

Council of Governors (Public) meeting - Thursday 28 April 2022

Thu 28 April 2022, 11:15 - 13:30

Microsoft Teams

Agenda

11:15 - 11:25
10 min

22/1

Chair's Introductions (11:15)

To Note *Niall Dickson, Chairman*

Verbal

11:25 - 11:25
0 min

22/2

Confirmation of Quoracy

To Note *Niall Dickson, Chairman*

Verbal

11:25 - 11:25
0 min

22/3

Apologies for Absence and Declarations of Interest

To Note *Niall Dickson, Chairman*

Verbal

11:25 - 11:25
0 min

22/4

Minutes from last Council of Governors Public Meeting held on 9 December 2021

Approval *Niall Dickson, Chairman*

 22.004 - Unconfirmed CoG Public Minutes 091221 final.pdf (11 pages)

11:25 - 11:25
0 min

22/5

Matters Arising from the Minutes

Approval *Niall Dickson, Chairman*

 22.005 Outstanding actions public.pdf (2 pages)

11:25 - 11:25
0 min

22/6

Ratification of Virtual Votes since the last meeting

Approval *Niall Dickson, Chairman*

11:25 - 11:25 **22/7**

0 min

Annual presentation of the Register of Interests and Fit and Proper Person declaration

Information *Dorothy Otite, Corporate Governance & Risk Consultant*

22.007.1 - Annual presentation of register of interests and FPPR Front sheet.pdf (2 pages)

22.007.1.1 - App 1 REGISTER OF GOVERNOR INTERESTS 2022 23.pdf (3 pages)

11:25 - 11:30 **22/8**

5 min

Chair's Report (11:25)

Discussion *Niall Dickson, Chairman*

Verbal

11:30 - 11:35 **22/9**

5 min

Chief Executive Officer's (CEO's) report (11:30)

Discussion *Tracey Fletcher, CEO*

Verbal

11:35 - 11:50 **22/10**

15 min

NEDs overview report - Board Committee Chair Reports to Public Board: (11:35)

Discussion *Chair of Committees*

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

22.010.2 App 1 - PCC Chair Assurance Report to BoD - 28 March 2022.pdf (2 pages)

22.010.3 App 2 - FPC Chair Assurance Report BoD Public final.pdf (5 pages)

22.010.4 App 3 - QSC Assurance Report BoD FINAL.pdf (5 pages)

22.010.5 App 4 - IAGC Chair Board Assurance Report (February 2022) FINAL.pdf (4 pages)

22.010.6 App 5 - NRC Chair Board Assurance Report (08.03.22) FINAL.pdf (3 pages)

22.010.7 App 6 - CFC Chair Board Assurance Report (08.03.22) FINAL.pdf (3 pages)

22/10.1

Quality & Safety Committee (Q&SC)

Discussion *Sarah Dunnett, Chair Q&SC*

22/10.2

Integrated Audit & Governance Committee (IAGC)

Discussion *Olu Olasode, Chair IAGC*

22/10.3

People & Culture Committee (P&CC)

Discussion *Stewart Baird, Chair P&CC*

22/10.4

Finance & Performance Committee (FPC)

Discussion *Nigel Mansley, Chair FPC*

22/10.5

Charitable Funds Committee (CFC)

Discussion *Jane Ollis, Chair CFC*

22/10.6

Nominations and Remuneration Committee (NRC)

Discussion *Jane Ollis, Chair NRC*

11:50 - 12:00
10 min

22/11

Staff and Patient Engagement Committee (SPEC) update report (11:50)


Approval *Bernie Mayall, Chair SPEC*

 22.011 - CoG SPEC Update Report 11022022 to CoG 28042022.pdf (1 pages)

22/11.1

Governor Attendance Process

Approval *Neville Daw, Governor & Membership Lead*

 22.011.1 Front sheet - Governor Attendance process.pdf (1 pages)

 22.011.1.1 Governor Attendance Process.pdf (2 pages)

22/11.2

Governor Joint Visits Process

Approval *Neville Daw, Governor & Membership Lead*

 22.011.2 Front sheet - Joint site visits Process.pdf (1 pages)

 22.011.2.1 Joint Site Visits Process.pdf (3 pages)

 22.011.2.2 Joint Site Visits Schedule 202223.pdf (2 pages)

12:00 - 12:10
10 min

22/12

Membership Engagement and Communication Committee (MECC) update report (12:00)


Approval *Alex Lister, Chair of MECC*


 22.012 - CoG MECC Update Report 22032022 to CoG 28042022.pdf (2 pages)


22/12.1

Membership and Engagement Strategy and Action Plan

Approval *Alex Lister, Chair of MECC*

 22.012.1 Front sheet - Membership and Engagement Strategy & Action Plan.pdf (1 pages)

 22.012.1.1 App 1 Membership and Engagement Strategy.pdf (14 pages)

 22.012.1.2 App 2 Membership and Engagement Action Plan 2022 - 23.pdf (3 pages)

12:10 - 12:20
10 min

22/13

Audit and Governance Committee update report (12:10)

Approval *Bernie Mayall, Chair of AGC*

 22.013 - CoG AGC Update Report 29032022 to CoG 28042022.pdf (1 pages)

22/13.1

Governing Policies and Procedures Review Task Force and Finish Group

Approval *Dorothy Otite, Corporate Governance & Risk Consultant*

 22.013.1 - Governing Policies and Procedures Task and Finish Group Front sheet.pdf (1 pages)

 22.013.1.1 - App 1 - Draft CoG Policies Procedures Review T&FG - Terms of Reference.pdf (1 pages)

22/13.2

Update on timetable for Annual documents

Information *Dorothy Otite, Corporate Governance & Risk Consultant*

 22.013.2 - Annual Report timetable 202122 update Front Sheet.pdf (2 pages)

12:20 - 12:25
5 min

22/14

Update on Strategic Initiatives (12:20)

Information *Bernie Mayall, Lead Governor*

Verbal

12:25 - 12:30
5 min

22/15

Governor Attendance at Board Committees (12:25)

Information *Niall Dickson, Chairman*

 22.015.1 - Governor Attendance at Board Committees Pilot Front Sheet.pdf (2 pages)

 22.015.1.1 - App 1 Guidance for Governors attendance Board Committeesfinal.pdf (1 pages)

12:30 - 12:35
5 min

22/16

Committee Membership Annual Update (12:30)

Information *Neville Daw, Governor & Membership Lead*

 22.016 - Committee Membership Annual Update Front sheet 280422.pdf (3 pages)


12:35 - 12:40
5 min

22/17

Elections Update (12:35)

Approval *Neville Daw, Governor & Membership Lead*

 22.017 - Elections Update Front sheet 280422.pdf (3 pages)

 22.017.1 - App 1 LG role description.pdf (2 pages)

 22.017.2 - App 2DLG Role description 1.pdf (2 pages)

12:40 - 12:45
5 min

22/18

Meeting and Committee Dates for 2022/23 (12:40)

Approval *Neville Daw, Governor & Membership Lead*

 22.018.1 Front sheet - Meeting and Committee dates 2022-23.pdf (2 pages)

12:45 - 12:50
5 min

22/19

Questions from the public (12:45)

Discussion *Niall Dickson, Chairman*

Verbal

12:50 - 12:55
5 min

22/20

Any Other Business (12:50)

Discussion *Niall Dickson, Chairman*

Verbal

12:55 - 12:55
0 min

22/21

Date of Next Meeting: 21 June 2022

To Note *Niall Dickson, Chairman*

**UNCONFIRMED MINUTES OF THE COUNCIL OF GOVERNORS PUBLIC MEETING
THURSDAY 9TH DECEMBER 2021 AT 09.30**

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
Chris Pink	Elected Governor – Rest of England	CPi
Carl Plummer	Elected Governor - Folkestone & Hythe	CPI
Alex Ricketts	Elected Governor – Canterbury	ARi
Marcela Warburton	Elected Governor – Thanet	MWa
Professor Shane Weller	Partnership, Universities	SWe

IN ATTENDANCE:

Susan Acott	Chief Executive Officer	CEO
Phil Cave	Director of Finance and Performance	DoF
Sarah Shingler	Chief Nursing Officer	CNO
Sarah Dunnett	Non Executive Director	SD
Stewart Baird	Non Executive Director	SB
Raymond Anakwe	Non Executive Director	RA
Jane Ollis	Non Executive Director	JO
Dorothy Otite	Interim Group Company Secretary	IGCS
Neville Daw	Governor and Membership Lead	GML
Jessica Stanton	Governor and Membership Administrator	GMA

MINUTE NO. CoG/21/		ACTION
36	<p>CHAIRMAN'S INTRODUCTIONS</p> <p>The Chairman opened the meeting and welcomed everyone present including the Non-Executive Directors (NEDs) in attendance (Jane Ollis, Stewart Baird, Sarah Dunnett and Raymond Anakwe).</p> <p>The Chairman introduced Professor Shane Weller as the new University Partnerships Governor. Shane is Deputy Vice-Chancellor for Research and Innovation at the University of Kent.</p> <p>It was noted that the CNO and DoF were in attendance and the DoF would leave the meeting after the NED overview report.</p> <p>The Chairman noted that this would be the CEOs last report to the Council before her departure in the Spring.</p> <p>The Chairman also welcomed Jessica Stanton who recently joined the Governor and Membership Team as an Administrator.</p>	
37	APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST	

Chair's initials

	<p>Apologies were received from Robert Bayford and Paul Schofield. Liz Baxter, Linda Judd, John Fletcher, Paul Verill, Sally Wilson. There were no declarations of interest.</p>	
38	<p>MINUTES FROM THE LAST COUNCIL OF GOVERNORS' MEETING HELD ON 15th SEPTEMBER 2021 AND MATTERS ARISING</p> <p>The minutes of the previous meeting held on 15th September 2021 were accepted as a true and accurate representation of the meeting.</p>	
39	<p>OUTSTANDING ACTIONS</p> <p>21 01- Chairman's report- Governor observer at Committee meetings was being considered. A proposal would be taken to the Board of Directors and brought back to the Council once it has gone through the Board.</p> <p>21 02- CEO report- Comments regarding the government white paper from Liz Shutler's team. These would be circulated this week. Recommended to close.</p> <p>21 03- Constitution Review Group report- Jane and Niall would work together regarding the maximum term for governors and report back at the next meeting.</p> <p>21 04- Constitution Review Group Report - Revised constitution would be posted on the Trust website on 15 December 2021.</p> <p>21 05 Committee Membership- Concerns were raised by Council that there had not been any committee meetings. It was agreed that dates for committee meetings would be circulated to the Council for the remainder of 2021/22 before Christmas.</p> <p>21 06- Outstanding actions- Terms of reference had been circulated so this action should be closed.</p> <p>21 07- Review of Trusts complaints process- DQG and CNO attending the council has been added to the forward planner so this action could be closed.</p> <p>21 08- Process for responding to emailed enquiries- this process was to be discussed on the agenda so this action could be closed.</p> <p>21 09- Forward programme of joint visits had been circulated so it was agreed to close this action.</p>	
40	<p>CHAIR'S REPORT</p> <p>The Chairman presented his report. He mentioned it would cover a few issues but he was happy to take questions as it ran alongside the Chief Executive's report.</p> <p>Services were under enormous strain and the Trust was managing unprecedented demand. The cause of some of this was known but not all. The Emergency Departments (ED) and adjacent urgent treatment centres were having to cope with more patients than ever. Many of the patients had</p>	

