at 13:05

Signed \_\_\_\_\_

Date \_\_\_\_\_

Chair's initials .....

CoG 22/026

## EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST - OUTSTANDING ACTIONS, COUNCIL OF GOVERNORS, PUBLIC

Action No.	Date of Meeting	Min No.	Item	Action	Target date	Action owner	Progress Note (to include the date of the meeting the action was closed)
21 02	20.05.21	11	Constitution Review Group Report	Discuss the issue of changing removing the maximum term of office rule for Governors with the Board and with the Lead Governor and seek to reach a compromise solution.		Chairman	15.09.21: for update on Chairman's return 09.12.21: Jane and Niall would work together regarding the maximum term for governors and report back at the next meeting. 28.04.22: Report will be presented to Council meeting in June 2022 14.06.21: Still under review and recommendation to refer to the next AGC and bring back recommendations to full Council. Recommended to remain open
21 06	09.12.21	40	Chairman's report	GML to circulate to Governors when available the road map of how the East Kent Healthcare partnership is taken forward		GML	28.04.22: No published road map has been received. However Governors will be receiving a briefing from East Kent Healthcare Partnership in May. 14.06.21: On agenda for meeting of 21 June. Recommendation to close.
21 07	09.12.21	45	Process for responding to email enquiries	Constituents should be able to contact individual governors on NHS emails. GML to discuss outside of the meeting		GML	28.04.22: GML has investigated and is not aware of any Trust that makes Governors individually available to the public through publicly advertising their nhs.net emails. GML will email the legal notes previously circulated to Council about this. Recommendation to close.
22.01	28.04.22	10		Stewart and Bernie to visit Harmonia in late summer once contracts have been signed		GML	21.06.22 Contracts are now signed. Meeting to be arranged per request at the end of July. Recommendation to remain open.
22.02	28.04.22	11	Governor site visit process	MWa commented that they used to do site visits with surveys and these were useful. Surveys were put together by the GML and Governors would meet and greet patients. GML to investigate		GML	21.06.22 GML to investigate and develop a questionnaire for discussion with SPEC. Recommendation to remain open



Action No.	Date of Meeting	Min No.	Item	Action	Target date	Action owner	Progress Note (to include the date of the meeting the action was closed)
22.03	28.04.22	15	Governor attendance at Board Committees	DO stated that Governors would be asked to volunteer to join the committees. GML will send out the request for volunteers		GML	31.05.22 The volunteer names were put to virtual vote by Council and approved. Recommendation to close.

<b>REPORT TO:</b>	<b>COUNCIL OF GOVERNORS (CoG)</b>				
<b>REPORT TITLE:</b>	<b>RATIFICATION OF VIRTUAL VOTES</b>				
<b>MEETING DATE:</b>	<b>21 JUNE 2022</b>				
<b>BOARD SPONSOR:</b>	<b>TRUST CHAIRMAN</b>				
<b>PAPER AUTHOR:</b>	<b>GOVERNOR AND MEMBERSHIP LEAD</b>				
<b>APPENDICES:</b>	<b>NONE</b>				
<b>Executive Summary:</b>					
<b>Action Required:</b> (Highlight one only)	Decision	<b>Approval</b>	Information	Assurance	Discussion
<b>Purpose of the Report:</b>	This paper provides a report on the virtual voting carried out since the last Council meeting for ratification of the decisions taken. In all cases, the criteria applied was that the vote would be passed by a simple majority of the number of Governors on Council.				
<b>Summary of Key Issues:</b>	Details of the virtual votes and the outcomes are provided on page 2 of the report.				
<b>Key Recommendation(s):</b>	The Council of Governors is asked to <b>RATIFY</b> the outcomes of the virtual voting carried out since the last meeting.				
<b>Implications:</b>					
<b>Links to 'We Care' Strategic Objectives:</b>					
<b>Our patients</b>	<b>Our people</b>	<b>Our future</b>	<b>Our sustainability</b>	<b>Our quality and safety</b>	
<b>Governor Statutory Duties:</b>					
All					
<b>Previously Considered by:</b>					
None					

<b>VIRTUAL VOTING RECORD SUMMARY</b>						
<b>DATE REQUESTED</b>	<b>DESCRIPTION</b>	<b>FOR</b>	<b>AGAINST</b>	<b>ABSTAIN</b>	<b>NUMBER OF GOVERNORS IN COUNCIL</b>	<b>OUTCOME</b>
11/05/2022	Nomination of Janine Thomas to replace Sophie Pettifer as a Committee member on the Staff and Patient Experience.	9	0	5	14	Passed
16/05/2022	Proceed with Rest of England and Wales Governor elections as per option 3 to replace Chris Pink	7	0	7	14	Passed
26/05/2022	To agree the Governor commentary in the Quality Accounts as recommended by SPEC	9	0	5	14	Passed
31/05/2022	To agree membership of the Policies and Procedures Task and Finish Group	9	0	5	14	Passed

## Chairman's Report

Our last Trust Board on 9<sup>th</sup> of June revealed that our hospitals are emerging from the pandemic with, in one sense, a return to the world of 2019 without the ubiquitous PPE, universal mask wearing and a host of less obvious but impactful infection control measures. It was also a real pleasure to be able to meet in person and to see so many Governors and others able to attend the event.

Yet in so many other ways, life is not back to normal. The number of patients needing our services is higher than ever, we are seeing unprecedented numbers of patients coming to our emergency departments and there are every day hundreds of patients in our wards who, because they are medically fit, do not need to be in hospital and would be more appropriately cared for at, or closer to, home. Due to the pandemic, an unprecedented number of patients are also waiting a long time for treatment, often impacted by challenges faced by our partners in the community.

Tackling these problems for our patients will be a major priority for the team. This means learning from other Trusts and working with other agencies in East Kent and across the Kent and Medway system. And that is the other difference about the context in which we are working – the NHS is yet again undergoing a major reorganisation. The emergence of this new structure signals a set of new players; and without being naïve, it at least offers the prospect of a new collaborative approach to tackle the huge problems all parts of the health and care system face.

Key in this will be the Integrated Care Board (ICB) for Kent and Medway and we were delighted to host its chair designate Cedi Frederick at the William Harvey last month. The ICB will be known as NHS Kent and Medway and we have been asked to use this title which will be a welcome break from yet another acronym. More locally, as part of the East Kent Health and Care Board which I chair, there is a great opportunity to work with our partners in primary and social care, in mental health and in the community, as well as with local government and the voluntary sector. It will require new ways of working and for all of us to make sure we are less bothered about the impact of change on our own institutions and more focussed on what is right for patients and communities in East Kent. It is a brave new world, but in spite of the enormous challenges of human and financial resources I believe we should see this as an opportunity to be grasped.

And we await the report from the Independent Investigation into East Kent maternity Services. It is expected towards the end of September. We know it will be critical of the Trust and its maternity care over the past decade. It will be very difficult for the families who have been affected and it will be a worrying time for mothers and their families now in our care. We must do everything we can to support them. It will also be hard for our maternity team and indeed for all our staff. Above all, we will need to listen and learn any lessons from the report. We have already made far reaching changes not least in staffing levels and we need to reassure everyone about the safety and quality of the care we provide while at the same time embracing the recommendations and acknowledging there is more to do. This next period will be profound and significant and we will need resilience and humility.

Niall Dickson CBE  
June 2022

# Election of Governors 2022

# DECLARATION OF RESULT

## EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST COUNCIL OF GOVERNORS ELECTION

As Returning Officer for the Public: Folkestone/Hythe of East Kent Hospitals University NHD Foundation Trust Council of Governors election held between Friday, 20 May 2022 and Thursday, 16 June 2022. I hereby give notice that the number of votes recorded for each candidate was as follows:

Name of Candidates		Number of Votes
Anne Osborne		22
Sophie Pettifer	Elected	81
Bryan Rylands		44

I declare that Sophie Pettifer is duly elected to the Council of Governors.

Electorate:	991
Total Number of Ballots Received:	147
Turnout:	14.83%
Invalid Votes (see below):	0
Total Valid Votes:	147

The number of ballot papers rejected was as follows

No Declaration of Identity received:	0
No unique identifier:	0
Voting for more than one candidate	0
Writing or other identifying mark	0
Unmarked Ballot paper	0

**Craig Poyser**  
**Returning Officer**

UK Engage, Image House, 10 Acorn Business Park, Heaton Lane, Stockport SK4 1AS

Tel: 0345 209 3770

17 June 2022

# Election of Governors 2022

# DECLARATION OF

# CANDIDATES ELECTED

# UNOPPOSED

## EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST COUNCIL OF GOVERNORS ELECTION

As Returning Officer for the Swale Constituency of East Kent Hospitals University NHS Foundation Trust I hereby declare that the following candidate is duly elected:

Name of Candidate	
1	Monique Bonney

**Craig Poyser**  
**Returning Officer**

UK Engage, Image House, 10 Acorn Business Park, Heaton Lane, Stockport SK4 1AS

Tel: 0345 209 3770

17 June 2022

<b>REPORT TO:</b>	<b>COUNCIL OF GOVERNORS (CoG)</b>																		
<b>REPORT TITLE:</b>	<b>FOLKESTONE/HYTHE AND SWALE ELECTION RESULTS</b>																		
<b>MEETING DATE:</b>	<b>21 JUNE 2022</b>																		
<b>PAPER AUTHOR:</b>	<b>GOVERNOR AND MEMBERSHIP LEAD</b>																		
<b>APPENDICES:</b>	<b>APPENDIX 1: ELECTION RESULTS FOR FOLKESTONE/HYTHE</b> <b>APPENDIX 2: ELECTION RESULTS FOR SWALE</b>																		
<b>Executive Summary:</b>																			
<b>Action Required:</b> (Highlight one only)	Decision	Approval	<b>Information</b>	Assurance	Discussion														
<b>Purpose of the Report:</b>	This report summarises the outcome of the Public Governor elections for the Folkestone/Hythe and Swale constituencies.																		
<b>Summary of Key Issues:</b>	<ul style="list-style-type: none"> <li>On 14 April 2022, the Trust's election provider, UK Engage, issued a notice of election for vacancies in Folkestone/Hythe and Swale. The outcome of the elections is: <ul style="list-style-type: none"> <li>Folkestone/Hythe (1 Seat) – Sophie Pettifer has been elected as a Public Governor for Folkestone/Hythe. The results are attached as Appendix 1. Term of Governorship is to run until 28 February 2023.</li> <li>A comparison of the 2022 elections with the election run last year is shown below: <table border="1" data-bbox="560 1072 1225 1321"> <thead> <tr> <th>Constituency</th> <th>Folkstone &amp; Hythe</th> </tr> </thead> <tbody> <tr> <td colspan="2"><b>% turnout</b></td> </tr> <tr> <td>2022</td> <td>14.83</td> </tr> <tr> <td>2021</td> <td>16.41</td> </tr> <tr> <td colspan="2"><b>Ballot packs issued/number returned</b></td> </tr> <tr> <td>2022</td> <td>991/147</td> </tr> <tr> <td>2021</td> <td>989/162</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Swale (2 seats) - Monique Bonney has been elected unopposed as a Public Governor to cover one of the vacant seats in Swale. The results are attached as Appendix 2. Term of Governorship is to run until 28 February 2024.</li> <li>There is no comparison to show for Swale as in the call for nominations in 2022 no candidates came forward.</li> </ul> </li> </ul> </li> </ul>					Constituency	Folkstone & Hythe	<b>% turnout</b>		2022	14.83	2021	16.41	<b>Ballot packs issued/number returned</b>		2022	991/147	2021	989/162
Constituency	Folkstone & Hythe																		
<b>% turnout</b>																			
2022	14.83																		
2021	16.41																		
<b>Ballot packs issued/number returned</b>																			
2022	991/147																		
2021	989/162																		
<b>Key Recommendation(s):</b>	The Council of Governors is asked to <b>NOTE</b> the results of the Public Governor elections for the Folkestone/Hythe and Swale constituencies.																		
<b>Implications:</b>																			
<b>Links to 'We Care' Strategic Objectives:</b>																			
Our patients	<b>Our people</b>	Our future	Our sustainability	Our quality and safety															
<b>Governor Statutory Duties:</b>	All Statutory Duties.																		
<b>Previously Considered by:</b>	None																		