Chair's initials

	<p>not been able to access primary care and others were not able to be discharged due to lack of onward facilities. The Chairman commented that this was the same across South East Trusts but EKHUFT was an outlier.</p> <p>Staffing in ED remained a major challenge. Efforts to mitigate continue. Also having to treat increasing numbers of covid patients. Numbers had not reached anywhere near what they were last year but they were on the rise and we were uncertain about the effect of Omicron.</p> <p>Continuing recruitment exercise to bring in a new Chief Executive as the CEO stands down next year. The Chairman hoped to be able to make a public announcement before Christmas.</p> <p>The Chairman noted there was a Board meeting last week at which a major investment in nursing was agreed for circa £14m. The Trust was committed to increasing the nursing establishment to more than 300. There would be a major international recruitment drive, increasing the numbers of home-grown nursing graduates and effort to retain staff.</p> <p>A major culture change programme was being introduced. Staff survey results had not been good enough. There is a need to create an environment where staff felt able to raise concerns, escalate issues, support each other and did not feel intimidated or bullied. There was a lot of work to be done on this. The Chairman mentioned he would provide further details at a future Council meeting as it developed. The We care programme had started to be rolled out, due to covid this had not gone as fast as planned</p> <p>The Trust had launched a patient experience and involvement strategy to ensure intelligence and feedback from patients and their families was gathered to enable the Trust learn from complaints and involve patients and their families as we seek to improve. It was agreed that the strategy would be circulated to members.</p> <p>Action: The Patient Voice and involvement strategy to be circulated to members.</p> <p>The NHS was about to undergo a major reorganisation which had major implications. The first was in relation to how funding was agreed and calculated. The Chairman added that he was optimistic that things may be an improved on the revenue front. The Trust was trying to do everything they could to secure capital funding. This was the top priority for the whole of the South East region. That Chairman welcomed the Council members support in this drive.</p> <p>There was a promise of more delegation to the Kent & Medway levels. This would create an integrated care board which is an NHS body of which we would be a partner. It would replace the clinical commissioning groups (CCGs). The new board would make strategic decisions affecting the county. A new Chair had been appointed - Paul Bentley who is the current Kent Community Health NHS Foundation Trust CEO and will become Chief executive of the Integrated Care Board. The relationship with integrated care will be critical and will also be critical in securing capital funding.</p> <p>The partnership in East Kent is going to be crucial. It will be called the East Kent Healthcare partnership which ND chairs. It brings together primary care,</p>	<p>GML</p>
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Chair's initials

	<p>social care, the district local authorities, this trust, communities trust and mental health trust as well as community and voluntary sector. A road map of how the partnership is taken forward will be produced and will be shared with the Governors.</p> <p>Action: GML to circulate the road map to governors when it is published.</p> <p>The Chairman expressed hope that the Council and individual Governors would engage with the partnership and contribute to its work.</p> <p>The Council NOTED the Chairman’s report.</p>	<p>GML</p>
<p>41</p>	<p>CHIEF EXECUTIVE OFFICER’S REPORT</p> <p>The CEO presented her report and informed the Council of the following:</p> <p>There are great challenges around attracting people to East Kent. The mental health trust really struggled to attract psychiatrists to work and local authorities struggled as well. This problem was more acute closer to the coast. Workforce would be a priority for the providers. Training hubs would come out of the partnership. She commented that we were stronger and more innovative together and could make a practical difference. The GPs had been quite energetic about this and were committed with huge advocacy for their communities.</p> <p>The Trust had received funding to build the elective orthopaedic centre at the Kent & Canterbury Hospital (K&CH) site, there were also building works going on at William Harvey Hospital (WHH) site for a modern intensive care unit and to expand the A & E department. Current ITU is very busy as WHH is also a trauma unit and was built in the 1970’s, it was not fit for purpose as it was very small and congested. The Chair of the Health Overview and Scrutiny Committee (HOSC), Paul Bartlett visited the old and the new ITU builds in WHH and he noted the difference in building standards and the facilities and environment in the modern ITU compared to what there currently is. He could also see why the modern facility would attract new consultants. The Trust was unable to close or stop treating patients while the building works continued The Trust had asked the CQC to visit and walk through the pathway while the building works were going on. Footfall was very high through the front door and the Trust was experiencing difficulty with discharging patients. Numbers of covid patients was on the rise and numbers of patients presenting with the risk of covid was also rising.</p> <p>The CEO commented that there had been a high number of 12-hour breaches and this would be announced in the media I today. In November, there were 261 12-hour breaches which was very high. This increases operational pressures. The building work has led to losing bedded capacity in November so this made the 12-hour situation worse. The Trust lost 15 beds due to the building works but this capacity would come back on Monday 13 December 2022</p> <p>The whole system was struggling with workforce issues. Issues around packages of care and support for people in their own home was very difficult. A big nursing home in East Kent closed a couple of weeks ago which has had a big impact on the local authority which creates back up in the system.</p>	

Chair’s initials

	<p>The Trust was trying to propose whether we could employ some of their staff and contract back.</p> <p>The CEO had met with the director of social services and queried if Kent Community could employ more staff and contract back.</p> <p>The Trust had carried out an independent review of mortuary facilities and procedures in terms of security access and all of the processes and checklists.</p> <p>The Secretary of state had formalised the stroke reconfiguration meaning that the hyper acute stroke unit was supported by the secretary of state and these will be Maidstone, Dartford and Ashford. Stroke Unit is centred at K&CH at the moment due to covid.</p> <p>There was a digital innovation event which MWa attended. It was great to see the technical, robotic services East Kent had and see some robotic surgery's in operation. This event gave an insight into the future.</p> <p>NHu commented about the 261 12-hour beaches and how high this was and whether East Kent was the worst performing trust nationally. The CEO commented that she was unsure whether East Kent would be the worst but would be an outlier.</p> <p>NHu asked that the CEO mentioned November was a tough month due to the reconfiguration and reduction of rooms, how is this looking now and how it was likely to project forward, would it get better or worse. The CEO responded that 15 bedded spaces were lost, this meant the same number of people were being seen but they could not be admitted so regarded as present in A & E which is a key count that had to be done about the number of hours people stay technically not admitted in ED. There were still a lot of 12-hour breaches so would not eliminate the problem, there was significant pressure at the moment. NHu also asked if the Trust was on an improving trend. The CEO stated that the Trust was stable at the moment but it was not improving. Overall performance of A & E is flatlining with regards to 4-hour national measure. The CEO had circulated this information to the Board.</p> <p>MWa commented that in the media, Cornwall were capping 18 hour waits in their A & E. MWa also asked how the orthopaedic theatres usage is now. The CEO commented that it took time for people to get used to the new environment and to get up to speed. This week 6 operations on joints were done in one day and planning to do 8 a day in January.</p> <p>SPe asked around difficulties of recruitment and commented that the Trust had commissioned a company to help with this to talk about how we can look at sharing positive messages in recruitment.</p> <p>The CEO noted that the Trust was good at ambulance handovers. Some hospitals held ambulances at the front door but offloading ambulances was prioritised by East Kent. This can mean having longer waits in A & E but it was safer to have patients in the department and allow ambulances to answer 999 calls.</p> <p>The Council NOTED the CEO's report.</p>	
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Chair's initials

<p>42</p>	<p>REPORT FROM SPEC CHAIR</p> <p>BMa apologised that there should have been meetings for two committees, SPEC and Audit and Governance Committee but there have been conversations about kickstarting them again in the New Year. The main concern was about appointing another co-chair. CPI had put himself forward and there had been a lot of support for this and BMa wanted to sign this off today. BMa asked for a Governor show of hands and the governors agreed on this matter.</p> <p>The Council AGREED the appointment of CPI as co-chair of SPEC.</p>	
<p>43</p>	<p>NEDS OVERVIEW REPORT</p> <p>SD introduced the Quality and Safety Committee report and the purpose of the Committee. Overall purpose was to seek and receive assurance in all aspects of quality and safety. All the care groups were expected to attend and present their own governance reports. This provided assurance that governance was being discussed and it was a good way of providing a forum of which all care groups were together and could learn from incidents.</p> <p>The integrated performance report was reviewed by the Finance and Performance Committee. The sites were under significant pressure and during October A & E planned activity was 22% above our plans. Extra 26,000 patients came through the doors.</p> <p>The serious incident process had changed and moved to be site based. SD would be attending a serious incident investigation panel to see the pathway from start to finish. Mortality figures were greatly improved but there was a lag in data. Patient Safety Committee was very engaged and the report was re-assuring.</p> <p>One area of concern reported was a significant reliance on locum doctors. As mentioned before there were difficulties in attracting high calibre staff to the Trust so work was being done to ensure quality of care is as it should be.</p> <p>There were no new risks and the risks we have in general had mitigations.</p> <p>SD had asked to do a deep dive into a random selection of complaints to track progress of a complaint pathway and to get an independent review of how these were managed and dealt with.</p> <p>There had been a number of coroner's inquests so the Committee had asked for comparative data to see how the trust compared to other Trusts of a similar size and to understand in detail what was happening.</p> <p>SD expressed concern about the pace of change in maternity and in particular in the cultural change work that was needed.</p> <p>Next year will be a very large agenda and work is being done at moment to streamline care group reports although there was a commitment to have every care group in attendance at each meeting. SD would like to introduce a regular deep dive, for example management of sepsis, equal access in patient outcomes, complaints and a review of the 2021 maternity progress.</p>	

Chair's initials

SPE requested for re-assurance around serious incident investigations going to be site based and wanted to make sure that learning was shared across all three hospitals. SD stated that each of the care groups attend the Committee at the same time but it was important that this was done at every meeting.

NHu thanked SD for her clear report. NHu asked if there was currently external benchmarking outside the Trust as to how SI's compared. SD said there was benchmarking data available so the Trust would know where they stood relative to other organisations in terms of reported SI's. It was deemed that the more incidents are reported the better the organisation was deemed to have a better reporting culture. SD did not have East Kent position to hand. SD agreed that benchmarking was essential. NHu asked for site specific and information on repeat SI's. SD would like to get to a stage where they could have a deep dive and SI's would be a priority so repeat SI's could be part of this. ND asked if there was a benchmarking process where the Trust could be compared to others at a national level. SD responded that there were comparative reports on falls, on pressure ulcers etc and these formed the basis of many of the incidents that got reported.

ND introduced RA to the meeting who is the NED Maternity Champion and an orthopaedic surgeon at Imperial College Healthcare NHS Trust. RA stated that learning and tracking should be done with incidents. There was a national process that is part of national serious incident framework. This had two components. NHS England would be tracking the SI's. All the SI's were reported to and logged by the commissioners who would identify any site trends.