# Recovery Support Programme

Supporting the most challenged trusts and systems in  
England

Dr April Brown RGN BSc DHRes – Improvement Director

National Intensive Support team

June 2022

NHS England and NHS Improvement

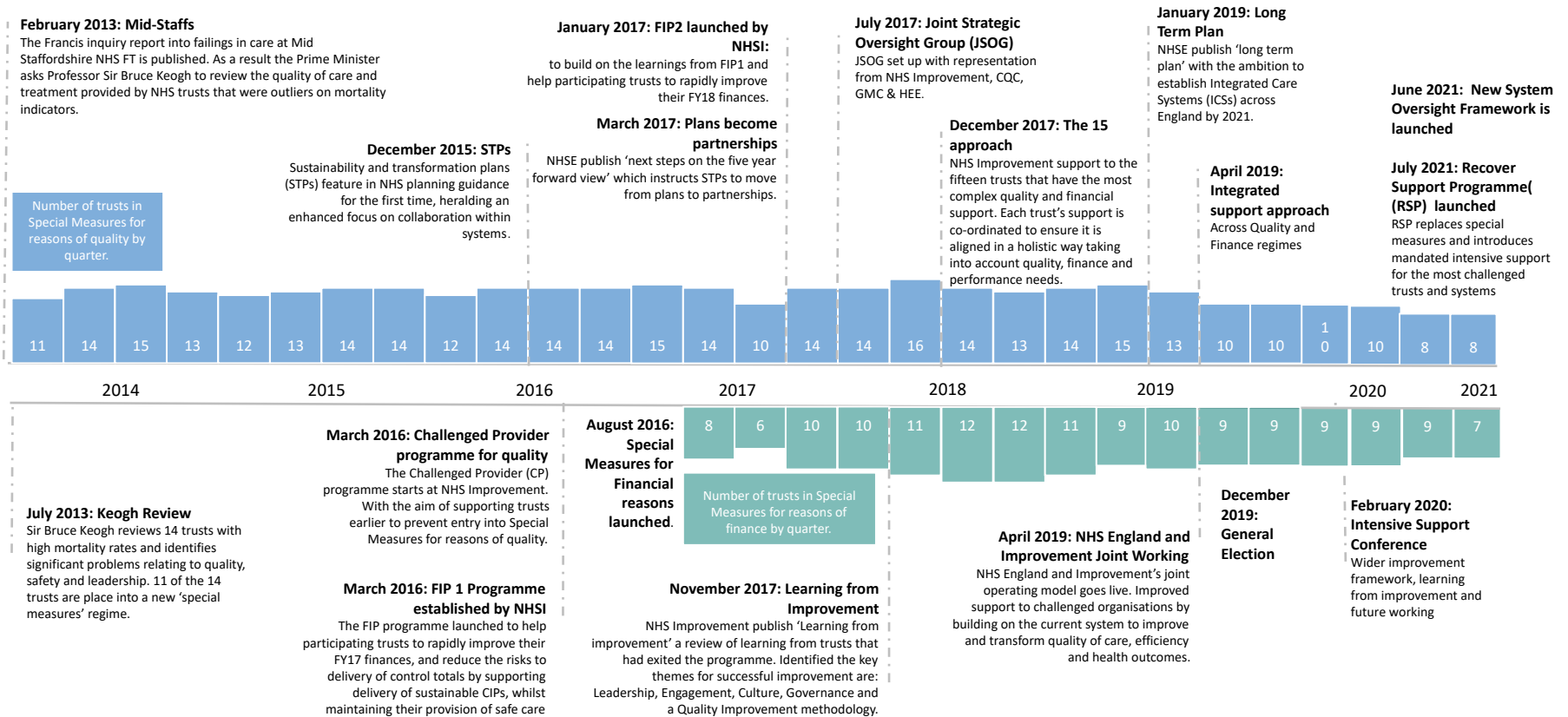




# Timeline of the Special Measures Programme



The Intensive Support team is built on the strength of expertise across the NHS. We were formed in April 2019 but our story stretches beyond our short history.



# What is the National Recovery Support Programme?

- RSP supports providers and systems with the toughest challenges, and key issues within the organisations such as: **Governance, Leadership, Culture, Workforce and Finance**.
- The RSP is:
  - available to support trusts and systems with increasing, complex challenges, helping to **embed improvement upstream to prevent further deterioration and enable stabilisation**,
  - **focused at system level**, while still providing tailored, intensive support to individual organisations,
  - Maintains a collaborative approach with the system, trust, region and national intensive support team to diagnose problems and agree solutions focused on the **underlying drivers of the problems** that need to be addressed and those parts of the system that hold the key to improvement,
  - in the case of systems, nationally led by a credible, **experienced system improvement director** (SID) jointly appointed by the system, region and national intensive support team,
  - able to draw in support from an **expert multidisciplinary** team co-ordinated by the SID or Improvement Director (ID) in the case of trusts.
  - Be time limited with clear exit criteria and focus on system resilience with knowledge and skills transfer, **providing sustainable capability** within the system following exit from the programme.

# How does the RSP approach differ from Special Measures?



The RSP is different from the special measures programmes in a number of important ways. It is:

<b>One System</b>	<ul style="list-style-type: none"><li>Facilitating discussions so systems increasingly take shared ownership for addressing challenges in organisations in their patch and generate system wide solutions.</li></ul>
<b>Multidisciplinary</b>	<ul style="list-style-type: none"><li>NHS national, regional, system and provider stakeholders meet regularly with relevant partner organisations such as the CQC to propose solutions and work through plans.</li></ul>
<b>Supportive Collaboration</b>	<ul style="list-style-type: none"><li>Fostering a supportive, open, improvement environment rather than punitive.</li></ul>
<b>Building Capability</b>	<ul style="list-style-type: none"><li>Organisations and/or systems get supported in building their internal capability and support networks across the system so they can continue to improve even when RSP ends</li></ul>
<b>Holistic View</b>	<ul style="list-style-type: none"><li>Considering all the challenges and opportunities in terms of people, culture, leadership, workforce, finances, clinical pathways, technology, etc.</li></ul>

There are 20 systems and trusts in the RSP consisting of:

- 9 trusts transitioned from the quality and finance special measures programmes (now closed). Of these:
  - 4 were in quality special measures
  - 4 were in financial special measures
  - 1 was in both quality and finance special measures
- 6 new trusts and
- 5 systems

A full list of the trusts and systems in the RSP can be found here [NHS England » Recovery Support Programme](#)

Since the RSP was set up in July 2021:

- 3 trusts have successfully exited the RSP and transitioned from segment 4 of the NHS System Oversight Framework 2021 (SOF) to segment 3:
  - The Isle of Wight NHS Trust (legacy quality and finance special measures),
  - Sheffield Health and Social Care NHS FT (legacy quality special measures),
  - United Lincolnshire Hospitals NHS Trust (legacy finance and quality special measures)
- The East region are also considering a recommendation to exit RSP for the Queen Elizabeth Hospital King's Lynn NHS FT(legacy quality special measures) following an improved published CQC report.

# How do we oversee progress in the RSP?

- RSP Review Meetings (formally Board to Boards) chaired by the Chair of NHS Improvement and attend by National Executives of NHSEI with trust and system level representation, provides an opportunity for the improvement journeys of the RSP trust and systems to be reviewed in the following ways:



## Following entry

Held once a diagnostic stocktake has been undertaken to identify key issues and exit criteria have been approved by the RSG.



## Escalation of Concern

Triggered when there has been national escalation of concerns of lack of progress either by regional or national executives.



## Re-Set

Triggered when there has been a delay to holding an entry RSP Review Meeting, allowing the trust/system to showcase the improvements made since entering the RSP.



## Following recommendation to transition

Held once a region recommends that a trust/system is showing sufficient signs of improvement against their exit criteria and will be recommended for exit from the RSP and a transition to SOF3.

The RSP has been in place almost a year and we are now taking stock to consider the learning from this new approach and understand what impact it has made. We are:

- Conducting rapid ethnographic research of the first 6 months of the RSP to consolidate learning. This will allow **codification of the learning** from first-hand experience to support and promote leading a challenged organisation.
- Taking forward the learning from the Messenger review of Health and Social Care Leadership in England to support the **recruitment and retention pipeline of high quality leaders** within challenged organisations.
- Holding a National RSP Conference in June 2022 bringing together leaders of the trusts and systems in the RSP **to share the learning, celebrate improvement journeys and look to the future as we move towards a new organisational landscape in the NHS including the statutory status of Integrated Care Boards.**
- Putting forward a bid to commission research through the NHIR **on the impact of the RSP and what difference has been made** since its initiation
- Continuing to work with trusts and systems in SOF4 and the RSP to strengthen the NHS and Care services in those organisations **by improving; outcomes, experience for patients and staff, resource Management and population health**

## Transition from SOF 4 and RSP to SOF 3

- Demonstration of an improved and improving organisation – it's beyond ticking each item off
- Confidence in the plans to ensure continued improvement
- Organisational strategy and quality improvement approach to sustain improvements
- Optimised organisational culture and leadership
- The same standard of evidence that is required for any other regulator will be sufficient
- A trend of improvement as an indicator of sustainability

# East Kent University Hospitals and RSP Exit Criteria – scheduled for exit or transition to SOF 3 December 2022



## **Leadership and Governance:**

- Executive leadership team posts filled.
- Executive leadership development plan in place.
- Trust board sighted on key risks and actions taken via appropriate escalation routes.

## **Operational Performance:**

- Improved grip and attainment of improvement trajectory in UEC whole pathway performance.
- Improved trajectory in cancer performance and delivery of standards.
- Elective recovery plan implemented delivering against trajectory with continued reduction in 52ww and P2 patients.

## **Quality:**

- Improved management of SIs.
- Evidence of robust safeguarding plan with continuous improvement cycle.

## **Maternity:**

- Improved maternity governance process in place.
- Improved maternity service compliant with regulatory standards.
- Service users are engaged and involved in shaping maternity care.



## 2

### **Finance:**

- Financial Recovery Plan (FRP) in place compliant with agreed trajectories.
- Robust oversight, financial controls and processes in place overseen by appropriate governance.
- Shared trust and system understanding of risks to FRP and mitigations in place.

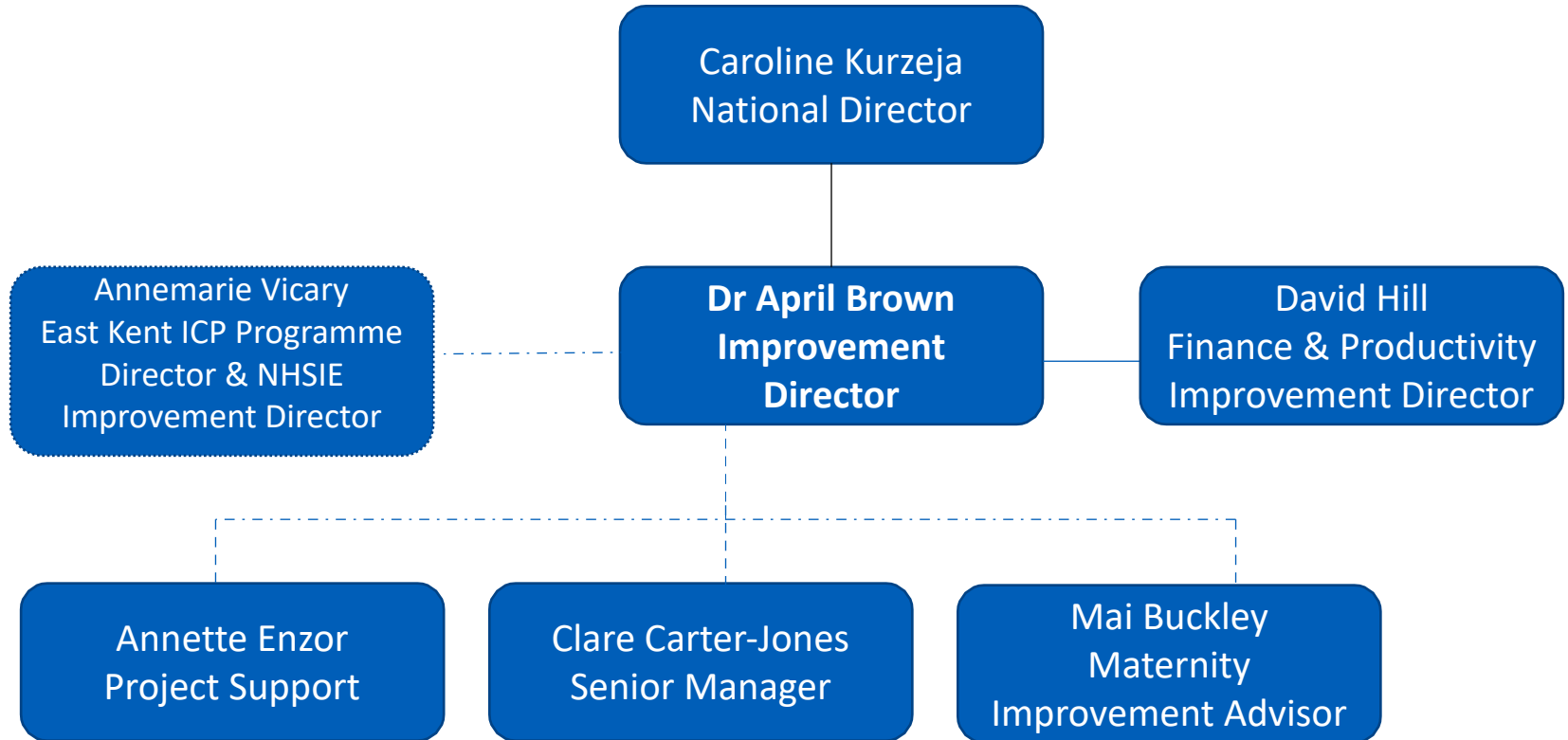
### **Workforce/People:**

- Staff/user feedback used to inform improvements/changes.
- Improved staff engagement and trust leadership.
- Delivery against international nursing and clinical support worker recruitment trajectories.
- Staff sickness and vacancies tracked and managed: trust is not an outlier across system.
- Trust F2SU policy/process has received board assurance.