MWe thanked SD for her report. She asked when the deep dives happen, would staff from across the Trust be used so they could be neutral. SD stated that the SI deep dive would be done for all SI's for each site. It was SD's intention to review SI's at the Quality and Safety Committee.

SB presented the People and Culture Committee report. There was a lot of attention around people, culture and staffing levels.

The terms of reference had been changed and the name of the Committee changed from Strategic Workforce Committee to People and Culture committee. Core objectives had been realigned - Looking at right levels of staff in place; the forward position in 5-10-year period. Staff training, retention and development opportunities for staff.

The culture created must generate a positive environment. This was the biggest challenge and a lot of work was going to start in this area. NHSE/I had been engaged and a new improvement director who had joined the Trust and would provide validation on a regular basis.

SB talked through figures on his report regarding registered nurses. At the end of November there was 52.52 WTE vacancies, within this a large number of international colleagues were recruited. They had not yet received their pin. By March 2022, we should be at established number but with a gap of 134WTE vacancies looking to be filled by international staff. At the September, the Board approved a Business case to recruit 39 additional midwives and 369 additional nurses were approved as part of the safe staffing review. Business case has been put in to do digital recruitment. SB

Chair's initials

	<p>has asked for an external review to ensure the HR department had the right skills and capability to deliver the plans.</p> <p>One of key areas was staffing in critical services. SB highlighted a report that was a forecast of the following week covering maternity for example.</p> <p>SB had conducted more than ten site visits in the last month and had chaired consultant interview panels for paediatricians and obstetricians.</p> <p>Morale, bullying and harassment were a large part of culture and staff engagement. Teamworking was a large problem for the Trust. Latest staff survey had closed and results would be published in the new year. Nearly 50% response rate was received. Different cultural landscapes were obvious across sites and care groups. There was good evidence of teamworking.</p> <p>In Maternity, the NHSI cultural leadership programme was about to start. The matron connected leadership programme had been fantastic and there had been some localised departmental work to improve cultural such as maternity behaviour champion working three days a week focusing on purely on behaviour.</p> <p>SB needed to get more visibility around what was being done with training. Statutory training was seen to decline in the winter period. SB was engaging with clinical directors and care group leads to see how HR could support the function.</p> <p>The CNO gave a background of the national and local perspective. Nationally midwifery had been hitting the headlines and many Trusts were facing difficult decisions on how services were safely maintained, mainly home birth services and midwifery led units.</p> <p>Funding was released by NHS England to achieve Birth rate Plus recommendations. This was a national framework for workforce planning and strategic decision making. This covered the whole maternity pathway. EKHUFT previously completed the birth rate assessment which identified that an additional 19.9 WTE midwives were required and were successful in putting in a bid. The funding was received for the 19.9 WTE midwives which are bands 5 and 6.</p> <p>The CNO asked for a complete review of the workforce in a line by line budget review of the maternity workforce. The regional workforce lead was asked to support with this. This review identified the need for mandatory training and also around specialist practitioners. This meant 18.34 WTE band 5 and 6 midwives were needed. This was then put forward to a business case to the Board in September 2021. This meant midwifery ratio reduced from a 1 in 29 to 1 in 24. The business case was approved and recruiting to the business case had commenced.</p> <p>The CNO informed the Council that the recruitment pool was reducing. There were a lot of midwives who were about to retire, just doing forecast within EKHUFT. This meant that the main recruitment pool are newly qualified midwives. There was one intake of student midwives a year.</p> <p>EKHUFT was popular as a recruitment premium is added in order to fill the remaining posts which are vacant. We aim to attract experienced band 6</p>	
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Chair's initials

	<p>posts and some external recruits.</p> <p>Currently there were 19.95 WTE midwives off on maternity leave and there were further midwives due to go on maternity leave. Work was done on this daily to mitigate risk and provide a safe service.</p> <p>Main focus was improving how women’s voice is listened to and empowering families to speak to the Trust to improve the organisation. Working closely with the Maternity Voices Partnership (MVP). Looking at triangulating complaints and SI’s which will identify themes. Themes that came through were lack of communication and compassion and how professionals worked together throughout labour.</p> <p>A band 7 patient experience post had been created and interviews were on 20 December 2021. There was a strong field of candidates with a lot of external people.</p> <p>A business case was being written in order to develop a dedicated patient voice and involvement team.</p> <p>Patient and members of the voluntary sector would have a seat on key groups within the trust.</p> <p>There had been meetings in person with the Interim Director of Midwifery regarding concerns raised by Governors and also families. From January 2022, the CNO would meet families to understand how we could improve communication and liaise with families to improve transparency and openness.</p> <p>SPE asked around the development programme that SB presented. The CNO responded that the nursing workforce was predominantly healthcare assistants who form a huge part of nursing team. While nursing associate programme was available for those who had minimum educational requirements. SPE suggested he did not want health care assistant’s role to be forgotten. SPE would like to see programmes available for HCA’s to attend.</p> <p>PC would not present the Finance and Performance Committee report due to time constraints but would take any questions on finance and performance issues. There were no questions from the Governors.</p> <p>The Council NOTED reports received from:</p> <p>Quality & Safety Committee People & Culture Committee Integrated Audit & Governance Committee Finance & Performance Committee</p>	
44	<p>CONSTITUTION AND POLICY REVIEW GROUP RECOMMENDATIONS</p> <p>IGCS introduced the report and highlighted some key points.</p> <p>There was a review by the constitution and policy review group of some key council policies and guidance including the Constitution. The paper presents the recommendations from the Group. The changes had been brought to the council for approval. ALi was the Chair of this Group.</p>	

Chair’s initials

	<p>ALi confirmed these were the recommendations from the Group.</p> <p>The Council APPROVED the recommendations from the Constitution and Policy Review Group.</p>	
45	<p>PROCESS FOR RESPONDING TO EMAIL ENQUIRIES</p> <p>The IGCS introduced this report and highlighted that this report was brought to the September meeting and was agreed to be reviewed with ALi, BMa and GML outside the meeting. The paper had been brought to the meeting for approval. The key changes were around complaints about individual patient care in terms of the process, copying in the lead and deputy governor and instead of 6-month review of the protocol and how it is working it will be a 12-month review. ALi and Bernie have agreed this.</p> <p>NHu had questions about how the council receive emails. NHu believes constituents should be able to contact individual governors on NHS emails. NHu would not send an email to a generic email address but he would if it was someone named.</p> <p>This process was about if someone emails the generic inbox. ALi commented he agreed that NHS individual emails should be used and should be on the website.</p> <p>Action: GML to discuss outside of the meeting</p> <p>CPI asked if the lead and deputy governor pass the email to the governor whose constituent it is. IGCS stated this was part of the new process.</p> <p>The Council APPROVED the process for responding to email enquiries.</p>	GML
46	<p>PROPOSAL ON REVIEW OF EFFECTIVENESS OF COUNCIL OF GOVERNORS 2021/22</p> <p>IGCS informed the Council that this proposal was for the annual council effectiveness review to be carried out and included a timetable for 2021/22. The IGCS mentioned that the questions in the appendix had been used in previous years.</p> <p>The Chairman asked council members to review the questions outside the meeting and inform the IGCS if there are any additional questions or queries in the next two weeks.</p> <p>The Council AGREED the proposal to carry out a review of the effectiveness of Council of Governors and the timetable for the review.</p>	
47	<p>GOVERNOR FEEDBACK ON EVENTS ATTENDED</p> <p>BMa commented that the site visit reports had been circulated and it was great to have them started again. There were no questions regarding the visits.</p>	

Chair's initials

	<p>The GML informed the Council that the process required that a joint report was produced following each joint visit with the NEDs.</p> <p>The Council NOTED the feedback provided.</p>	
48	<p>QUESTIONS FROM THE PUBLIC</p> <p>There were no members of the public present.</p>	
49	<p>ANY OTHER BUSINESS</p> <p>There was no other business to discuss.</p>	
50	<p>PROPOSED DATES FOR MEETINGS IN 2022/23</p> <p>This item was not discussed.</p>	
51	<p>DATE OF NEXT PUBLIC MEETING 21st April 2022, 9.30am. Pre-meeting from 9:00am and session scheduled to finish at 12:30 after closed meeting.</p>	

The meeting closed at 11:35

Signed _____

Date _____

Chair's initials

CoG 21/34

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 01	20.05.21	8	Chairman's report	The Board to be asked to consider agreeing to a Governor observer attending closed Board sessions and Board Committee meetings and a NED to be a member of the Staff and Patient Experience Committee.		Chairman	15.09.21: for update on Chairman's return 09.12.21: Governor observer at Committee meetings was being considered. A proposal would be taken to the Board of Directors and brought back to the Council once it has gone through the Board. 28.04.2022: This item is on the Council Agenda. Recommended to close
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 Recommend to remain open
21 03	20.05.21	11	Constitution Review Group Report	Recommendations agreed relating to the Constitution Review to be taken to the next Board meeting for discussion and feedback to the Council.		GML	15.09.21: Changes have been agreed by the Board and the revised Constitution to be posted to the website. 03.12.21: Revised constitution to be posted to the website by 15.12.21. Link to revised constitution on website to be circulated to Governors once posted. 09.12.21: Revised constitution would be posted on the Trust website on 15 December 2021. 28.04.22: The revised constitution was posted to the trust website on 20 December 2021. Recommendation to close

21 04	20.05.21	13	Committee membership	Terms of reference to be reviewed at each Committee and brought to the next Council meeting for ratification. Concern raised about the lack of committees		GML	<p>15.09.21: Nominations and Remuneration Committee have yet to meet. Full set of Terms of Reference will be brought to the December meeting. AGC and SPEC are unchanged from those presented to May Council; MECC have been updated to remove named reference to a NED.</p> <p>09.12.21: Concerns were raised by Council that there had not been any committee meetings. It was agreed that dates for committee meetings would be circulated to the Council for the remainder of 2021/22 before Christmas.</p> <p>20.12.21: Dates for committee meetings were sent out for the remainder of 21/22.</p> <p>28.04.22: All Committees have now met. Recommendation to close</p>
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REPORT TO:	COUNCIL OF GOVERNORS (CoG)				
REPORT TITLE:	RATIFICATION OF VIRTUAL VOTES				
MEETING DATE:	28 APRIL 2022				
BOARD SPONSOR:	TRUST CHAIRMAN				
PAPER AUTHOR:	CORPORATE GOVERNANCE & RISK CONSULTANT				
APPENDICES:	NONE				
Executive Summary:					
Action Required: (Highlight one only)	Decision	Approval	Information	Assurance	Discussion
Purpose of the Report:	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.				
Summary of Key Issues:	Details of the virtual votes and the outcomes are provided on page 2 of the report.				
Key Recommendation(s):	The Council of Governors is asked to RATIFY the outcomes of the virtual voting carried out since the last meeting.				
Implications:					
Links to 'We Care' Strategic Objectives:					
Our patients	Our people	Our future	Our sustainability	Our quality and safety	
Governor Statutory Duties:					
All					
Previously Considered by:					
None					

VIRTUAL VOTING RECORD SUMMARY						
DATE REQUESTED	DESCRIPTION	FOR	AGAINST	ABSTAIN	NUMBER OF GOVERNORS IN COUNCIL	OUTCOME
17/01/2022	Reduction of CoG Nominations and Remuneration Committee membership size.	11	0	5	16	Passed. Reduction from 8 to 5.
11/03/2022	Reduction of CoG Membership Engagement and Communication Committee membership size.	8	0	8	16	Passed. Reduction from 8 to 6.
11/03/2022	Reduction of CoG Audit and Governance Committee membership size.	9	0	7	16	Passed. Reduction from 8 to 6.
17/03/2022	Proceed with Swale/Folkestone Elections.	13	0	3	16	Passed. <ul style="list-style-type: none"> • Proceeding with the elections per option 2 of the circulated timetable; and • The Swale and Folkestone/Hythe vacancies will remain vacant until these elections are held.
10/03/2022	CoG Nominations and Remuneration Chair Appointment.	8	0	8	16	Passed. Appointment of Carl Plummer.