### **Exit criteria for ICS workforce component of RSP**

- Improvement in number of colleagues which recommend east Kent/EKHUFT as a place to work
- Improvement in EKHUFT staff engagement score in the annual NHS staff survey 2021.
- Improvement in the retention rate of colleagues in their first year
- Sustained improvement in vacancy rate trajectory in the hard to recruit to specialties
- Sustained reduction in use of agency staff trajectory

# Our structure for East Kent – National Team for Intensive Support



# Quotes from the CEOs



Additional feedback given by the CEO of RSP trusts and systems on what RSP feels like for them includes:

- “RSP: it’s **inquisitive and supportive and challenging**, but with the focus of how do we build sustained improvement within the organisation”
- “It’s **getting that consistent view** and that consistent lens applied to the organisation about what does good look like and how does this impact the approach of all of the partners that are wrapped around the organisation”
- “Out of all the jobs I’ve done, I’ve probably **got the most job satisfaction here**. But it takes over your life one hundred percent. You never stopped thinking about it. You never stop worrying about the place. It’s one job where for three years I’ve never been off duty.”
- Range of responses on accepting support – from, “**help us get the right leaders and we will manage the transformational change** without much in the way of support”, through to, “We couldn’t have made the steps we have without the wide range of support from the national team”
- Range of responses on improvement directors with most very supportive but a bit of “We do sometimes **feel as if we are in a zoo with people watching our every meeting**”
- “Don’t think these challenged organisations need to be quite as challenged for as long as they have been”
- “Shouldn’t wait for people to fall off the cliff – **giving intensive support early would make a difference to patients**”
- “I haven’t seen any evidence that organisations can improve without focusing on their culture. And I haven’t seen any evidence that organisations that focus on their culture can’t improve or won’t improve”
- “There may be some superficial change but **sustainable change takes three to four years in the best case**”
- “When you exit the RSP, it’s a bit like doing your driving test. You’ve passed but you’ve still got to learn to drive – you **still need that tapered support**”

Thank you  
[aprilbrown@nhs.net](mailto:aprilbrown@nhs.net)

UPDATE REPORT TO THE COUNCIL OF GOVERNORS (CoG)					
Committee:	Meeting Date	Chair	Paper Author	Quorate	
Council of Governors, Staff and Patient Experience (SPEC)	23 May 2022	Bernie Mayall, Elected Governor, Dover	Governor and Membership Lead	Yes	No
Appendices:	None				
<b>Declarations of Interest made:</b>					
No declaration of interest was made outside the Council of Governors Register of Interest.					
<b>Summary of discussions at the Committee meeting:</b>					
<b>Draft Quality Accounts 2021/22</b>	<ul style="list-style-type: none"> <li>• The Deputy Director of Quality Governance (Interim) presented the Draft Quality Accounts highlighting the following points:               <ul style="list-style-type: none"> <li>○ Demonstrates the beginning of an improvement journey for the Trust.</li> <li>○ It is clear from the introduction to the methodology that the first year has laid essential foundations for the Trust to be able to build upon.</li> <li>○ There has also been the challenge of Covid in the last two quarters of the year and with this has shown that our staff have worked tirelessly and have been under extreme pressures to deliver care to our patients. A number of priorities showed some progress however were negatively affected by Covid</li> <li>○ This level of commitment has been rightly commended by the CEO</li> <li>○ In terms of our priorities for last year:                   <ul style="list-style-type: none"> <li>➢ we have shown some progress in spite of the challenges relating to Covid.</li> <li>➢ Although not as much as we would have like to have seen and much of this has been affected by either staffing levels or increased patient demand.</li> <li>➢ We have had to go back to basics and build teams, structures and processes to be able to build upon.</li> </ul> </li> </ul> </li> <li>• The report sets out our priorities for next year building on those that have been started this year.</li> <li>• There has been intensive support and focus on Maternity with demonstrable progress although there is still much work to do.</li> </ul> <p>Two Clinical Areas of Concern:</p> <ol style="list-style-type: none"> <li>1. Deteriorating Patient</li> <li>2. Seven Day Hospital</li> <li>3. IPC not achieved the targets however needed to build foundations and a team which has been done.</li> </ol> <p>Good:</p> <ul style="list-style-type: none"> <li>• Clinical Research</li> <li>• CQC</li> </ul>				

<p><b>Governor Commentary in Quality Accounts</b></p>	<ul style="list-style-type: none"> <li>• The Committee then identified 4 areas of concern which they wanted to highlight in the report. Each item was allocated to at least one member of the Committee to comment on for the report.             <ol style="list-style-type: none"> <li>1. Maternity – Carl Plummer/Paul Schofield</li> <li>2. ED – Carl Plummer/Paul Schofield</li> <li>3. Duty of Candour and PALS – Marcella Warburton</li> <li>4. Staffing and Engagement – James Casha</li> <li>5. Opening statement and Conclusion – Bernie Mayall</li> </ol> </li> <li>• The Governors also noted from the report that the Trust still has many areas where things can be improved but has recognised that a plan is now in place to move the Trust forward.</li> </ul>	
<p><b>Items to come back to the Committee outside its routine business cycle:</b></p>		
<ul style="list-style-type: none"> <li>• There was no specific item over those planned within its cycle that it asked to return.</li> </ul>		
<p><b>Items referred to the CoG or another Committee for approval, decision or action:</b></p>		
<p><b>Item</b></p>	<p><b>Purpose</b></p>	<p><b>Date</b></p>
<p>Draft Governors Commentary (separate agenda item in Closed meeting)</p>	<p>Approval</p>	<p>21 June 2022.</p>

UPDATE REPORT TO THE COUNCIL OF GOVERNORS (CoG)					
Committee:	Meeting Date	Chair	Paper Author	Quorate	
Council of Governors, Membership Engagement and Communication (MECC)	13 June 2022	Alex Lister, Elected Governor - Canterbury	Governor and Membership Lead	Yes	No
<b>Appendices:</b>	None				
<b>Declarations of Interest made:</b>					
No declaration of interest was made outside the Council of Governors Register of Interest.					
<b>Summary of discussions at the Committee meeting:</b>					
<b>Membership and Engagement Strategy</b>	<ul style="list-style-type: none"> <li>• The Committee received a report and update on the Membership and Engagement Strategy for 2022-2027 Action Plan for discussion.</li> <li>• The Committee noted that the Action Plan needed to come alive quicker than was currently happening.</li> <li>• The Committee had a discussion on the draft membership and engagement action plan and agreed some actions to continue:               <ul style="list-style-type: none"> <li>• Communicating with Staff of the Trust Subsidiaries (2gether Support Solutions and Spencer Private Hospitals) to encourage membership to the Public constituency.</li> <li>• Governors to consider volunteering to hand out leaflets at strategic location e.g. supermarkets.</li> <li>• Re-starting the 'Meet the Governors' sessions firstly at QEQM and WHH.</li> <li>• Governors to volunteer and participate in the Trusts volunteer groups garden party.</li> <li>• Conducting a survey for existing members to garner their views on membership engagement.</li> <li>• To follow up Governor attendance at new Staff Inductions to present about the CoG.</li> <li>• Cleansing the current membership database.</li> <li>• Researching and costing of direct mail options.</li> <li>• Drawing up a list of event opportunities.</li> </ul> </li> <li>• The Committee agreed the new "East Kent Hospitals Council of Governors" leaflet for distribution at events and supermarkets</li> </ul>				
<b>Items to come back to the Committee outside its routine business cycle:</b>					
<ul style="list-style-type: none"> <li>• None</li> </ul>					
<b>Items referred to the CoG or another Committee for approval, decision or action:</b>					
<b>Item</b>	<b>Purpose</b>		<b>Date</b>		
<ul style="list-style-type: none"> <li>• None</li> </ul>	N/A		N/A		

UPDATE REPORT TO THE COUNCIL OF GOVERNORS (CoG)					
Committee:	Meeting Date	Chair	Paper Author	Quorate	
Council of Governors, Audit and Governance Committee (AGC)	15 June 2022	Bernie Mayall, Elected Governor, Dover	Governor & Membership Lead	Yes	No
<b>Appendices:</b>	None				
<b>Declarations of Interest made:</b>					
No declaration of interest was made outside the Council of Governors Register of Interest.					
<b>Summary of discussions at the Committee meeting:</b>					
<b>Report from Integrated and Governance Committee (IAGC) Chair</b>	<ul style="list-style-type: none"> <li>The Committee received a detailed slide deck report from the IAGC meeting on 18 May 2022.</li> <li>The Chair of the IAGC gave an update on the annual report and annual accounts and explained that they were going to an Extraordinary IAGC and Board meeting on 16 June for final approval. The Council of Governors would have an opportunity to have early sight of the confidential documents at the Closed session of Council on 21 June.</li> </ul>				
<b>Update on Governor attendance at IAGC meeting</b>	<ul style="list-style-type: none"> <li>Public Governor Paul Schofield reported he attended the IAGC meeting on 18 May as an Observer as part of the pilot project on Governor attendance at Board Committees and he expressed his thanks for the opportunity to attend.</li> </ul>				
<b>Attendance at Meetings and Virtual Voting</b>	<ul style="list-style-type: none"> <li>It was noted that for 2022/23, Governor attendance was all within the requirement. The only exception was one Governor on long term sickness.</li> <li>The attendance is now being monitored on a regular basis and will be reported to Council.</li> <li>The Committee noted that during this reporting period, there were no exceptions to report as all virtual votes achieved the minimum number of votes required.</li> </ul>				
<b>Items to come back to the Committee outside its routine business cycle:</b>					
None					
<b>Items referred to the CoG or another Committee for approval, decision or action:</b>					
Item	Purpose		Date		
None	N/A		N/A		



<b>REPORT TO:</b>	<b>COUNCIL OF GOVERNORS (CoG)</b>				
<b>REPORT TITLE:</b>	<b>NON-EXECUTIVE DIRECTORS (NEDs) OVERVIEW REPORT</b>				
<b>MEETING DATE:</b>	<b>21 JUNE 2022</b>				
<b>BOARD SPONSOR:</b>	<b>CHAIRMAN</b>				
<b>PAPER AUTHOR:</b>	<b>CORPORATE GOVERNANCE &amp; RISK CONSULTANT</b>				
<b>APPENDICES:</b>	<b>APPENDIX 1: Q&amp;SC CHAIR REPORT</b> <b>APPENDIX 2: IAGC CHAIR REPORT</b> <b>APPENDIX 3: PCC CHAIR REPORT</b> <b>APPENDIX 4: FPC CHAIR REPORT</b>				
<b>Executive Summary:</b>					
<b>Action Required:</b> (Highlight one only)	Decision	Approval	Information	Assurance	<b>Discussion</b>
<b>Purpose of the Report:</b>	This report provides the Council of Governors (CoG) with the Board Committee Chair reports presented to the Public Board on 9 June 2022 (attached as Appendices 1 - 4).				
<b>Summary of Key Issues:</b>	<ul style="list-style-type: none"> <li>The aim of this item is to provide the CoG with an opportunity to raise with the NEDs any areas of specific concern and to gain assurance that the NEDs are assured about the performance of the Board; is aware of potential risks and taking appropriate action.</li> <li>Each assurance report in the appendices gives a summary of the work undertaken by the respective Board Committee prior to the last Public Board.</li> </ul>				
<b>Key Recommendation(s):</b>	The Council of Governors is asked to note and <b>DISCUSS</b> the contents of this paper.				
<b>Implications:</b>					
<b>Links to 'We Care' Strategic Objectives:</b>					
<b>Our patients</b>	<b>Our people</b>	<b>Our future</b>	<b>Our sustainability</b>	<b>Our quality and safety</b>	
<b>Governor Statutory Duties:</b>					
To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.					
<b>Previously Considered by:</b>					
IAGC Chair report - CoG Audit and Governance Committee (AGC) on 15 June 2022					