REPORT TO:	COUNCIL OF GOVERNORS (CoG)				
REPORT TITLE:	ANNUAL PRESENTATION OF: REGISTER OF INTERESTS AND FIT AND PROPER PERSON ANNUAL SELF DECLARATION				
MEETING DATE:	28 APRIL 2022				
BOARD SPONSOR:	GROUP COMPANY SECRETARY				
PAPER AUTHOR:	CORPORATE GOVERNANCE & RISK CONSULTANT				
APPENDICES:	APPENDIX 1: REGISTER OF COUNCIL OF GOVERNORS INTERESTS 2022/23				
Executive Summary:					
Action Required: (Highlight one only)	Decision	Approval	Information	Assurance	Discussion
Purpose of the Report:	This report provides the Council of Governors (CoG) with the updated register of interests as at 19 April 2022. It also provides an update on compliance with the Annual Fit and Proper Person self-declaration for 2021/22.				
Summary of Key Issues:	<p>Register of Interests:</p> <ul style="list-style-type: none"> • Governors were asked to confirm their declaration of interests via an email sent on 13 April 2022. 7 Governors responded and the updated Register is provided at Appendix 1. • Any further updates will be noted at the meeting. • The updated register of interests for 2022/23 will be published on the Trust website following this meeting. <p>Fit and Proper Person Annual Self Declaration:</p> <ul style="list-style-type: none"> • It is a requirement of the NHS Provider Licence, condition G4, that the Trust assures itself that all Governors meet the fit and proper person requirements: <i>“The Licensee shall ensure that no person who is an unfit person may become or continue as a Governor, except with the approval in writing of Monitor [NHSE/I]”.</i> • In addition, in line with the ‘Governors – Fit and Proper Person Requirement’ policy, ratified by Council in February 2019, Governors are required to provide an annual self-declaration of continued compliance. • Governors were requested to submit their annual self-declaration form via email on 28 January 2022. To date 12 responses have been received, confirming continued compliance with the Fit and Proper Person Requirement. 				
Key Recommendation(s):	The Council of Governors is asked to note the contents of this report.				
Implications:					
Links to ‘We Care’ Strategic Objectives:					
Our patients	Our people	Our future	Our sustainability	Our quality and safety	

Governor Statutory Duties:	All
Previously Considered by:	None

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REGISTER OF COUNCIL OF GOVERNOR INTERESTS 2022/23
As at 22 April 2022

NAME AND CONSTITUENCY	TERM ENDS	INTERESTS DECLARED	NOTES
BAYFORD, ROBERT Partnership (Local Authorities)	29 FEBRUARY 2024	Member of the Conservative Party (6)	Appointed May 2019 (1st Term) Re-appointed March 2021
CASHA, JAMES (Staff)	29 FEBRUARY 2024	Kendal Meadow Ltd (Director) (1) Member of Faculty, AO UK Trauma (5) Practising privileges at Spencer Private Hospital (5) Practising privileges at BMI Chaucer Hospital (5) Medical Advisory Committee, Spencer Private Hospitals – Member (5)	Elected March 2021 (1 st Term)
FLETCHER, JOHN Elected (Ashford)	29 FEBRUARY 2024	None	Elected March 2021 (2 nd Term)
HULME, NICK (Ashford)	28 FEBRUARY 2023	None	Elected March 2020 (1 st Term)
JUDD, LINDA Partnership (Volunteers)	9 FEBRUARY 2024	League of Friends, QEQM, Member & Trustee (5)	Appointed 9 February 2021 (1 st term)
LISTER, ALEX Elected (Canterbury)	29 FEBRUARY 2024	Director, Canterbury Digital Ltd (1) Member of the Liberal Democratic Party (6)	Elected March 2018 (1 st Term) Re-Elected March 2021
MAYALL, BERNIE (Dover)	29 FEBRUARY 2024	Director Mayall Management Ltd (Owner, Management Consultancy) (2) NED Nest+Grow (CiC) COO User Voice (NFP) Director and Deputy Chair Dover Big Local (CiC) (4) Academy for Social Justice (Board Member) (4)	Took post 23.03.19 following the resignation of previous governor. (1 st Term) Re-Elected March 2021
PETTIFER, SOPHIE (Staff)	29 FEBRUARY 2024	None	Elected March 2021 (1 st Term)

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NAME AND CONSTITUENCY	TERM ENDS	INTERESTS DECLARED	NOTES
PINK, CHRIS Elected (Rest of England & Wales)	29 FEBRUARY 2024	Transflo Instruments Ltd (technical Director) (1) Friends of Inyathi Hospital (Trustee technical) (5)	Elected March 2021 (1 st Term)
PLUMMER, CARL (Folkestone & Hythe)	29 FEBRUARY 2024	Kent Community Health NHS FT, Member (5) South East Coast Ambulance Service NHS FT, Member (5) Vice Chairman, Shepway Strategic Housing Advisory Panel, Folkestone & Hythe District Council (4)	Took post 02.09.19 following the resignation of previous governor. (1 st Term) Re-Elected March 2021
RICKETTS, ALEX Elected (Canterbury)	28 FEBRUARY 2023	Member of the Liberal Democratic Party (6) Director, Alex Ricketts Ltd (1)	Took post 01.03.21 following the resignation of previous governor. (1 st Term)
SCHOFIELD, PAUL (Thanet)	28 FEBRUARY 2023	None	Elected March 2020 (1 st Term)
VERRILL, PAUL (Dover)	29 FEBRUARY 2024	None	Elected March 2021 (1 st Term)
WARBURTON, MARCELLA Elected (Thanet)	28 FEBRUARY 2023	Member, Healthwatch Kent (4) Health Reference Group, Thanet CCG (4) Royal British Legion, caseworker (4)	Elected March 2020 (3 rd Term)
WELLER, SHANE Partnership (Canterbury Christ Church University and University of Kent)	31 OCTOBER 2023	None	Appointed October 2021
WILSON, SALLY (Staff)	28 FEBRUARY 2023	None	Elected March 2020 (1 st Term)

Categories:

- 1** **Directorships** – Executive & Non-Executive – held in private companies or PLCs with the exception of dormant companies
- 2** **Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS** – of Private Companies, Businesses or Consultancies likely or possibly seeking to do business with the NHS

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- 3 **Majority or controlling shareholding** – in organisations likely or possibly seeking to do business with the NHS
- 4 **Position(s) of authority in a charity or voluntary body** – in a field of Health and Social Care
- 5 **Any connection with a voluntary or other body contracting for NHS services**
- 6 **Membership of a political party**

REPORT TO:	COUNCIL OF GOVERNORS				
REPORT TITLE:	NON-EXECUTIVE DIRECTORS (NEDs) OVERVIEW REPORT				
MEETING DATE:	28 APRIL 2022				
BOARD SPONSOR:	CHAIRMAN				
PAPER AUTHOR:	CORPORATE GOVERNANCE & RISK CONSULTANT				
APPENDICES:	APPENDIX 1: PCC CHAIR REPORT APPENDIX 2: FPC CHAIR REPORT APPENDIX 3: Q&SC CHAIR REPORT APPENDIX 4: IAGC CHAIR REPORT APPENDIX 5: NRC CHAIR REPORT APPENDIX 6: CFC CHAIR REPORT				
Executive Summary:					
Action Required: (Highlight one only)	Decision	Approval	Information	Assurance	Discussion
Purpose of the Report:	This report provides the Council of Governors (CoG) with the Board Committee Chair reports presented to the Public Board on 7 April 2022 (attached as Appendices 1, 2 and 3) and Board Committee Chair reports presented to the Public Board on 10 March (attached as Appendices 4, 5 & 6).				
Summary of Key Issues:	<ul style="list-style-type: none"> 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. Each assurance report in the appendices gives a summary of the work undertaken by the respective Board Committee prior to the last Public Board. IAGC, NRC and CFC meet quarterly and their last reports were presented to the Public Board on 10 March. 				
Key Recommendation(s):	The Council of Governors is asked to note and discuss the content of this paper.				
Implications:					
Links to 'We Care' Strategic Objectives:					
Our patients	Our people	Our future	Our sustainability	Our quality and safety	
Governor Statutory Duties:					
To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.					
Previously Considered by:					
IAGC Chair report - CoG Audit and Governance Committee (AGC) on 29 March 2022					

BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)					
Committee:	Meeting Date	Chair	Paper Author	Quorate	
People & Culture Committee (P&CC)	28 March 2022	Stewart Baird, Non-Executive Director	Corporate Governance & Risk Consultant	Yes	No
Appendices:	None				
Declarations of Interest made:					
No declaration of interest was made outside the current Board Register of Interest.					
Assurances received at the Committee meeting:					
Accommodation Strategy (Escalated from the Finance & Performance Committee on 1 March 2022)	<ul style="list-style-type: none"> The Committee requested an update report on the Accommodation strategy (Trust Priority Improvement Project) to be brought to its next meeting for discussion to enable the Committee to gain an understanding of the issues in relation to supply and demand. 				
February 2022 Integrated Performance Report (IPR) – We Care True North Objectives	<ul style="list-style-type: none"> The Committee received and discussed the IPR report and noted the following: <ul style="list-style-type: none"> Turnover: 12-month rolling average of the total staff turnover (12.6%) remained above the 10% threshold for the 11th month in succession. In-month data currently sits at 11.27%. This shows improvement for four of the last five months and are reflected in premature and Healthcare Assistants (HCA). Turnover hotspots have been identified with individual action plans in place to address them. The Committee received re-assurance of the active interventions to reduce turnover including exit interviews. Data from exit interviews is accumulating, with 50 responses from 228 invites. The top two reasons for leaving are work life balance and relocation. The Committee received re-assurance on the interventions in place to recruit into hard to fill roles including the family first initiative which is showing some success; improved marketing; and building new partnerships with schools. The Committee noted that the issue raised at the last meeting around delay to the international recruitment pipeline due to national shortage of the nursing and midwifery Objective Structures Clinical Examination (OSCE) had now been resolved; and received re-assurance that the Trust was in a good position going forward. Staff engagement: The Committee noted that the staff survey headlines and link to the results will be circulated to staff following the release of the National Staff Survey embargo on 30 March at 09.30a.m.). Sickness absence: Increased above the alerting threshold of 5% to 6.0% in January 2022. A slight decrease to approximately 5.5% was reported in February 2022. 				