<b>BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)</b>					
<b>Committee:</b>	<b>Meeting Date</b>	<b>Chair</b>	<b>Paper Author</b>	<b>Quorate</b>	
Quality and Safety Committee (Q&SC)	7 June 2022	Sarah Dunnett, Non-Executive Director (NED)	Corporate Governance & Risk Consultant	<b>Yes</b>	<b>No</b>
<b>Appendices:</b>	None				
<b>Declarations of Interest made:</b>					
No declaration of interest was made outside the current Board Register of Interest.					
<b>Assurances received at the Committee meeting:</b>					
<b>Falls deep-dive</b>	<ul style="list-style-type: none"> <li>The Committee agreed that a deep-dive session will be held in August to review falls.</li> </ul>				
<b>General &amp; Specialist Medicine – Sentinel Stroke National Audit Programme (SSNAP) data</b>	<ul style="list-style-type: none"> <li>Assurance received of the benefits of the reorganisation of stroke services.</li> <li>The Committee noted the system optimisation of two acute stroke services at the William Harvey Hospital (WHH) and Queen Elizabeth the Queen Mother Hospital (QEQM) to the non-Accident &amp; Emergency (A&amp;E) Kent &amp; Canterbury Hospital (K&amp;C) site was delivered rapidly, delivering sustainable improvements to stroke care for the population of East Kent, incorporating innovative solutions and 7 day working, whilst also supporting the wider health care response to the COVID-19 pandemic.</li> <li>The Committee noted the statistically significant improvement in mortality from the centralisation of the service and how this should inform future strategic decisions in relation to clinical service.</li> <li>The Committee conveyed thanks to the team on the significant achievement with the service.</li> </ul>				
<b>Integrated Performance Report (IPR) – We Care Breakthrough Objectives &amp; Watch Metrics</b>	<ul style="list-style-type: none"> <li>Partial assurance received of the True North metrics and breakthrough objectives for April 2022.</li> <li>The following were the key highlights of the report to the Committee:               <ul style="list-style-type: none"> <li>Mortality: Hospital Standardised Mortality Ratio (HSMR) 12-month rolling figure up to January 2022 had continued to improve and was 88.1 at last data release in January 2022.</li> <li>Current 12 month rolling HSMR for fractured neck of femur patients is improving.</li> <li>Harm: 25 incidents reported in April 2022 with a severity score of moderate and above with the biggest contributor being Care/Treatment.</li> <li>A number of measures have been introduced including wards with high number of moderate and above harm incidents now attend weekly driver meetings. Temporary staffing strategies are in place to support QEQM Emergency Department (ED) and Acute Medical Units (AMUs) and other wards where staffing is significantly compromised and where enhanced care is required.</li> <li>Cancer 62 days: Performance has continued to deteriorate with the huge volume of demand following public health campaigns and post pandemic surge.</li> <li>Although performance has deteriorated Kent &amp; Medway (K&amp;M) Cancer Alliance continued to record the lowest backlog of all Alliances, East Kent Hospitals is the largest contributor to this.</li> </ul> </li> </ul>				

	<ul style="list-style-type: none"> <li>○ One of the major challenges on the cancer pathway which was access to diagnostics has continued to show improvement. Availability of ring-fenced capacity for MRI and CT scans has seen a reduction in waiting times from 27 to 7 days for these diagnostics with a further ambition for 5 days or less.</li> </ul>
<b>Infection Prevention &amp; Control (IPC) Monthly report</b>	<ul style="list-style-type: none"> <li>● Assurance received of the IPC monthly report noting the following regarding the national thresholds for reportable infections for 2022/23:           <ul style="list-style-type: none"> <li>○ Methicillin-resistant Staphylococcus aureus (MRSA) – no threshold (zero-tolerance to avoidable cases).</li> <li>○ Meticillin-Sensitive Staphylococcus aureus (MSSA) – no threshold</li> <li>○ E coli – 121 cases.</li> <li>○ Klebsiella species - 72 cases.</li> <li>○ Pseudomonas aeruginosa – 47 cases.</li> <li>○ Clostridioides difficile – 82 cases.</li> </ul> </li> <li>● Currently there are over 20 Covid-19 in-patient cases in the hospitals.</li> <li>● The Committee noted the Trust has plans in place for the management of suspected cases of Monkeypox in the context of a national outbreak.</li> </ul>
<b>Care Group Governance Reports</b>	<ul style="list-style-type: none"> <li>● The Committee received and discussed matters of escalation from the Care Groups.</li> <li>● The Chair of the Committee noted that it was being proposed that this will be the last time Care Group Governance reports will be presented to the Committee as these reports are being presented to other groups within the Trust's Governance structure.</li> </ul>
<b>Corporate Principal Mitigated Quality Risks</b>	<ul style="list-style-type: none"> <li>● Assurance received that risks in relation to 'Our Patients', 'Our People' and 'Our Quality and Safety' are being appropriately mitigated.</li> <li>● The Committee <b>approved</b> the latest update of the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) in relation to 'Our Patients', 'Our People' and 'Our Quality and Safety'; and discussed and noted the following:           <ul style="list-style-type: none"> <li>○ There was no movement on the BAF and the CRR in relation to 'Our Patients', 'Our People' and 'Our Quality and Safety' during this reporting period.</li> <li>○ The inclusion of CRR 34 in relation to health and safety to the Q&amp;SC risk report for oversight.</li> <li>○ Two key changes made to the format of the summary BAF and CRR report: (i) the movement of the current risk rating has been included for the previous twelve months and a projection for the forthcoming financial year. This will be populated for the next report; and (ii) the assurances have also been included to support the People &amp; Culture Committee (P&amp;CC) in gaining assurance that risks in relation to 'Our Patients', 'Our People' and 'Our Quality and Safety' are appropriately mitigated.</li> </ul> </li> </ul>
<b>Care Quality Commission (CQC) Update</b>	<ul style="list-style-type: none"> <li>● Assurance received of the progress report of the CQC activity noting the following:</li> </ul>

	<ul style="list-style-type: none"> <li>○ Action plans from previous inspections are progressing well.</li> <li>○ The Compliance &amp; Assurance Team is meeting regularly with Care Groups with live action plans and undertaking evidence reviews to consider available assurance against closed actions. A CQC Assurance group will take place in June to review evidence and approve action closures, chaired by the Senior Responsible Officer (SRO) for Journey to Outstanding Care.</li> <li>○ The CQC Assurance Framework has now been launched with the Care Groups commencing their self-assessment diagnostic activity in the week beginning 30 May 2022.</li> <li>○ There has been no engagement activity undertaken by the CQC with the Trust since the last report.</li> <li>○ The CQC Improvement Steering Group is being renamed the Journey to Outstanding Care Programme Steering Group with revised terms of reference currently being finalised.</li> </ul>
<b>Patient Safety Committee Chair's Report</b>	<ul style="list-style-type: none"> <li>● The Committee received an assurance report on the activities of the Patient Safety Committee noting the following:           <ul style="list-style-type: none"> <li>○ Venous thromboembolism (VTE) non-compliance – mitigation planned to focus on getting this right at the front door. A VTE improvement project is currently focusing on Urgent Emergency Care (UEC), but will then look at Health Care of Older People (HCOOP).</li> <li>○ A new Medication Safety Task and Finish Group has been established and will review the Medication Safety Action Plan.</li> <li>○ Duty of Candour – education ongoing. Policy drafted. Attendance at Site Clinical Cabinets meetings to provide update to the Clinical Leads regarding Duty of Candour.</li> <li>○ The compliance with the closure (final approval) of incidents since December 2018 within six weeks of reporting was 89.87% against an expected of 100%. There are currently 9000 overdue incidents.</li> <li>○ There were currently 100 breaching Serious Incidents, and there is a need for the Care Groups to prioritise and expedite the completion of investigations to achieve zero breaches by the end of July 2022.</li> </ul> </li> </ul>
<b>Fundamentals of Care Committee Chair's Report</b>	<ul style="list-style-type: none"> <li>● The Committee received an assurance report on the activities of the Fundamentals of Care Committee noting the following:           <ul style="list-style-type: none"> <li>○ Nutrition – The number of nutrition datix incidents during April has fallen to 50, which is below the trigger threshold for the first time since August 2021. All of these were low harm, most were in the General and Specialist Medicine (GSM) Care Group. All incidents will continue to be monitored to assess for consistent improvements in care.</li> <li>○ Falls steering group will be reinstated in June 2022.</li> <li>○ Increase uptake of inpatient surveys - 817 surveys were completed in April, which was the highest number ever recorded.</li> </ul> </li> </ul>
<b>Maternity and Neonatal Assurance Group (MNAG) Chair's Report</b>	<ul style="list-style-type: none"> <li>● The Committee received an assurance report on the activities of the MNAG noting the following external visits:           <ul style="list-style-type: none"> <li>○ Regional: Ockenden Assurance visit 26 and 29 April.</li> <li>○ NHS England 9 May.</li> </ul> </li> </ul>
<b>Mortality Steering &amp; Surveillance</b>	<ul style="list-style-type: none"> <li>● The Committee received an assurance report on the activities of the MSSG noting the following:</li> </ul>

<b>(MSSG) Chair's Report</b>	<ul style="list-style-type: none"> <li>○ Coding of still births as P45 (undiagnosed) as the cause of death is not usually known at the point of coding and this triggered the alert with 19 deaths observed versus 9 expected in this category.</li> <li>○ The log of prior cluster reviews is being developed and further support to provide details was provided by members.</li> <li>○ Inconsistencies between the documented clinical information and conditions stated on the death notifications noted.</li> <li>○ 37 Structured Judgement Reviews (SJRs) had been completed since last month's report, the majority completed by the ED and HCOOP at WHH.</li> <li>○ It was noted that the Medical Examiner Service has been rolled out to 40 of 65 GP practices in our area. Over the last year 3,000 deaths had occurred in our hospital, 3000 within the community setting and 1000 within the hospices.</li> <li>○ The Lead Medical Examiner has been asked to present to the Royal College of Pathology Medical Examiner General Meeting, as our team are an example of good practice.</li> </ul>
<b>Mortality and Learning from Deaths Report</b>	<ul style="list-style-type: none"> <li>● Assurance received on report on mortality rates, mortality alerts and current learning from deaths.</li> <li>● The following were the key highlights of the report to the Committee: <ul style="list-style-type: none"> <li>○ The Trust's mortality position continues to improve with a "statistically low HSMR" and "as expected Summary Hospital-level Mortality Indicator (SHMI)".</li> <li>○ The Better Tomorrow team in NHS England/NHS Improvement (NHSE/I) have reviewed the Trust's mortality oversight programme and have reported back favourably about the recent improvements The Learning from Deaths team are currently working on their recommendations.</li> <li>○ A review of factual investigations undertaken by the Coronial service is underway. It is thought that similar themes will emerge.</li> </ul> </li> </ul>
<b>Integrated Incidents, Patient Experience, Claims and Learning from Serious Incidents Report: Quarter 4 2021/22</b>	<ul style="list-style-type: none"> <li>● Assurance received on update report on incidents, serious incidents, patient experience (complaints and Patient Advice and Liaison Service (PALS)), claims and inquests for Quarter 4 2021/22.</li> <li>● The following were the key highlights of the report to the Committee: <ul style="list-style-type: none"> <li>○ The Trust continues to demonstrate a good reporting culture and it is heartening to see the improvement in reporting over the last year particularly for Doctors and Allied Health Professionals.</li> <li>○ The Corporate Patient Safety team has implemented additional support for breaching Serious Incidents resulting in an increase in investigation reports submitted to the Clinical Commissioning Group (CCG).</li> <li>○ Incidents in the last quarter identify delays in diagnosis and treatment primarily as a result of the clinical pressures caused by the Covid-19 pandemic.</li> <li>○ Duty of Candour compliance remains below the expected 100%.</li> <li>○ The top five themes from complaints are similar to the themes identified from incidents. Specifically, clinical management, communication, diagnosis, attitude and nursing care.</li> </ul> </li> </ul>
<b>Safe Staffing Review update</b>	<ul style="list-style-type: none"> <li>● Assurance received on the update report of key Registered Nursing and Midwifery workforce metrics (and Safe Staffing Review and Recruitment plans), noting the following:</li> </ul>