	<ul style="list-style-type: none"> ○ The Committee noted the recent increase in staff absences due to covid-19 and that it is anticipated that this increase will be reflected in overall absence figures. ○ Appraisal compliance has shown an upward trend during 2021 and increased slightly to 78% in February (5% above the alerting threshold of 73%). ○ The Committee challenged the low appraisal rates for the Non-clinical Care Groups and received re-assurance that targeted intervention is being put in place to ensure compliance. ○ Statutory training compliance has increased over the last four months. Overall compliance is 91.09% (0.09% above the alerting threshold of 91%). 	
Board Assurance Framework (BAF) & Corporate Risk Register (CRR)	<ul style="list-style-type: none"> ● The Committee noted there was no movement on the BAF and the CRR in relation to 'Our People' during this reporting period. ● The Committee also noted the BAF and CRR risks were being re-articulated and that it will receive the full BAF and CRR reports at its next meeting. 	
Referrals to other Board Committees	<ul style="list-style-type: none"> ● There were no referrals to other Board Committees at this meeting. 	
Referrals from other Board Committees	<ul style="list-style-type: none"> ● There were no referrals from other Committees at this meeting. 	
Other items of business	None	
Items to come back to the Committee outside its routine business cycle:		
There was no specific item over those planned within its cycle that it asked to return.		
Items referred to the BoD or another Committee for approval, decision or action:		
Item	Purpose	Date
None	N/A	N/A

BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD) PUBLIC					
Committee:	Meeting Date	Chair	Paper Author	Quorate	
Finance & Performance Committee (FPC)	29 March 2022	Stewart Baird, Non-Executive Director (NED)	Corporate Governance & Risk Consultant	Yes	No
Appendices:	None				
Declarations of Interest made:					
No declaration of interest was made outside the current Board Register of Interest.					
Assurances received at the Committee meeting:					
Month 11 Finance Report	<ul style="list-style-type: none"> The Trust delivered a £1.4m surplus position in February 2022, resulting in a £1m favourable/positive variance against plan year to date (YTD). The Trust's cash position at the end of February 2022 was £12.7m which was £7.8m above the plan, but a significant drop from the March 2020/21 year-end closing balance of £68m. The total capital expenditure year to date spend to the end of February was £39.1m which was £4m above the internal Trust plan. Forecasting it is expected the Trust will achieve the planned expenditure of £57m at year end. This figure includes target investment funding of £5m, including circa £3m for system capital (GP order comms). The Committee received re-assurance that the Trust's forecast continues to demonstrate a break-even position at year end. Additional costs of £2.7m was identified in February 2022 due to Covid bringing the YTD total to £20.6m. In-envelope spend being £0.6m and £2.5m greater than plan in month and H2 YTD. In view of the change in H2 of the Elective Recovery Funding (ERF) methodology based on monthly Referral to Treat (RTT) completed pathway submissions instead of elective activity levels. £6.7m was included for H2 performance which was below planned levels of activity. Planning guidance for 2022/23 was received in January 2022 and the Trust has agreed a draft financial plan with Commissioners which has been submitted to the national team. With a planned deficit position for 2022/23 and a challenging efficiency target, the Committee noted that financial controls will be tightened to ensure there is sufficient working capital. The Committee discussed the possibility of a commercial function and felt this was something to explore as part of the Trust Board's Group structure conversation in 2022/23. 				
Month 11 Savings and Efficiencies Update	<ul style="list-style-type: none"> The following were the key highlights of the report to the Committee: <ul style="list-style-type: none"> The H2 efficiencies plan contained Covid spend reductions of £5m, a reduction in Vanguard theatre rentals £0.3m, 2gether Support Solutions (2gether) efficiencies of £0.8m, with £2.2m still to be identified at that time. The savings achieved in February were £1.7m, below the planned figure of £2.4m. The Month 11 shortfall relates to unidentified schemes as all care groups struggled to find savings due to operational pressures. 				

	<ul style="list-style-type: none"> • The Committee was assured that the full year outturn is looking favourable. • The Committee received re-assurance that a pipeline of ideas is being developed as the basis for delivery of the 2022/23 efficiency programme. • The Committee felt this was a tough year and that a balance needed to be struck with keeping a motivated workforce in alignment with the quality agenda.
We Care Integrated Performance Report (IPR)	<ul style="list-style-type: none"> • The following were the key highlights of the report to the Committee: <ul style="list-style-type: none"> • Reducing falls. 147 falls were recorded in February against a target of 100. • Reducing deaths from sepsis. The latest reportable figure of November 2021 shows an improvement in the sepsis/ respiratory Hospital Standardised Mortality Ratio (HSMR) figures of 94.2 this is below our target of 117. • Reducing patient time in Emergency Department (ED) once there has been a decision to admit. Total aggregated delays of 907 hours in our ED remains a significant focus and is higher than our 95-hour target. • Improving theatre capacity. The lost theatre opportunities in month was 60 which is worse than the 45 target. • The Committee agreed to focus on breakthrough objectives at the next meeting.
Financial Recovery Plan (FRP)	<ul style="list-style-type: none"> • The Committee received assurance on the progress of the FRP to date and agreed the following next steps: <ul style="list-style-type: none"> • Finalise key components of FRP i.e. financial bridges; opportunity analysis; medium term efficiencies plans; key interdependencies etc. • Continue work with NHS England/NHS Improvement (NHSE/I), Financial Improvement Director (FID), Kent & Medway (K&M) system leads and Medway NHS Foundation Trust to develop and refine our financial model and FRP. • Finalise medium term financial model including scenario modelling ensuring alignment to the final 2022/23 financial operating plan. • Finalise the 2022/23 operating plan including minimising financial cost pressures and identifying the full £30m of efficiencies target • Present a draft FRP virtually to FPC members for comments ahead of the May FPC. • Present the final FRP and summary financial model to the May FPC and Trust Board.
Board Assurance Framework (BAF) and Principal Mitigated Risks	<ul style="list-style-type: none"> • The Committee noted there was no movement on the BAF and the Corporate Risk Register (CRR) in relation to 'Our Future' and 'Our Sustainability' during this reporting period. • The Committee also noted the BAF and CRR risks were being re-articulated and that it will receive the full BAF and CRR reports at its next meeting.
Update on Recovery, Reset, Restore and Recovery Programme (4Rs)	<ul style="list-style-type: none"> • The Committee received assurance of the activity across the Elective and Emergency workstreams supported by the 4R programme and the monitoring arrangements in place to support the programme. • The following were the key highlights of the report to the Committee: <ul style="list-style-type: none"> • Recent 4R meetings have not taken place due to Opel 4 status. • The Committee noted the key actions being taken to improve the Trust performance against the constitutional standards.

	<ul style="list-style-type: none"> • 52 week waits: The Committee received re-assurance that the number of patients waiting over 52 weeks is decreasing and this is due to chronological booking and transferring patients to our West Kent Independent Sector (IS) providers. • 104 week waits: The Committee received re-assurance of the measures in place to eliminate the longest waiting patients (except when it is the patient's choice). • Referral to Treatment (RTT) pathways remain elongated due to delays within diagnostics but work is underway to review diagnostic capacity and any opportunities for improved utilisation. Changes in RTT guidance are being awaited. • An Endoscopy Improvement Plan is in place and improvements are being evidenced. • The work being completed as part of the detailed business and activity planning for 2022/23 and the related NHSE/I targets outlined to support the NHS elective recovery. • The increasing and anticipated rise in Covid admissions and short-term staff absence due to Covid. • Cancer performance has been impacted as a result of access to diagnostic capacity. • The Committee received re-assurance that although the performance has deteriorated, Kent and Medway Cancer Alliance continued to record the lowest back log of all cancer Alliances of which EKHUFT is the largest contributor. • The impact of insufficient external capacity to discharge patients from wards and the resulting impact on patient flow. • The impact of Infection Prevention and Control (IPC) requirements on patient flow to safely manage contact, Covid and non Covid patients and the resulting risk of patient delay in ED. • The impact of IPC requirements in driving and meeting Trust wide elective efficiency targets. • There are still a number of patient cancellations due to Covid infections which impacts on utilisation. • The Committee received assurance of the Emergency Care Risk Summit initiated by the Executive Management Team on 23 March. • The challenges / solutions discussed at the Risk Summit included Staffing (Nursing and Medical); redirection of pathways across emergency care to a more appropriate space; Medical rotas and structure of the delivery of on-call; Challenges in social and community care and its exposure of the fragility of medical bed base. • The Committee noted that the final 4Rs update will be presented to the Committee at its next meeting.
Operational Planning Update 2022/23	<ul style="list-style-type: none"> • The Committee received the 2022/23 draft plan noting the draft plan was submitted to NHSE/I on 17 March 2022 with a final plan due for submission at the end of April 2022. • The Committee noted the key risks to the plan included failure to deliver efficiencies; delivery of ERF; removal of covid-19 spend; and higher than expected inflation and business cases. • The Committee agreed the draft plan and recommended it to the Board of Directors for approval.
Business Cases	<ul style="list-style-type: none"> • The Committee approved the following Business cases and were assured they had been through the appropriate approval process:

	<ul style="list-style-type: none"> Picture and Archiving Communication System (PACS) Business Case - the procurement of a new PACS solution to replace the existing GE PACS (including migrating the Soliton Radiology Information System (RIS) to the new contract) and provide a technically better solution for the next 10 years. Bank Rate Enhancements for Nursing September 2021 to March 2022 Post Project – Extended until end April 2022 and a plan brought back to the Committee at the next full meeting. Contract Award for renewal of multifunctional devices. 	
5-year Capital Programme – Annual Report	<ul style="list-style-type: none"> The Committee received the draft 5-year capital programme for 2022/23 submitted to NHSE/I by the Trust on 17 March 2022 noting the de minimus paper was used to prioritise the allocation. The Committee noted that following national guidance, the capital programme is being managed at a Kent & Medway system level and the Trust is working well with other providers and the system to collectively manage risk and prioritise investment. 	
Strategic Capital Planning and Performance Committee (SCP&PC) Report	<ul style="list-style-type: none"> The Committee received the bi-monthly report on the activities of the SCP&PC in January and March 2022 noting: <ul style="list-style-type: none"> NHSE/I gave formal permission to the Trust to commence the Due Diligence and Soft Market Testing exercise on 17 February 2022. The process has commenced and is expected to take approximately 4 months. 	
Update of Temporary Staffing Spend – 2021/22 Months 1 - 11	<ul style="list-style-type: none"> The Committee noted the Trust wide temporary staffing costs have risen by 2% in months 1 – 11 of 2021/22 compared to the same period in the previous year. While COVID attributed costs have decreased from 30% of overall spend to 14% in the same period, the overall costs have increased. The Committee received re-assurance of the measures underway to address spend. 	
Other items of business	<ul style="list-style-type: none"> Horizon scanning (For information). Strategic Investment Group (SIG) Chair's report and minutes (For information). Financial Improvement Oversight Group (FIOG) Chair's report and minutes (For information). Committee Work Plan 2022 (For information). 	
Referrals to other Board Committees	<ul style="list-style-type: none"> There were no referrals to other Board Committees at this meeting. 	
Referrals from other Board Committees	<ul style="list-style-type: none"> There were no referrals from other Board Committees at this meeting. 	
Items to come back to the Committee outside its routine business cycle:		
None		
Items referred to the BoD or another Committee for approval, decision or action:		
Item	Purpose	Date
1. Operational Planning Update 2022/23: The Committee agreed the draft plan and recommended it to the Board of Directors for approval (On Closed Board agenda as a stand-alone item).	Approval	7 April 2022
2. Business cases: <ul style="list-style-type: none"> Picture and Archiving Communication System (PACS) Business Case 		