	<ul style="list-style-type: none"> <li>○ The recruitment pipeline is challenged due to difficulties with international recruitment but is held up due to less leavers than expected.</li> <li>○ Starting to make progress with over 300 nurses in the recruitment pipeline.</li> <li>○ Issues identified include difficulty finding accommodation and the cost.</li> <li>○ ED safe staffing training on the Safer Nursing Care Tool has been completed with excellent engagement from the senior frontline teams on both sites.</li> <li>○ The anticipated recruitment uplift from the use of external marketing company has not yet seen any reward there is also a national shortage of Objective Structured Clinical Examination (OSCE) exam slots that means delays to our international recruitment pipeline and getting PIN ready nurses onto our wards.</li> <li>○ There are challenges facing the future of this pipeline and we are currently not meeting the 40 IENs a month target due to withdrawals and delays to Certificate of Sponsorship (COS) files both of which are outside our control.</li> <li>○ It is anticipated that we will see a reduction in temporary spend as we recruit to our vacancies of the new right sized establishments across our 43 (adult and paediatric) inpatient wards.</li> </ul>	
<b>Quality Accounts</b>	<ul style="list-style-type: none"> <li>● The Committee approved the draft Quality Accounts for 2021/22 and commended the work of the teams responsible for producing the report.</li> </ul>	
<b>Annual Self-Assessment of Committee's Effectiveness including Terms of Reference</b>	<ul style="list-style-type: none"> <li>● Assurance received of the Committee effectiveness self-assessment undertaken for 2021/22.</li> <li>● The Committee <b>approved</b> its revised Terms of Reference and recommended approval by the BoD.</li> </ul>	
<b>Other items of business</b>	<ul style="list-style-type: none"> <li>● Quality &amp; Safety Committee Work Programme (For information).</li> </ul>	
<b>Referrals to other Board Committees</b>	<ul style="list-style-type: none"> <li>● There were two referrals to the People and Culture Committee at this meeting:           <ul style="list-style-type: none"> <li>(i): Medical training posts – urgency for the Trust to review its needs.</li> <li>(ii): Concerns raised about difficulty finding and the cost of accommodation for international recruits.</li> </ul> </li> </ul>	
<b>Referrals from other Board Committees</b>	<ul style="list-style-type: none"> <li>● There were no referrals from other Board Committees at this meeting.</li> </ul>	
<b>Items to come back to the Committee outside its routine business cycle:</b>		
Deep-dive into Falls to be arranged during August 2022.		
<b>Items referred to the BoD or another Committee for approval, decision or action:</b>		
<b>Item</b>	<b>Purpose</b>	<b>Date</b>
<b>Board of Directors:</b>		
1. Revised Q&SC Terms of Reference	Approval	9 June 2022



<b>BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)</b>					
<b>Committee:</b>	<b>Meeting Date</b>	<b>Chair</b>	<b>Paper Author</b>	<b>Quorate</b>	
Integrated Audit and Governance Committee (IAGC)	18 May 2022	Olu Olasode Non-Executive Director (NED)	Board Support Secretary	<b>Yes</b>	<b>No</b>
<b>Appendices:</b>	None				
<b>Declarations of Interest made:</b>					
No additional declarations of interest were made.					
<b>Assurances received at the Committee meeting:</b>					
<b>Observer</b>	<ul style="list-style-type: none"> <li>The Committee meeting was observed by the Public Governor for Thanet, part of the pilot for Governors to attend to observe Board Committees.</li> </ul>				
<b>Agenda item 1 (Board Assurance Framework (BAF) and Corporate Risk Registers (CRR))</b>	<ul style="list-style-type: none"> <li>The Committee discussed the BAF and CRR report, took assurance that the reporting of risks to the BoD and its Committees has been streamlined and refreshed to ensure clarity with risk information. The Committee approved the:               <ul style="list-style-type: none"> <li>recommendations to the format changes of the BAF and CRR;</li> <li>latest update of the BAF and CRR;</li> </ul> </li> <li>The Committee acknowledged the improved reporting format strengthening links between risk scores, mitigating actions, interventions and controls. This will focus on high and medium level controls, noting the importance of showing the impact of the controls in place. This will enable more effective monitoring of progress to reduce risk scores, noting there was still more work required to further improve and refine the reporting of risks.</li> <li>The Committee noted the work to date that was on-going to align risks with the Integrated Performance Report (IPR) and the Trust's strategic objectives.</li> <li>The Committee emphasised the need for the Board to review its risk appetite.</li> <li>The Committee highlighted the need to have a robust audit trail in place to ensure target dates were not continually deferred and there was robust challenge. The Committee acknowledged the challenge and monitoring process in place by the Executive Risk Assurance Group. This Group reviewed and discussed in detail the risks and challenged progress to mitigate and reduce risk scores.</li> <li>The Committee noted on-going discussions with its subsidiaries 2gether Support Solutions (2gether) and Spencer Private Hospitals (SPH) about the integration of risks as a Group and where appropriate escalation of high level risks.</li> </ul>				
<b>Agenda item 2 (Annual Risk Maturity Self-Assessment)</b>	<ul style="list-style-type: none"> <li>The Committee received and discussed a report providing the methodology and results of the annual review of the Trust's risk management maturity, based around the Risk Management Strategy and Policy. The Trust's Risk Maturity rating remains at Level 3.</li> <li>The Committee was unassured and expressed disappointment with the poor response rate in completion of the self-assessment</li> </ul>				

	<p>questionnaire. The results equated to approximately 30%, this will be reviewed to identify the reasons for the poor response rate and what can be implemented to improve this.</p> <ul style="list-style-type: none"> <li>The Committee noted the intention to undertake a trust-wide self-assessment engaging with Trust staff to provide a benchmark and feedback about risk management within the Trust. A review of the survey questions will be undertaken with support from Internal Auditors around best practice.</li> </ul>
<b>Agenda item 3 (Regulatory Compliance Group (RCG) Chair's Report)</b>	<ul style="list-style-type: none"> <li>The Committee received a verbal report from the RCG Chair noting a meeting had not been held and that the annual governance documents had been circulated to members for review and feedback prior to their final presentation for approval.</li> </ul>
<b>Agenda item 4 (Executive Risk Assurance Group (ERAG) Chair's Report)</b>	<ul style="list-style-type: none"> <li>The Committee received and discussed a report from the ERAG Chair and took assurance from this and the process undertaken by ERAG in reviewing the CRR and Care Group Risk Registers.</li> <li>The Committee noted the establishment of Risk Champions for each Care Group ensuring risks are appropriately escalated, the provision of training for these staff and an evaluation of their effectiveness will be undertaken.</li> </ul>
<b>Agenda item 5 (Draft Annual Accounts 2021/22 and Draft Head of Internal Audit Opinion)</b>	<ul style="list-style-type: none"> <li>The Committee received and noted:           <ul style="list-style-type: none"> <li>the Draft 2021/22 Annual Accounts;</li> <li>on-going annual audit;</li> <li>the positive position Group accounts reported a deficit of £8.8m (2020/21: £1.8m), equating to a surplus after technical adjustments of £76k (2020/21: £8k deficit);</li> <li>the 2021/22 Draft Head of Internal Audit Opinion, consistent with the 2020/21 opinion issued. The Trust has an adequate and effective framework for risk management, governance and internal control. This identified further enhancements to the framework of risk management, governance and internal control to ensure the Trust remains adequate and effective.</li> </ul> </li> </ul>
<b>Agenda item 6 (Audit Risk Assessment)</b>	<ul style="list-style-type: none"> <li>The Committee received and approved the Audit Risk Assessment. This had been completed by management as part of the Interim Audit (February 2022) contributing to an effective two-way communication between the Trust, its External Auditors and IAGC.</li> <li>The Committee noted management's responses and were assured these were consistent with its understanding.</li> </ul>
<b>Agenda item 7 (External Audit Grant Thornton (GT) – Audit Plan 2021)</b>	<ul style="list-style-type: none"> <li>The Committee received and noted the 2021/22 External Audit Plan, detailing the work supporting its opinion on the 2021/22 Trust's financial statements and assessment of its Value for Money arrangements.</li> <li>Regular discussions taking place between the Chief Finance Officer (CFO), the Deputy CFO and External Auditors about progress of the annual audit.</li> <li>The Committee received assurance of the audit planning process and scope of work.</li> </ul>



<b>Agenda item 8 (Internal Audit RSM Risk Assurance Services LLP – Progress Report)</b>	<ul style="list-style-type: none"> <li>• The Committee received and discussed an Internal Audit Progress Report, noting four finalised internal audit reports:           <ul style="list-style-type: none"> <li>• Financial Systems &amp; Management – Reasonable Assurance;</li> <li>• Payroll – Reasonable Assurance;</li> <li>• Serious Incidents (SIs) &amp; Duty of Candour (DoC) – Reasonable Assurance. A well-established process in place to identify and report incidents and SIs, the need to have in place evidence about follow-up and completion of action plans arising from investigations and DoC process;</li> <li>• Premises Assurance Model – Advisory review. Improvements required and arrangements in place to develop and embed appropriate processes;</li> </ul> </li> <li>• The Committee noted good progress on implementation of management actions, with eight implemented, one overdue, and ten not yet due.</li> </ul>
<b>Agenda item 9 (Local Counter Fraud Specialist (LCFS) RSM Risk Assurance Services LLP – Annual Report)</b>	<ul style="list-style-type: none"> <li>• The Committee received and noted the LCFS Annual Report for year ending 31 March 2022, the Trust's green rating against the Counter Fraud Functional Standard Return (CFFSR).</li> <li>• The Committee approved the Trust's submission to the NHS Counter Fraud Authority by 31 May 2022.</li> </ul>
<b>Agenda item 10 (Anti-Fraud, Bribery and Corruption Policy)</b>	<ul style="list-style-type: none"> <li>• The Committee received and approved the amended Anti-Fraud, Bribery and Corruption Policy, following its review by the LCFS ensuring this remained sufficiently robust, legislatively accurate and compliant with NHS Counter Fraud Authority (NHSCFA) requirements.</li> </ul>
<b>Agenda item 11 (Annual Governance Statement (AGS))</b>	<ul style="list-style-type: none"> <li>• The Committee received and approved the AGS that will be included in the Trust's 2021/22 Annual Report, recommended this for presentation to the Board for approval at its meeting in June 2022.</li> <li>• The AGS will be reviewed and signed off by the Chief Executive.</li> </ul>
<b>Agenda item 12 (Annual Report 2021/22 and Compliance against Foundation Trust Code of Governance)</b>	<ul style="list-style-type: none"> <li>• The Committee received and approved the Draft 2021/22 Annual Report including the Compliance against Foundation Trust Code of Governance.</li> <li>• The Committee received assurance of production of the report in line with the NHS Foundation Trust Annual Reporting Manual, and compiled with contributions from senior colleagues.</li> <li>• The Committee raised the past Chief Executive's (CE's) message in the report and queried whether this should be from the incumbent CE, this will be checked, it was confirmed that the incumbent CE was the statutory signatory.</li> <li>• The Committee recommended both of these for approval by the Board at its meeting in June 2022.</li> </ul>
<b>Agenda item 13 (Quality Account Report 2021/22)</b>	<ul style="list-style-type: none"> <li>• The Committee received and approved in principle the Draft 2021/22 Annual Quality Account Report, and recommended this for presentation to the Board for approval at its meeting in June 2022.</li> <li>• The Committee noted the report will refined and the updated version circulated to IAGC prior to presentation to the Board.</li> </ul>

<b>Agenda item 14 (Clinical Audit Forward Programme Report for the 2022/23 Clinical Audit Programme)</b>	<ul style="list-style-type: none"> <li>The Committee received and approved the 2022/23 Clinical Audit Forward Programme.</li> </ul>
<b>Agenda item 15 (Efficiencies Governance)</b>	<ul style="list-style-type: none"> <li>The Committee received an Efficiencies Governance report and assurance of the level of governance around efficiency schemes.</li> <li>The Committee noted the Trust's efficiency programme for 2022/23 totalling £30m, with an identified current plan of £24m, and continued work to address the gap.</li> <li>The Committee noted a report on the quality assurance process for efficiencies will be presented to the Quality and Safety Committee in June 2022.</li> </ul>
<b>Agenda item 16 (Data Security and Protection Toolkit (DSPT) Submission 2021/22)</b>	<ul style="list-style-type: none"> <li>The Committee received and noted:           <ul style="list-style-type: none"> <li>the DSPT 2021/22 Submission Report;</li> <li>uptake of mandatory annual Information Governance training required improvement (currently at 90% versus target of 95%), that will be addressed with a repeat of the exercise undertaken in 2021 providing pop up reminders for all staff non-compliant;</li> <li>submission due late May/early June 2022.</li> </ul> </li> </ul>
<b>Agenda item 17 (Review of Standing Financial Instructions (SFIs))</b>	<ul style="list-style-type: none"> <li>The Committee received and approved the SFIs, and recommended this for approval by the Board (appendix 1).</li> <li>The Committee noted the changes to the SFIs included:           <ul style="list-style-type: none"> <li>section covering implementation of IFRS16 from 1 April 2022;</li> <li>updated references of "Procurement Policy" to the new "Procurement to Pay Policy";</li> <li>removal of reference to Finance Lease and replaced by assets capitalised under IFRS16;</li> <li>Section 24.17.1 referred to quotations between £10k and £35k – amended to reflect the Scheme of Delegation sections D1 and D2 reference quotations above £20k;</li> <li>Replacement of Director of Finance (and DoF) with Chief Finance Officer (CFO) to reflect recent changes in post names.</li> </ul> </li> </ul>
<b>Agenda item 18 (IAGC Effectiveness Survey, Review of Terms of Reference (ToR) and Annual Work Programme)</b>	<ul style="list-style-type: none"> <li>The Committee received and discussed the results of the annual survey of the IAGC's effectiveness.</li> <li>The Committee agreed a review of the IAGC's ToR and work programme looking at best practice and comparison benchmarking exercise against other trust Audit Committees.</li> <li>The Committee agreed it will receive the results of the annual Board Committee surveys to review their effectiveness following the presentation of all of these to each of the individual Committees.</li> <li>The Committee agreed that future Board Committee surveys undertaken will include feedback from attendees as well as members.</li> </ul>

<b>Other items of business</b>	<ul style="list-style-type: none"> <li>• The Committee received and noted:           <ul style="list-style-type: none"> <li>• Subsidiary Governance Review Report will be presented to the next IAGC meeting;</li> <li>• Losses and special payments report to 31 March 2022;</li> <li>• Single tender waiver (STW) six monthly report;</li> <li>• Raising concerns activity and freedom to speak up report;</li> <li>• IAGC 2022 annual work programme.</li> </ul> </li> </ul>	
<b>Actions taken by the Committee within its Terms of Reference:</b>		
<ul style="list-style-type: none"> <li>• The Committee <b>APPROVED</b> the:           <ul style="list-style-type: none"> <li>• BAF and CRR;</li> <li>• Audit Risk Assessment;</li> <li>• Trust's submission to the NHS Counter Fraud Authority by 31 May 2022;</li> <li>• Anti-Fraud, Bribery and Corruption Policy;</li> <li>• AGS;</li> <li>• Draft 2021/22 Annual Report and Compliance against Foundation Trust Code of Governance;</li> <li>• Draft 2021/22 Annual Quality Account Report (in principle);</li> <li>• 2022/23 Clinical Audit Forward Programme;</li> <li>• SFIs.</li> </ul> </li> </ul>		
<b>Items to come back to the Committee outside its routine business cycle:</b>		
<p>There was no specific item over those planned within its cycle that it asked to return.</p>		
<b>Items referred to the BoD or another Committee for approval, decision or action:</b>		
<b>Item</b>	<b>Purpose</b>	<b>Date</b>
The Committee recommends to the BoD <b>APPROVAL</b> of the SFIs.	Approval	To Board on 9 June 2022

BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)					
Committee:	Meeting Date	Chair	Paper Author	Quorate	
People & Culture mini meeting	31 May 2022	Stewart Baird, Non-Executive Director	Corporate Governance & Risk Consultant	Yes	No
Appendices:	None				
<b>Declarations of Interest made:</b>					
No declaration of interest was made outside the current Board Register of Interest.					
<b>Assurances received at the Committee meeting:</b>					
<b>People and Culture Committee (P&amp;CC) Performance Report March 2022</b>	<ul style="list-style-type: none"> <li>Partial assurance received of the 'People' True North metrics for April 2022.</li> <li>The following were the key highlights of the report to the Committee:               <ul style="list-style-type: none"> <li>Appraisal: Overall appraisal compliance has been on an upward trend during 2021/22. There was a slight decrease in April with the metric being below the reviewed alerting threshold of 80%.</li> <li>Statutory training: This remains above the alerting threshold of 91% but has decreased over the last two months.</li> <li>Staff survey: The National Staff Survey (NSS) results have been shared with, and discussed at; the Clinical Executive Management Group, with the Board and at an all-staff Webinar in May 2022. The industry-leading dashboard and associated action plans have now been socialised with all Care Groups. Each Care Group has also reflected on their free-text comments and results of the latest National Quarterly Pulse Survey.</li> <li>Staff Involvement: A3 has been produced and will be brought to the June meeting.</li> </ul> </li> </ul>				
<b>Board Assurance Framework (BAF) &amp; Corporate Risk Register (CRR)</b>	<ul style="list-style-type: none"> <li>Assurance received that risks in relation to 'Our People' are being appropriately mitigated.</li> <li>The Committee <b>approved</b> the latest update of the BAF and CRR in relation to 'Our People'; and discussed and noted the following:               <ul style="list-style-type: none"> <li>There was no movement on the BAF and the CRR in relation to 'Our People' during this reporting period.</li> <li>The inclusion of CRR 126 in relation to accommodation to the P&amp;CC risk report for oversight.</li> <li>Two key changes made to the format of the summary BAF and CRR report: (i) the movement of the current risk rating has been included for the previous twelve months and a projection for the forthcoming financial year. This will be populated for the next report; and (ii) the assurances have also been included to support the P&amp;CC in gaining assurance that risks in relation to 'Our People' are appropriately mitigated.</li> <li>BAF 35 - There is a risk of failure to recruit and retain high calibre staff. The Committee requested for the Rural and Remote Strategy to be added to the Committee Annual Work Programme for review of progress by the Committee.</li> </ul> </li> </ul>				

<b>Recruitment update – pipeline against establishment</b>	<ul style="list-style-type: none"> <li>• Partial assurance received on the planned recruitment pipeline and actions being taken to reduce the gap.</li> <li>• The following were the key highlights of the report to the Committee:           <ul style="list-style-type: none"> <li>• Band 5 nurse recruitment is currently behind plan but mitigation action is in place to deliver the required numbers as planned.</li> <li>• Consultant recruitment remains challenging although incentives and improved marketing appear to have improved the position on some hard to fill posts.</li> <li>• Recruitment partners are on track to produce our employer brand and employee value proposition.</li> </ul> </li> <li>• The Committee asked for a report to be brought to the meeting in June that gives a holistic view of all difficult to recruit posts including Doctor and Consultant recruitment.</li> <li>• The Committee requested for a re-phased table tracking the progress of the business case.</li> </ul>	
<b>Accommodation Strategy Update</b>	<ul style="list-style-type: none"> <li>• Partial assurance received on the progress on the three main accommodation themes: residential, education and training; and office utilisation.           <ul style="list-style-type: none"> <li>• Residential: A range of measures planned including the approval of investment proposals for additional staff; introduction of stringent controls to increase flow of staff through the residences and avoid long stayers; and awaiting modelling from 2gether Support Solutions in 2022/23.</li> <li>• Education and training: Strategic direction agreed; Initial hub established which continues to be fully utilised; Further detailed analysis to be undertaken during June to understand training and education programmes and capacity requirement.</li> <li>• Office Utilisation: Agile working policy has been finalised; Project lead appointed to engage with key stakeholders; Benchmarking to identify examples of best practice across NHS England/outside NHS is being explored.</li> </ul> </li> </ul>	
<b>Referrals to other Board Committees</b>	<ul style="list-style-type: none"> <li>• There were no referrals to other Board Committees at this meeting.</li> </ul>	
<b>Referrals from other Board Committees</b>	<ul style="list-style-type: none"> <li>• There were no referrals from other Board Committees at this meeting.</li> </ul>	
<b>Other items of business</b>	<ul style="list-style-type: none"> <li>• Committee Annual Work Programme 2022 (For information).</li> </ul>	
<b>Items to come back to the Committee outside its routine business cycle:</b>		
<ul style="list-style-type: none"> <li>• Clinical Supervision – Draft Policy to be circulated to the Committee and brought back for discussion at the July meeting.</li> </ul>		
<b>Items referred to the BoD or another Committee for approval, decision or action:</b>		
<b>Item</b>	<b>Purpose</b>	<b>Date</b>
None	N/A	N/A

<b>BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD) PUBLIC</b>					
<b>Committee:</b>	<b>Meeting Date</b>	<b>Chair</b>	<b>Paper Author</b>	<b>Quorate</b>	
Finance & Performance Committee (FPC)	31 May 2022	Nigel Mansley, Non-Executive Director	Corporate Governance & Risk Consultant	<b>Yes</b>	<b>No</b>
<b>Appendices:</b>	None				
<b>Declarations of Interest made:</b>					
No declaration of interest was made outside the current Board Register of Interest.					
<b>Assurances received at the Committee meeting:</b>					
<b>Month 1 Finance Report</b>	<ul style="list-style-type: none"> <li>Assurance received of the financial performance and actions planned to address issues of concern.</li> <li>The following were the key highlights of the report to the Committee:               <ul style="list-style-type: none"> <li>The Trust achieved a £3.7m deficit in April 2022, which is £0.9m below the planned position.</li> <li>Capital expenditure in April was £2.4m against a plan of £1.9m. The overspend is not considered to be an issue. The Trust is working closely with system partners to maximise the available funding to support required investments.</li> <li>The Trust achieved £0.4m efficiency savings in April which was £0.6m below the plan. Further work is required to ensure the Trust can deliver the efficiencies in 2022/23 with a programme of work being led by the Trust Programme Management Office (PMO).</li> <li>The Trust's cash position at the end of April 2022 was £25m which was £2m above the plan.</li> <li>The Committee discussed the impact of inflation on the Trust in light of increased energy costs and the consequent impact on other non-pay costs.</li> <li>The Committee noted the availability of additional funding to address this issue and the need for an updated business plan for 2022/23 to be submitted by end of June.</li> </ul> </li> </ul>				
<b>Month 1 Savings and Efficiencies Update</b>	<ul style="list-style-type: none"> <li>Assurance received of the savings achieved in April which were £0.4m below the £1m planned figure.</li> <li>Re-assurance received of the on-going pipeline of ideas being developed as the basis for delivery of the 2022/23 efficiency programme – not yet identified £30m schemes.</li> <li>The following were the key highlights of the report to the Committee:               <ul style="list-style-type: none"> <li>The PMO is working with Care Groups to support this.</li> <li>More focus/pace is required in supporting Care Groups and Corporate areas to identify, develop and deliver efficiencies.</li> <li>Paired up with Dartford and Gravesham NHS Trust Finance Director to review our plans.</li> </ul> </li> <li>The Committee agreed that the Finance and Clinical Leads should be asked to attend the Committee on a quarterly basis starting with the big Care Groups - Surgery, General Medicine and Urgent and Emergency Care.</li> </ul>				
<b>We Care Integrated</b>	<ul style="list-style-type: none"> <li>Assurance received of the updated key metrics that the Trust will focus on in 2022/23 - True North; Breakthrough objectives and Watch metrics.</li> <li>The following were the key highlights of the report to the Committee:</li> </ul>				



<b>Performance Report (IPR)</b>	<ul style="list-style-type: none"> <li>• Referral to Treatment (RTT) performance: Reduction in the volume of patients waiting over 52 weeks and remains on track to reduce 104 week waiters to zero by end of June 2022.</li> <li>• Theatre staffing remains a significant risk and recruitment and retention is critical to further expansion of theatre capacity to deliver the increase in activity from September 2022.</li> <li>• Theatre utilisation maintained at 84.6% in April, and actual utilisation improved to 76.6% as a Trust.</li> <li>• West Kent Patient Tracking List (PTL) and other outsourced support has been positive. Indicative activity plans have been requested from each provider and capacity offering is being awaited.</li> <li>• Cancer performance: Cancer not achieved but measures in place to improve performance.</li> <li>• Assurances received that MRI and CT waiting time brought down from 27 to 7 days – working further to bring it down to 5 days.</li> <li>• Emergency access standards: Emergency Department (ED) compliance has improved by 2.2% in month. There has also been an improvement in the number of patients seen within one hour to 41.9%.</li> <li>• Same Day Emergency Care (SDEC) Admissions: Increased number of patients going through SDEC pathway. In April 2022, a total of 1,946 patients.</li> <li>• Re-assurance received of close working with the Community Trust although the number of patients who are no longer fit to reside has increased.</li> <li>• The Committee asked for visibility of a forecast line as to where we expect things to be going so we can track it against the actual.</li> </ul>
<b>Financial Recovery Plan (FRP)</b>	<ul style="list-style-type: none"> <li>• Assurance received on the progress of the FRP to date to meet the requirements of the Recovery Support Programme (RSP) exit criteria and support a path to a sustainable breakeven position.</li> <li>• The Committee noted volatility of the plan and the plan to bring a final draft FRP to the Committee in June.</li> </ul>
<b>Board Assurance Framework (BAF) and Principal Mitigated Risks</b>	<ul style="list-style-type: none"> <li>• The front sheet was inadvertently missed out from the papers for the meeting and the Committee received a verbal update and assurances that the risks in relation to ‘Our Future’ and ‘Our Sustainability’ are being appropriately mitigated.</li> <li>• The Committee noted the latest update of the BAF and Corporate Risk Register (CRR) risks in relation to ‘Our Future’ and ‘Our Sustainability’ as follows: <ul style="list-style-type: none"> <li>• There was no movement on the BAF and the CRR in relation to ‘Our Future’ and ‘Our Sustainability’ during this reporting period.</li> <li>• Two key changes made to the format of the summary BAF and CRR report: (i) the movement of the current risk rating has been included for the previous twelve months and a projection for the forthcoming financial year. This will be populated for the next report; and (ii) the assurances have also been included to support the FPC in gaining assurance that risks in relation to ‘Our Future’ and ‘Our Sustainability’ are appropriately mitigated.</li> </ul> </li> </ul>
<b>Business Planning Update 2022/23</b>	<ul style="list-style-type: none"> <li>• The Committee noted the following: <ul style="list-style-type: none"> <li>• Letter received from NHS England/NHS Improvement (NHSE/I) in respect of additional funding subject to a number of terms and conditions, one of which is system breakeven.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Carrying out a review of the financial plan over the next month to understand if there are any areas that we can improve on.</li> <li>• Receipt of additional funding will help the position.</li> </ul>
<b>Borrowing Requirement</b>	<ul style="list-style-type: none"> <li>• The Committee received a report on the planned 2022/23 borrowing requirement with Department of Health and Social Care (DHSC) to cover the adjusted deficit position in 2022/23.</li> <li>• The Committee approved the following for recommendation to the Board: <ul style="list-style-type: none"> <li>• The Board of Directors authorise the Chief Executive or Chief Finance Officer to execute the finance documents for borrowings to cover the adjusted deficit position on its behalf.</li> <li>• The Board of Directors authorise the Chief Finance Officer or Deputy Chief Finance Officer as well as one of the Assistant Directors of Finance to sign and despatch all documents enabling drawdown or pay back of funds.</li> <li>• The Board of Directors confirms the Trust will continue to undertake to comply with terms and conditions.</li> </ul> </li> </ul>
<b>We Care A3 – Premium Pay</b>	<ul style="list-style-type: none"> <li>• Re-assurance received on progress of the We Care Premium Pay breakthrough objective which will be reported through Executive Management Team (EMT) and Performance Review Meetings (PRMs) and subsequently Board each month.</li> <li>• The Committee noted the following key interventions: <ul style="list-style-type: none"> <li>• Reduce usage of agency long term medical locums.</li> <li>• Introduce more scrutiny and challenge into agency approval process including above cap rates requests.</li> <li>• Phased handover of bookings from Care Groups to central team.</li> <li>• Reduce enhanced rate payments.</li> <li>• Ensure reduction of bank use in cost centres as nurse numbers increase.</li> <li>• Target recruitment and allocation of new roles to highest use/cost areas.</li> <li>• Support delivery of business cases with premium pay reduction components.</li> <li>• Apply agreed internal medical locum rates for cover and Waiting List Initiatives (WLI).</li> </ul> </li> </ul>
<b>Business Cases</b>	<ul style="list-style-type: none"> <li>• The Committee <b>approved</b> the following Business case and were assured this had been through the appropriate approval process:</li> <li>• Special Care Baby Unit (SCBU) Queen Elizabeth the Queen Mother Hospital (QEQM) Refurbishment - investment of £1,644,735 capital (phased £341,219 in 2022/23 and £1,303,516 in 2023/24) and up to £118k per annum recurrent revenue (majority capital charges) to provide increased space to separate clean and dirty cleaning facilities and also improve the services provided to parents attending to visit their very sick babies.</li> </ul>
<b>Procurement to Payment Policy</b>	<ul style="list-style-type: none"> <li>• Assurance received that the policy will reduce organisational risk by ensuring that the Trust complies with the requirements of the Trust Standing Financial Instructions (SFIs) and UK regulations with regard to fairness and transparency, so as to secure value for money in all procurement activity.</li> <li>• Assurance received that the Policy has been through the required governance route (i.e. Policy Authorisation Group and Joint Procurement Strategy Group).</li> <li>• The Committee approved the policy subject to minor amendments.</li> </ul>



<b>Business Cases - For Review Bank Rate Enhancements for Nursing September 2021 to March 2022 – Post Project Review</b>	<ul style="list-style-type: none"> <li>The Committee received the post project review update but observed that it is difficult to assess the cost-benefit of the enhanced pay rates.</li> </ul>
<b>Contract Negotiations Update – Quarterly Report/ Contract Form</b>	<ul style="list-style-type: none"> <li>Assurance received on the negotiations update which includes a review of current contract offers; review of financial risk element of the contracts due to nationally applied Aligned Payment Incentive Scheme; and Review delivery of the Service Development Implementation Plans.</li> <li>The Committee noted the Trust is currently working to a deadline of mid-June to finalise the Clinical Commissioning Group (CCG) contracts and the end of June for the Specialised Commissioning contract.</li> </ul>
<b>Commissioning for Quality and Innovation (CQUIN) Programme 2022/23</b>	<ul style="list-style-type: none"> <li>Assurance received on progress regarding the CQUINs programme for 2022/23.</li> <li>Agreement has been reached with the local CCG that EKHUFT will focus on:           <ul style="list-style-type: none"> <li>CCG3 Recording of National Early Warning Score (NEWS2)/deteriorating patient.</li> <li>CCG4 Compliance with timed diagnostic pathways for cancer.</li> <li>CCG5 Community Acquired Pneumonia.</li> <li>CCG6 Anaemia screening and treatment for all patients undergoing major elective surgery.</li> <li>CCG8 Supporting patients to drink, eat and mobilise after surgery.</li> </ul> </li> </ul> <p>With additional quarterly data to be submitted locally on:</p> <ul style="list-style-type: none"> <li>CCG1 Staff flu.</li> <li>CCG7 Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service.</li> <li>The Committee noted Leads for each CQUIN scheme have been identified, project groups are now active and work is progressing to ensure that required milestones are achieved for each quarter, supported by the Corporate Quality team.</li> </ul>
<b>Review of Draft Annual Accounts 2021/22</b>	<ul style="list-style-type: none"> <li>Assurance received of the draft Annual Accounts as prepared and submitted to the External Auditors in April 2022.</li> <li>The Group Accounts reported a deficit of £8.8m (2020/21: £4.3m) which equates to a surplus after technical adjustments of £76k (2020/21: £8k deficit).</li> </ul>
<b>Review of Standing Financial Instructions (SFIs)</b>	<ul style="list-style-type: none"> <li>Assurance received of the SFI review undertaken and presented to the IAGC on 18 May for recommendation for approval by the Board.</li> </ul>
<b>Strategic Investment Group (SIG) Assurance Report</b>	<ul style="list-style-type: none"> <li>The Committee received an assurance report on the activities of SIG on 14 April 2022.</li> </ul>
<b>Financial Improvement Oversight</b>	<ul style="list-style-type: none"> <li>The Committee received an assurance report on the activities of FIOG on 19 April 2022.</li> </ul>

<b>Group (FIOG) Assurance Report</b>		
<b>Strategic Capital Planning and Performance Committee (SCPPC) – March 2022</b>	<ul style="list-style-type: none"> <li>The Committee received an assurance report on the activities of SCPPC on 14 March 2022, noting its approval of the Premises Assurance Matrix (PAM) recommending this for FPC approval, and recommendation to the Board for approval for the PAM to be submitted nationally.</li> </ul>	
<b>Other items of business</b>	<ul style="list-style-type: none"> <li>Committee Annual Work Programme 2022 (For information).</li> </ul>	
<b>Referrals to other Board Committees</b>	<ul style="list-style-type: none"> <li>There were no referrals to other Board Committees at this meeting.</li> </ul>	
<b>Referrals from other Board Committees</b>	<ul style="list-style-type: none"> <li>There were no referrals from other Board Committees at this meeting.</li> </ul>	
<b>Items to come back to the Committee outside its routine business cycle:</b>		
None		
<b>Items referred to the BoD or another Committee for approval, decision or action:</b>		
<b>Item</b>	<b>Purpose</b>	<b>Date</b>
<b>Board of Directors:</b> Borrowing requirement recommendation: <ul style="list-style-type: none"> <li>To authorise the Chief Executive or Chief Finance Officer (CFO) to execute the finance documents for borrowings to cover the adjusted deficit position on its behalf.</li> <li>To authorise the CFO or Deputy CFO as well as one of the Assistant Directors of Finance to sign and despatch all documents enabling drawdown or pay back of funds.</li> <li>To confirm the Trust will continue to undertake to comply with terms and conditions.</li> </ul> Premises Assurance Matrix (PAM) recommendation: <ul style="list-style-type: none"> <li>To approve the PAM to be submitted nationally.</li> </ul>	Approval	9 June 2022

<b>REPORT TO:</b>	<b>COUNCIL OF GOVERNORS (COG)</b>				
<b>REPORT TITLE:</b>	<b>JOINT SITE VISITS UPDATE</b>				
<b>MEETING DATE:</b>	<b>21 JUNE 2022</b>				
<b>BOARD SPONSOR:</b>	<b>CHAIR OF STAFF AND PATIENT EXPERIENCE COMMITTEE (SPEC)</b>				
<b>PAPER AUTHOR:</b>	<b>GOVERNOR AND MEMBERSHIP LEAD</b>				
<b>APPENDICES:</b>	<b>APPENDIX 1: JOINT SITE VISITS REPORTS APPENDIX 2: JOINT SITE VISITS RECOMMENDATIONS LOG</b>				
<b>Executive Summary:</b>					
<b>Action Required:</b> (Highlight one only)	Decision	Approval	Information	Assurance	<b>Discussion</b>
<b>Purpose of the Report:</b>	This report updates the Council of Joint site visits that have been conducted so far during 2022/23 and recommendations made following these visits.				
<b>Summary of Key Issues:</b>	<ul style="list-style-type: none"> <li>• Three Joint site visits have been conducted so far during 2022/23 (reports are attached as Appendix 1 to this report): <ul style="list-style-type: none"> <li>• 21 April 2022 – Royal Victoria Hospital, Folkestone</li> <li>• 9 May 2022 – QEQM, Margate</li> <li>• 23 May 2022 – Buckland Hospital, Dover</li> </ul> </li> <li>• Attached as Appendix 2 is the draft recommendations log which captures the recommendations made by Governors and Non-Executive Directors following the visits.</li> <li>• The Recommendations log is still in draft form for discussion with the CoG and will be further refined/ updated following the CoG meeting in June 2022.</li> </ul>				
<b>Key Recommendation(s):</b>	The CoG is asked to <b>DISCUSS</b> : <ul style="list-style-type: none"> <li>• the reports from the Joint Non-Executives and Governor site visits; and</li> <li>• comment on the draft Recommendations log.</li> </ul>				
<b>Implications:</b>					
<b>Links to 'We Care' Strategic Objectives:</b>					
<b>Our patients</b>	<b>Our people</b>	<b>Our future</b>	<b>Our sustainability</b>	<b>Our quality and safety</b>	
<b>Governor Statutory Duties:</b>					
	Represent the interests of the members of the Trust as a whole and the interests of the public.				
<b>Previously Considered by:</b>	None				

Appendix 1 - Joint site visit report template

**Visit Date:** 21/04/2022

**Time:** 09.30

**Site:** RVH Folkestone

**Attendees:**

**Non-Executive:** Nigel Mansley

**Governor:** Bernie Mayall

**Governor and Membership Lead:** N/A

Department Visited	Hosted By	Observation/Comments	Recommended Actions to be taken forward
Derry Unit	Katherine Casey	<p>Katherine was very friendly and welcoming – as were all of the staff we met. Almost without exception we were warmly greeted with a “good morning” from everyone. Katherine gave the impression of being very competent and comfortable in her role.</p> <p>The Derry unit is a small, local urology unit with a strong “family” feel due to a stable team that are able to develop strong relationships with many of the longer term, often elderly, patients who value the continuity of care with familiar faces.</p> <p>We briefly met with a locally based consultant who</p>	<p>Staffing is a concern – not due to Covid absences, but due to two team members moving to the KCH in Canterbury. Both are moving for valid reasons but replacements are needed as soon as possible.</p> <p>Consultants occasionally do split site shifts and this can result in delays from a morning clinic elsewhere spilling over to an afternoon clinic at the RVH. Ideally, rotas and clinics should be planned to</p>



Department Visited	Hosted By	Observation/Comments	Recommended Actions to be taken forward
		<p>also mentioned the family atmosphere and is very happy working in the unit, especially as he lives within walking distance of the hospital!</p> <p>There were no major estate issues and Katherine was very satisfied with the support from 2gether. As with many older hospitals, storage is an issue. But this is not limited to the RVH, or almost any.</p>	<p>avoid having to move between sites during the day</p>



Appendix 1 Joint site visit feedback

**Visit Date:** 09/05/2022

**Time:** 13.00

**Site:** QEQM, Margate

**Attendees:**

**Non-Executive:** Nigel Mansley

**Governor:** Paul Schofield

**Governor and Membership Lead:** Neville Daw

Department Visited	Hosted By	Observation/Comments	Recommended Actions to be taken forward
Department 1 Pathology	Catherine Lorenzen	<p>Pathology is one of those vital “behind the scenes” departments in the hospital without which many diagnoses would not be made.</p> <p>We met a number of the team who all appeared to be well motivated and happy in their jobs. IN particular, we met with a recently graduated trainee who had previously undertaken her undergraduate student placement in the department. This highlighted the value of trainee placements that come at negligible cost to the Trust, especially given the well-known difficulties of attracting colleagues to Margate. The team is presently at 50% capacity, but the recruitment pipeline should bring this to 100% over the next month or so.</p> <p>I was surprised that the stock management system for blood samples was manual and not automated.</p>	Look into encouraging more undergraduates to do their placements in the Trust and provide mentors for them.



Department Visited	Hosted By	Observation/Comments	Recommended Actions to be taken forward
		<p>This is apparently due to the outdated systems in the Trust not being compatible with the stock control systems on the market. There is apparently an ICS exercise underway to provide an automates solution for Kent and Medway.</p>	
<p>Department 2 Heart Centre</p>	<p>James Rosengarten (consultant) &amp; Tracy Maybin (manager)</p>	<p>James was very helpful and informative telling us about the procedures undertaken at the QEQM site. He did raise a number of concerns:</p> <ol style="list-style-type: none"> <li>1. The practices vary between the 3 sites – ideally the same treatment protocols should apply across the Trust.</li> <li>2. Matrix management can be confusing at times with reporting to both a speciality head and the site Medical Director.</li> </ol> <p>Tracey also mentioned the difficulties in recruiting to Margate to bring a short-staffed team to full strength. Again morale seemed good.</p>	



Appendix 1 - Joint site visit report template

**Visit Date:** 23/05/2022

Time: 09.00

Site: Buckland Hospital Dover

Attendees:

Non-Executive: Raymond Anakwe  
Governor: Bernie Mayall, James Casha  
Governor and Membership Lead: Neville Daw

Department Visited	Hosted By	Observation/Comments	Recommended Actions to be taken forward
Minor Injuries	Judith Ramsey	<p>Just a very brief update following the Governor and NED visit to Bucklands Hospital today. It went really well. I have not been before. We visited the minor injuries unit and also outpatients and ophthalmology.</p> <p>I am sure that Bernie and Neville will provide a fuller report (and this is not intended to replace or pre-empt that) but while I remember, I did want to raise that the minor injuries visit highlighted some previous issues around the outsourcing of UTC services. Generally, the service is well run and the staff are happy. There are some workforce issues but there have been some real efforts to develop their own (E)Nurse Practitioners which is great.</p> <p>The site is a little physically remote from the other trust sites and the staff feel a little isolated from time to time, but they are a</p>	Raymond will take forward directly with Tracey Fletcher the concerns raised in the report around the UTC operation and in particular around the booking of 111 appointments and GP's.





Department Visited	Hosted By	Observation/Comments	Recommended Actions to be taken forward
		<p>happy team and for the most part , they fill internal staffing gaps themselves and look after each other- on the nursing rota.</p> <p>The UTC provides a great acute service but also fills a primary care gap. Patients cannot get GP appointments for 4-6 weeks so just turn up and GP receptionists regularly direct patients up to the UTC to get dressings done or to have things reviewed. There are 2 GPs who are kept quite busy. Sometimes just one. They GPs are line managed by the external company contracted to run the UTC (Invetricx) rather than the trust and they feel quite disaffected and disempowered. They reported that they were very unhappy that the work flow is badly managed. Specifically, NHS 111 book patients in directly and sometimes will double or triple book patients into the same time slot. Also, while the service finishes at 8pm - they are still receiving walk in patients until just before that time which obviously means that the service runs late regularly. They have flagged this repeatedly with Invetricx, the UTC contracted provider but have not had any engagement or response. Both doctors also work in other UTCs in Kent and felt that Bucklands was the only one that was run in this way and where there was no GP/provider forum or meeting.</p> <p>We had a good discussion and I left feeling that there is a good team there, doing good work and proud of what they do and who we need to look after and ensure they feel included. John, the Interim lead nurse who showed us round, seemed excellent. The day did raise, for me, that questions around oversight of the governance/quality/performance for the externally managed UTCs and where how we have management conversations with them and also with the CCG regarding the way that the UTCs</p>	



Department Visited	Hosted By	Observation/Comments	Recommended Actions to be taken forward
		are being used to fill a primary care gap? Also the need to spread ourselves across the sites- it was great that the team felt able to speak honestly and openly with us.	



## EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST - JOINT NED/GOVERNOR SITE VISITS RECOMMENDATIONS LOG 2022/23

Report Date: 14 June 2022

Ref. No.	Date of Visit	Hospital Site	NED/Governor	Recommendations	Lead	Care Group/Department	Management Response	Status	Progress (if status is Open)	Date Closed
01	21/04/2022	RVH Folkestone	Nigel Mansley Bernie Mayall	<b>Need to recruit urgently:</b> Staffing concerns not due to Covid absences, but due to 2 team members moving to K&CH Canterbury.	TBC	Derry Unit	TBC	Open	TBC	
02	21/04/2022	RVH Folkestone	Nigel Mansley Bernie Mayall	<b>Planning of rotas and clinics to avoid having to move between sites during the day:</b> Consultants occasionally do split site shifts and this can result in delays spilling over to an afternoon clinic at RVH.	TBC	Derry Unit	TBC	Open	TBC	
03	09/05/2022	QEQM	Nigel Mansley Paul Schofield	<b>Consider encouraging more undergraduates to do their placements in the Trust and provide mentors for them.</b>	TBC	Pathology	TBC	Open	TBC	
04	23/05/2022	Buckland	Raymon Anakwe Bernie Mayall James Casha	Concerns raised in the report around the UTC operation and in particular the booking of 111 appointments and GP's.	TBC	UTC	TBC	Open	Raymond Anakwe, NED to take forward directly with the CEO.	

<b>REPORT TO:</b>	<b>COUNCIL OF GOVERNORS (CoG)</b>				
<b>REPORT TITLE:</b>	<b>COUNCIL WORK PLAN 2022/23</b>				
<b>MEETING DATE:</b>	<b>21 JUNE 2022</b>				
<b>PAPER AUTHOR:</b>	<b>GOVERNOR AND MEMBERSHIP LEAD</b>				
<b>APPENDICES:</b>	<b>APPENDIX 1: COUNCIL WORK PLAN 2022/23</b>				
<b>Executive Summary:</b>					
<b>Action Required:</b> (Highlight one only)	Decision	<b>Approval</b>	Information	Assurance	Discussion
<b>Purpose of the Report:</b>	This paper proposes to the Council the Work Plan for 2022/23.				
<b>Summary of Key Issues:</b>	<ul style="list-style-type: none"> <li>Draft CoG Workplan for 2022/23 attached as Appendix 1.</li> </ul>				
<b>Key Recommendation(s):</b>	The Council is asked to <b>APPROVE</b> the Work Plan for 2022/23.				
<b>Implications:</b>					
<b>Links to 'We Care' Strategic Objectives:</b>					
<b>Our patients</b>	<b>Our people</b>	<b>Our future</b>	<b>Our sustainability</b>	<b>Our quality and safety</b>	
<b>Governor Statutory Duties:</b>					
	All Statutory Duties.				
<b>Previously Considered by:</b>					
	None				

		April	May	June	July August	September	October November	December	December	January/February	March
<b>CoG COMMITTEES ANNUAL CYCLE</b>											
MECC	To R			AMM prep		x		x			x
NRC	ToR										
One annual meeting and then as required for NED appointments	NED rem & appraisal Board skill review.										
Staff & Patient Experience Committee	ToR			x		x		x			x
	NED rem & appraisal Board skill review.										
Audit and Governance	ToR			x		x		x			x
<b>COUNCIL ANNUAL CYCLE</b>											
	Briefing Meeting	Public & closed	Briefing Meeting	Public & closed	Briefing meeting	Public & closed & AMM	Briefing Meeting	Briefing Meeting & Strategy session	Public & closed	Briefing Meeting	Briefing Meeting
	One hour	Half day	One hour	Half day	One Hour	Half day Evening	One hour	One hour half day	Full day	One hour	One hour
									Joint with NEDs pm		
Chair Report		P & C		P & C		P & C			P & C		
CEO report		P & C		P & C		P & C			P & C		
Lead Governor Update		p		P		P			P		
Council Committee reports		P		P		P			P		
NED overview report		P		P		P			P		
Record any virtual decision since last meeting		P		P		P			P		
Joint site visit action log		p		P		P			P		
Appraisal: Chair		C		C					agree process - C		
Appraisal: NEDs		C		C					agree process - C		
Governance documents :											
Quality Report commentary				ratify				agree process & indicator		draft virtually via WGrp	draft virtually via WGrp
Annual report				C		Present					
Annual Accounts				C		Present					
Self certification agsinst Provider Licence				C		Present					
Annual Governance Statement				C		Present			xAGC rep		
IAGC report - performance of External Auditors		x									
Council and committees effectiveness		C					prepare	issue survey	C		
Governance items											
Register of interests - annual		P									
Annual F&PP declaration renewal		P									
Committee terms of reference		P									
Lead Governor elections		P									
Staff Survey				P							
Annual Members meeting						P					
Committee membership		P								virtual	virtual
Annual meeting dates									P		
CNO/EDQ update on Complaints						P					
Report on visits		P		P		P			P		
<b>NON ANNUAL CYCLE</b>											
Constitution review ***											
Policies/Guidance											
Governor Code of Conduct											
Travel & expenses											
Appraisal Chair											
Appraisal NED											
Dispute resolution											
MEC strategy											
Managing allegations of breach											
Auditors appointment		1st cycle 19/20, 3 year contract, can extend - review end 2021									
Significant Transactions, mergers, acquisitions etc.		As required									
Taking decisions on non-NHS income		As required									