<ul style="list-style-type: none">• Bank Rate Enhancements for Nursing September 2021 to March 2022 Post Project• Contract Award for renewal of multifunctional devices.		
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BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)					
Committee:	Meeting Date	Chair	Paper Author	Quorate	
Quality and Safety Committee (Q&SC)	29 March 2022	Sarah Dunnett, Non-Executive Director (NED)	Corporate Governance & Risk Consultant	Yes	No
Appendices:	None				
Declarations of Interest made:					
No declaration of interest was made outside the current Board Register of Interest.					
Assurances received at the Committee meeting:					
Integrated Performance Report (IPR) – We Care Breakthrough Objectives & Watch Metrics	<ul style="list-style-type: none"> The following were the key highlights of the report to the Committee: <ul style="list-style-type: none"> Reducing deaths from sepsis. This breakthrough has reached its target. Following review of improvement priorities for 2022/23 the breakthrough objective will be closed and focus moved to fracture Neck of Femur pathway to improve outcomes for this group of patients. A Trust Priority Improvement Project (TPIP) will be launched for 2022/23 to support driving this at William Harvey Hospital (WHH) and Queen Elizabeth the Queen Mother Hospital (QEQM) sites. The total number of harms has increased which is driven by the rise in Covid-19 Healthcare Associated Infections (HCAI) in February 2022. 147 falls were recorded in February 2022 against a target of 100. The 'Falls Yellow Kits' are in use in the Urgent Emergency Care (UEC) Group on the WHH site and starting at QEQM. Improving theatre capacity continues to be a focus as we reduce cancellations, late starts, and early finishes. Increasing the number of theatre sessions is a priority. We continue to see significant delays in the Emergency Department (ED). Long waits across the ED remains a challenge. The Committee received re-assurance of the interventions in place and noted pressures were being seen regionally and nationally. The Committee received assurance that an Emergency Care Risk Summit was convened on 23 March and discussed staffing; emergency care pathways; medical rotas and capacity. Cancer 62 days performance has been impacted due to increase in cancer referrals and access to diagnostic capacity. 				
Infection Prevention & Control (IPC) Monthly report	<ul style="list-style-type: none"> The Committee received assurance and discussed the IPC monthly report noting the following: <ul style="list-style-type: none"> Of the nationally reportable infections, one has breached the external threshold; P. aeruginosa. The Committee received assurance that the position with regard to Klebsiella species has further improved and remains on trajectory; and there are no concerns related to 'C diff' and E. coli. At the time of writing, the Trust has been managing the surge in cases caused by the Omicron BA.2 sub-variant of the Covid-19 pandemic. The impact of this has been very challenging for the Trust. The Trust has 191 current Covid-19 inpatients which is a new peak for Omicron/BA.2. 				

	<ul style="list-style-type: none"> • There has been increasing staff absence due to Covid-19. • The IPC draft annual work plan high level summary for 2022/23 will commence after the current Covid surge.
Care Group Governance Reports	<p>The Committee discussed and noted the following matters of escalation:</p> <p>Urgent & Emergency Care:</p> <ul style="list-style-type: none"> • Ongoing staffing gaps due to sickness in nursing and medical workforce, mitigated by cross site support and consultants mitigating middle grade gaps. • Length of stay for mental health patients remain high, mitigated by escalation to Hospital Director daily and case conferences being held with partners. • Continue to manage red and blue streams in ED dependant on need day to day. ED escalation processes have been refreshed and will be embedded. • Every effort continues to be made to reduce ambulance offload times. • Corridor care Standard Operating Procedure (SOP) in use and adhered to and policy shared with all staff members in ED. <p>General & Specialist Medicine:</p> <ul style="list-style-type: none"> • Nursing staffing gaps and high levels of staff sickness mitigated by use of NHS Professionals (NHSP) and agency, matrons oversight and re-distribution of staff as appropriate via daily huddles. • IPC practices re-iterated to reduce risk of transmission. Hand hygiene training on ward. <p>Surgery & Anaesthetics:</p> <ul style="list-style-type: none"> • There has been a reduction in patients waiting 52 weeks. The Committee received re-assurance on the actions in place to reduce long waiting lists including escalation of long waiters and patients over 100 weeks. • Reduction in number of falls in February – Measures in place including Gemba walks to visit wards with the highest fallers to understand contributing factors. • Staffing challenges due to the impact of sickness and Covid mitigated by ongoing recruitment and development of international nurses. • A business case for theatre staffing will be presented to Executive Management Team (EMT) on 30 March. <p>Surgery – Head and Neck, Breast and Dermatology:</p> <ul style="list-style-type: none"> • Referral to Treatment (RTT) 52 week breaches reduced to 865 in February. Patients reviewed and some activity outsourced to the Independent Sector. • There is work ongoing to eliminate 104 week breaches by 1 July 2022. Trajectory in place for ENT, with the main risk being Otology. • In Ophthalmology high risk waiters have reduced from 5232 in September to 4881 in February. Weekend clinics for glaucoma is in place, training to reduce Did Not Attend (DNAs) and cancellations to commence. • To increase theatre utilisation training of middle grades to cover theatre sessions. • The Committee received re-assurance of compliance with Level 3 safeguarding training noting the measures in place to mitigate this.

	<ul style="list-style-type: none"> The Committee requested that the Care Group provide assurance at the next meeting on the classification of patients on the waiting list and how harm is prevented. <p>Clinical Support Services (CSS):</p> <ul style="list-style-type: none"> Radiology action plan – 8 patients continue to be tracked no harm identified to date. Current Laboratory Information Management System (LIMS) no longer meets the demands and requirements of the pathology service including responsiveness by provider to problems due to age and complexity of system which can lead to prolonged disruption. Measures in place to manage the risk. Accident & Emergency (A&E) chest X-rays reporting is being escalated to the Corporate Risk Register. A review of current rosters to implement a better plan to utilise the reporting capacity has been completed with the backlog expected to be cleared by end March 2022. A report on the outcome of a routine Human Tissue Authority inspection will be brought to a future Committee meeting. <p>Women’s Health:</p> <ul style="list-style-type: none"> Staffing has been impacted by sickness and absences. Covid-19 increasingly impacting on band 7 ability to be supernumerary on labour ward. Fetal Medicine Unit – new model of service, pathways and guidelines being developed. The recalculation of Expected Date of Discharge causing a potential risk to plans of care. Cancer 28 days - Histopathology delays being mitigated by work including increasing the speed of letters. Theatre utilisation. Plans are in place to mitigate short notice cancellations and availability. Serious Incidents (SIs) - The Committee received assurance of the introduction of a formalised rapid review process for SIs where harm may have been caused. A working group is being established to plan the roll out of the National Institute for Health and Care Excellence (NICE) guidance on induction of labour to reduce still-birth. The Committee received assurance of the various forums by which learning is fed back to the ‘shop floor’ including Healthcare Safety Investigation Branch (HSIB) reports; message of the week at daily hurdles; training in CTG interpretation and escalation; and meetings. <p>Child Health:</p> <ul style="list-style-type: none"> NHSP/ rotation of staff being used to maintain safety; senior nurse on call; ongoing international and local recruitment. Additional staff required to mitigate risk of 18% of clinical audits not being completed. <p>Cancer, Haematology & Haemophilia:</p> <ul style="list-style-type: none"> Focussed work is in place to improve Venous Thromboembolism (VTE) assessment compliance. Cancer achieving 100%. The Trust, regional colleagues and the Cancer Alliance are working together to improve access to Cancer services and improve of 104, 62 and 28 days compliance.
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	<ul style="list-style-type: none"> We are working with local and regional colleagues to reduce delays to radiology investigations, in particular diagnostic imaging. There are ongoing gaps in the Haematology/Haemophilia Medical Cover middle grade rota, mitigated by reviewing the recruitment strategy and exploring new ways of working.
Duty of Candour (DoC) Reporting	<ul style="list-style-type: none"> The Committee received and discussed the DoC report noting the following: <ul style="list-style-type: none"> The Trust has a low level of compliance, this is being mitigated by updating the DoC policy, training for staff and a project to ensure improvement in compliance. The Committee noted further discussion was taking place with the Clinical Executive Management Group (CEMG) and escalation of the DoC risk to the Executive Risk Assurance Group and CEMG for addition to the Corporate Risk Register. The Committee recognised this is a significant risk to the Trust and requested a progress report to be brought back to a future meeting of the Committee.
Corporate Principal Mitigated Quality Risks	<ul style="list-style-type: none"> The Committee noted the increase of the current risk score (moderate to a high) of Board Assurance Framework (BAF) BAF 34 in relation to delivery of operational constitutional standards due to the fluctuating nature of Covid-19 and the implications of infection control measures to manage this within the hospitals. The Committee noted there was no movement on the Corporate Risk Register (CRR) in relation to 'Our Future' and 'Our Sustainability' during this reporting period. The Committee also noted the BAF and CRR risks were being re-articulated and that it will receive the full BAF and CRR reports at its next meeting.
Care Quality Commission (CQC) Update	<ul style="list-style-type: none"> The Committee received a progress report of the CQC activity/correspondence noting the following: <ul style="list-style-type: none"> Action plans from previous inspections continue to show slow progress. The CQC Insight report indicates overall performance for the Trust has not changed. Queries from the CQC have shown a slight increase this month and an engagement visit has been planned for 28 April. Workshops have been held to progress the strategic initiative to improve the Trust's CQC rating.
Medical Examiner update	<ul style="list-style-type: none"> The Committee received and noted the report on the impact of the Medical Examiner (ME) service on referrals to the Coroner Service. The Committee received re-assurance that the recommendations made as part of the report will improve referrals and requested for an update report to be brought back at a later date.
Safeguarding Children & Vulnerable Adults Progress Update Report	<ul style="list-style-type: none"> The Committee received and noted the progress report on the externally led Safeguarding review and the planned actions over the next 3 months to address the issues cited within the review. The Committee requested that it receives a regular report on progress of the action plan.
Safe Staffing	<ul style="list-style-type: none"> The Committee received assurance and discussed the Safe Staffing update report.
Clinical Audit and Effectiveness	<ul style="list-style-type: none"> The Committee received assurance and noted the update on recent activity of the CAEC including:

Committee (CAEC) Report	<ul style="list-style-type: none"> Review of 22 pieces of NICE guidance that were issued in February 2022. The Committee noted the framework was in place for ensuring compliance with relevant NICE guidance and requested an update to a future meeting on the Trust's plan to achieve compliance. Clinical audit programme. Overall for all audits in the Trust 84% are on trajectory, the same as the previous month. 	
Maternity and Neonatal Assurance Group (MNAG) Report	<ul style="list-style-type: none"> The Committee received assurance and noted the update on recent activity of the MNAG including: <ul style="list-style-type: none"> Maternity Improvement Plan - Robust programme management has been established. Progress against the actions continues and a quality assurance process within the care group has been established to ensure the validity of the evidence before actions are recorded as closed. The CQC observed the March meeting and gave positive feedback. The Committee approved to change the focus of 1 of the 7 improvement Key Performance Indicators (KPIs) (i.e. replacing "failure to escalate concerns" with "appropriate escalation being undertaken aligned to the Maternity Early Obstetric Warning (MEOWs) score"). 	
Other items of business	<ul style="list-style-type: none"> Quality & Safety Work Programme (For information). Patient Safety Committee Chair's Report (For information and the revised Terms of Reference were approved). Fundamentals of Care Committee Chair's Assurance Report (For information). 	
Referrals to other Board Committees	<ul style="list-style-type: none"> There were no referrals to other Board Committees at this meeting. 	
Referrals from other Board Committees	<ul style="list-style-type: none"> There were no referrals from other Board Committees at this meeting. 	
Items to come back to the Committee outside its routine business cycle:		
There was no specific item over those planned within its cycle that it asked to return.		
Items referred to the BoD or another Committee for approval, decision or action:		
Item	Purpose	Date
None	N/A	N/A

BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)					
Committee:	Meeting Date	Chair	Paper Author	Quorate	
Integrated Audit and Governance Committee	22 February 2022	Olu Olasode Non-Executive Director (NED)	Board Support Secretary	Yes	No
Appendices:	None				
Declarations of Interest made:					
No additional declarations of interest were made.					
Assurances received at the Committee meeting:					
Agenda item 1 (Board Assurance Framework (BAF) and Corporate Risk Registers (CRR))	<ul style="list-style-type: none"> The Committee received and discussed the BAF and CRR report, took assurance of the risk management arrangements for the Trust following independent assurance received from the Internal Auditors. The Committee noted the work in progress and the additional work to be done to further refine the presentation format of the risk registers providing a high assurance framework and evidence of effective processes in place. A revised iteration of the report was requested to be presented at its next meeting in April. The Committee highlighted the importance of including target dates against risks to ensure robust challenge and discussion on progress against these at Board and Board Committees. The Committee acknowledged the monitoring process in place with the Executive Risk Assurance Group in reviewing risks in detail and challenging progress against actions to mitigate and reduce risks. The Committee noted the introduction of a new 'BAF and CRR on a page' from 2022/23 to strengthen reporting of risks to the Board and Board Committees. The Committee noted that more work needs to be done on risk definition, clarity of control actions and on the one page presentation of the report. Monthly summary BAF and CRR reports will be presented and the full BAF and CRR reported on a quarterly basis. The Committee discussed and agreed returning to the previous three lines of assurance level of reporting. 				
Agenda item 2 (Annual Accounts – 2021/22 Review of Accounting Policies)	<ul style="list-style-type: none"> The Committee received and approved the draft accounting policies for 2021/22 to the Annual Accounts. 				
Agenda item 3 (Going Concern Review 2021/22)	<ul style="list-style-type: none"> The Committee received a 2021/22 Going Concern Review report, considered and took assurance of the evidence that the Group was a 'Going Concern'. The Committee agreed there were no material uncertainties that might cast significant doubt about its ability to continue over the next 12 months at the statement of financial position date. The Committee agreed an action to ensure the Trust's subsidiaries consider a similar report for agreement to create their 2021/22 accounts on a Going Concern basis. 				

Agenda item 4 (Annual Accounts 2021/22 – Process)	<ul style="list-style-type: none"> • The Committee received assurance and noted the process for the completion and submission of the 2021/22 Annual Accounts. • The Committee noted the agreement with the External Auditors to undertake an interim audit with the provision of a dedicated team to ensure a smooth process for this year's annual audit. • The Committee noted the 22 June submission date of audited accounts.
Agenda item 5 (Annual Report 2021/22 – Production Schedule)	<ul style="list-style-type: none"> • The Committee received assurance and agreed the approval process and timescale for the production of the 2021/22 Annual Report. • The Committee noted the production and submission will be in alignment with the 2021/22 Annual Accounts.
Agenda item 6 (Annual Presentation on the Process and Timetable of the Annual Quality Report 2021/22)	<ul style="list-style-type: none"> • The Committee received assurance and approved the planned timetable for completion of the 2021/22 Quality Accounts Report and sign off process. The Committee noted the requirement for this to be published on the Trust's website by 30 June and is not required to be audited. • The Committee noted the Quality and Safety Committee (Q&SC) will receive draft versions and oversee the document production process. The document will be produced in alignment with the required template that will include a Governors commentary.
Agenda item 7 (Gifts, Hospitality and Conflicts of Interest Policy)	<ul style="list-style-type: none"> • The Committee received assurance and approved the updated Gifts, Hospitality and Conflicts of Interest Policy and recommends this for approval by the Board. • The Committee noted the policy aligned with NHS guidance, reflected the streamlined process for declarations through the Electronic Staff Record (ESR) system. • The Committee noted following Board approval the policy will be disseminated for implementation throughout the Trust.
Agenda item 8 (IFRS16 – Implementation Plan)	<ul style="list-style-type: none"> • The Committee received and discussed a report about the implementation plan of IFRS16, a new accounting standard to be implemented from April 2022. • The Committee noted an initial review had been undertaken and it concluded that the new standard should not have a material impact for the Trust. The Committee will be kept updated on progress with implementation.
Agenda item 9 (External Audit Grant Thornton (GT) – Progress Report and Sector update)	<ul style="list-style-type: none"> • The Committee received and discussed an External Audit Progress Report and Sector update. • The Committee noted interim testing work has already commenced in relation to the annual accounts audit. • The Committee received assurance of close working between the Finance team and External Audit team in respect of the annual accounts audit, and ensuring updates about forecast and delivery of the Trust's capital funding expenditure. • The Committee noted the outcome of the Financial Reporting Council (FRC) review of GT's audits graded as 'Good' with limited improvements. • The Committee noted the annual work plan will be presented for approval at its April meeting.

Agenda item 10 (Internal Audit RSM Risk Assurance Services LLP – Progress Report)	<ul style="list-style-type: none"> • The Committee received and discussed an Internal Audit Progress Report, noting two finalised internal audit reports: <ul style="list-style-type: none"> • Risk Management – Reasonable Assurance; • Spencer Private Hospitals – Reasonable Assurance. • The Committee noted good progress on implementation of management actions by their agreed date, a few of which had been revised. A follow-up exercise is being undertaken in April on the remaining actions related to the onboarding of locums across the Trust. The Committee agreed an action to receive an update at its next meeting on the joint working of the clinical teams and HR, to provide clarity on the responsibilities of each function in respect of completion of the locum onboarding checklist. • The Committee noted that residual follow-up actions from previous audits remain high and asked for these to be addressed. • The Committee discussed whether an audit was needed to review progress of the maternity improvement programme. It was agreed this will be raised for discussion at the next Maternity Neonatal and Assurance Group (MNAG). • The Committee noted the external quality assessment of RSM's internal audit service that is compliant against Public Sector Internal Audit Standard.
Agenda item 11 (Local Counter Fraud Specialist (LCFS) RSM Risk Assurance Services LLP – Progress Report and Work Plan)	<ul style="list-style-type: none"> • The Committee received and discussed a LCFS progress report detailing LCFS activity that included: <ul style="list-style-type: none"> • an update on investigations; • completion and submission of a Fraud Prevention Guidance Impact Assessment (FPGIA) launched by the NHS Counter Fraud Authority (NHSCFA); • Regional fraud forum hosted by RSM for LCFS staff across London and the South East; • Review of Trust policies; • Staff training and awareness. • The Committee received assurance that the Trust had taken onboard the latest NHS guidance and will continue to review its systems on a regular basis. • The Committee received and approved the LCFS draft work plan for 2022/23.
Agenda item 12 (Integrated Governance Guide)	<ul style="list-style-type: none"> • The Committee received and discussed a draft Integrated Governance Guide. • The Committee noted and received assurance on the governance structure and arrangements in place for the Board and Board Committees, and requested that this be reviewed in respect of their purpose as well as the Executive led Groups. It was acknowledged there was further work to be done in respect of the Sub-Groups and Service-Level Groups. This review will be around the flow of information both horizontally and vertically for communication, escalation and assurance. • The Committee agreed an updated version of the guide will be presented to its next meeting. This will also include a governance assurance map detailing the governance reporting structure across the organisation.

	<ul style="list-style-type: none"> The Committee noted the guidance was work in progress and once completed a summary practical user guide will be produced for staff. The Committee also reiterated its request for an integrated assurance map. 	
Agenda item 13 (Regulatory Compliance Group (RCG) Chair's Report)	<ul style="list-style-type: none"> The Committee received and noted a report from the RCG Chair and took assurance from the process undertaken by RCG in reviewing and monitoring activity and compliance in respect of regulatory requirements. The Committee agreed an action to undertake a benchmarking exercise to compare the number of current Trust policies against other trusts, and whether these were similar. 	
Agenda item 14 (Executive Risk Assurance Group (ERAG) Chair's Report)	<ul style="list-style-type: none"> The Committee received and noted 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. 	
Other items of business	<ul style="list-style-type: none"> The Committee noted a verbal report that regular Freedom to Speak Up (FTSU) Guardian reports will now be presented to the People & Culture Committee. The Committee noted the IAGC 2022 annual work programme. 	
Actions taken by the Committee within its Terms of Reference:		
<ul style="list-style-type: none"> The Committee APPROVED the: <ul style="list-style-type: none"> Draft accounting policies for 2021/22 to the Annual Accounts; Updated Gifts, Hospitality and Conflicts of Interest Policy; The LCFS draft work plan for 2022/23; The planned timetable for completion of the 2021/22 Quality Accounts Report and sign off process. The Committee AGREED the: <ul style="list-style-type: none"> 2021/22 accounts to be created on a Going Concern basis; Approval process and timescale for the production of the 2021/22 Annual Report. 		
Items to come back to the Committee outside its routine business cycle:		
There was no specific item over those planned within its cycle that it asked to return.		
Items referred to the BoD or another Committee for approval, decision or action:		
Item	Purpose	Date
The Committee recommends to the BoD the approval of the Gifts, Hospitality and Conflicts of Interest Policy.	Approval	To Board on 10 March 2022

BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)					
Committee:	Meeting Date	Chair	Paper Author	Quorate	
Nominations and Remuneration Committee (NRC)	8 March 2022	Jane Ollis, Non-Executive Director (NED)	Board Support Secretary	Yes	No
Appendices:	None				
Declarations of Interest made:					
The Committee Chair declared she was currently Interim Chair for 2gether Support Solutions (2gether).					
Assurances received at the Committee meeting:					
Agenda item 1 (NRC Decisions outside the Committee)	<ul style="list-style-type: none"> The Committee received and RATIFIED the decisions taken outside the NRC business cycle as noted below: <ul style="list-style-type: none"> Extension of Jane Ollis' term as NED In-common for 2gether until a new NED In-common is appointed; Appointment to the role of Managing Director (MD) of 2gether; Extension of Phil Cave's (EKHUFT's Director of Finance and Performance) secondment to the interim MD role in 2gether to 28 February 2022; Appointment of Jackie Churchward-Cardiff (2gether NED) as interim MD for 2gether from 1 March to 30 April 2022; Appointment of Jane Ollis as interim Chair for 2gether from 1 March to no later than 30 April 2022. The Committee received a verbal update from the Trust Chairman on progress of the recruitment of a Chair for 2gether, interviews have been held with experienced candidates. He expected to be in a position shortly to present a recommendation on this appointment for virtual consideration and decision by the Committee. 				
Agenda item 2 (Board Skills, Experience and Competency Review)	<ul style="list-style-type: none"> The Committee received, discussed and NOTED a report on the outcome of the review of skills, experience and competency of the Board. The Committee noted there was further work required on the NED skills matrix prior to this being presented to the Council of Governors (CoG) NRC in respect of recruiting to the NED vacancy in respect of the strategic needs of this individual supporting the skills and experience on the Board. The Trust Chairman will have a discussion with the Director of Human Resources & Organisational Development (DoHR&OD), Group Company Secretary and Corporate Governance & Risk Consultant about the outcome of this review. In respect of reviewing the strengths, identifying any gaps, and the skills required by the NED vacancy. Feedback on the output from these discussions will be presented to the Committee and a proposal presented to the CoG NRC for the vacant NED recruitment. 				
Agenda item 3 (Board Development Programme 2022/23)	<ul style="list-style-type: none"> The Committee received, discussed and APPROVED the draft Board Development Programme for 2022/23, noting this is around the development of the Trust. The Committee acknowledged this was an ambitious programme that will need to be robustly managed, the areas to be covered will be prioritised and it was agreed the top priority is around the Trust's culture improvement programme. 				

	<ul style="list-style-type: none"> The Committee noted the importance of obtaining input from the incoming Chief Executive Officer (CEO) when they are in post.
Agenda item 4 (NED Commitments)	<ul style="list-style-type: none"> The Committee received and DISCUSSED a report about the current NED commitments. The Committee AGREED Stewart Baird, NED, will continue in the role of NED Safeguarding Champion; The Committee NOTED Jane Ollis, NED, currently covered the Well-Being Guardian role. The Committee AGREED to further review the NED commitments in six months.
Agenda item 5 (Succession Planning Update 2022)	<ul style="list-style-type: none"> The Committee received and DISCUSSED the first iteration of the Trust's succession plan that will be refined at a talent review workshop to be held with the Executive Team. A revised iteration of the plan will be presented to the Committee following the workshop. The Committee noted the Chief Nursing Midwifery Officer (CNMO) was currently recruiting to her direct reports within the nursing structure. The Committee emphasised the importance of the Head of Midwifery role and this being appointed to substantively, noting the current interim cover and good work being progressed, discussions were taking place about when this role will be advertised.
Agenda item 6 (Extension of Fixed-Term Contract for Independent Ethics Adviser – Clinical Ethics Committee (CEC))	<ul style="list-style-type: none"> The Committee received, discussed and AGREED to refer to the Chief Medical Officer, Chair of CEC, the decision on the extension of this contract for a further two-year period. The Committee decided this is an Executive decision to review the needs of the CEC as well as the time commitment required of this independent role on that Committee.
Agenda item 7 (Fit and Proper Persons Requirements (FPPR) Audit 2021/22)	<ul style="list-style-type: none"> The Committee received and NOTED a report on the outcome of the annual FPPR audit and received assurance all Board Directors met the FPPR.
Other items of business	<ul style="list-style-type: none"> The Committee NOTED the 2022 Annual NRC Work Programme. The Committee NOTED a report on the Transition Plan for the incoming CEO will be discussed at the Closed BoD meeting to be held on the 10 March 2022.
Referrals to other Board Committees	There were no referrals to other Board Committees at this meeting.
Referrals from other Board Committees	There were no referrals from other Board Committees at this meeting.

Items to come back to the Committee outside its routine business cycle:		
The Committee AGREED to further review the NED commitments in six months.		
Items referred to the BoD or another Committee for approval, decision or action:		
Item	Purpose	Date
The Committee asks that the BoD NOTE this assurance report.	To Note	10 March 2022

BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)					
Committee:	Meeting Date	Chair	Paper Author	Quorate	
Charitable Funds Committee (CFC)	8 March 2022	Jane Ollis, Non-Executive Director (NED)	Board Support Secretary	Yes	No
Appendices:	None				
Declarations of Interest made:					
None					
Assurances received at the Committee meeting:					
Agenda item 1 (Application for Grant – ENT Video Examination Equipment (Queen Elizabeth the Queen Mother Hospital (QEQM))	<ul style="list-style-type: none"> The Committee received and approved an application for Charity funding for the purchase of ENT Video Examination Equipment (new nasal endoscopes) for QEQM at a cost of £58,000. The Committee noted the funding source and the benefits of this equipment for patients as noted below: <ul style="list-style-type: none"> Enhanced diagnostics, more timely and accurate diagnosis of issues relating to the upper airway, improved patient treatment, experience and potential patient outcomes; Expansion of clinic provision at QEQM, in addition to clinics currently provided at Kent and Canterbury Hospital (K&C) and William Harvey Hospital (WHH); Removes the need for manual examination, provides clear video images without the need for clinician to physically examine in close proximity; Increase diagnostics rates where pre-cancerous conditions are present; Reduces risk of infection to both patient and clinician; Support early detection of airway issues and treatment; Removes repeated hospital visits for diagnostics; System will be used for rhinoscopy, nasopharyngoscopy, laryngoscopy and laryngostroboscopy; Reduces the need for patients having to travel to the clinics at K&C or WHH. 				
Agenda item 2 (Application for Grant – Rehabilitation Patients' Chairs (Stroke Services)	<ul style="list-style-type: none"> The Committee received and approved an application for Charity funding for the purchase of Rehabilitation Patients' Chairs for Stroke Services at a cost of £35,000. The Committee noted the funding source and the benefits for patients as noted below: <ul style="list-style-type: none"> Improve and enhance patient experience, the environment and patient outcomes; Facilitate rehabilitation for Hyper acute, acute and Neurology patients in the respective wards; Fully adjustable to suit individual patient needs, fully supportive, provide pressure relief, help with patient's balance, light and manoeuvrable with static stability, and easy to clean; Staff training will be provided on the use of the chairs; Facilitate recovery and encourage patients and the Members of Multi-Disciplinary Team (MDT) to participate in rehabilitation of the patient; 				

	<ul style="list-style-type: none"> • Ensure prompt rehabilitation of patients to facilitate their return to the community; • Funding provision for a total of 18 smart modern rehabilitation transitioning chairs, replacing old and uncomfortable chairs. This will include the purchase of 17 Milano chairs and 1 Sorrento bariatric chair.
Agenda item 3 (Finance Report – Charity Expenditure and Income 2022/23)	<ul style="list-style-type: none"> • The Committee discussed and noted a report on the current financial position, income and expenditure of the East Kent Hospitals Charity (EKHC). The Committee received assurance of the Charity’s financial position, achievement of its objectives and sustainability, and noted the following key elements (as at 31 January 2022): <ul style="list-style-type: none"> • Fund Balances – £2.7m adjusted for commitments £2.1m; • Cash position - £0.2m; • Investments (portfolio) - £2.7m; • Income 1 April 2021 to 31 January 2022 - £0.4m; • Gains on Investments 1 April 2021 to 31 January 2022 £0.15m; • Expenditure 1 April 2021 to 31 January 2022 - £0.8m of which: <ul style="list-style-type: none"> • Grants to Trust 1 April 2021 to 31 January 2022 £0.6m with a further £0.55m committed. • The Committee noted the sale of legacy estate that named the Charity as the sole beneficiary restricted to the QEQM only. • The Committee noted the £200,000 potential grant for the Ophthalmology Openeyes system. • The Committee approved the Charity Financial Plan for 2022/23.
Agenda item 4 (Fundraising update and Fundraising Strategy)	<ul style="list-style-type: none"> • The Committee received and discussed a presentation providing an update and assurance of the work of the Charity and its fundraising activities, noting: <ul style="list-style-type: none"> • Continued fundraising support from the Community including: <ul style="list-style-type: none"> • Superhero walking challenge that raised £700 for the Special Care Baby Unit (SCBU); • 24 hour pool challenge that raised over £2,500 for the Rainbow Ward; • Kent Fire and Rescue Service in Margate raised £380 through their festive collection; • Family from Folkestone raised £331 for the WHH Critical Care Unit (CCU) with a festive light display following the hospitalisation of a family member; • Corporate supporters that the Charity continued to work closely with. • Upcoming events: Brighton Marathon, Ride 100 and Virtual London Marathon; • The successful marketing campaign, promoting the Charity and increasing awareness, with increased donations received; • Positive impact during the festive period with visits from Choirs and Santa Claus, gifts of around £820 donated through the Amazon Wish List, tubs of Heroes donated by Morrisons that were distributed across the hospital sites; • The 3 Wishes Project at the CCU at WHH that families have accessed bringing them enormous comfort. The project is being rolled out to the CCUs at K&C and QEQM.

	<ul style="list-style-type: none"> The Committee received and discussed a presentation providing an update and assurance of the development work of the Fundraising Strategy, noting: <ul style="list-style-type: none"> The key strategic aims and objectives for the Charity for the next three year period 1 April 2022 to April 2025: <ul style="list-style-type: none"> Charity vision to support patients, visitors and staff. Promotion through strong internal links and partnerships across the community; Strategic aims to maximise charitable income and impact of grants; Key areas of focus: provision of contactless giving, enhanced branding and marketing, and upgrading the database system. Identify new major appeal project that will be linked to the Clinical Strategy focussed on cancer or other disease group, fundraising events and engagement. 	
Agenda item 5 (CFC Devereux Trust update)	<ul style="list-style-type: none"> The Committee received and noted an assurance report on the Devereux Trust and the liability of its Trustees in respect of a property bequeathed to the Charity, and maintaining the property in the best interests of the tenant. 	
Agenda item 5 (Trust Policy Document: Use of Trust Facilities and NHS Staff time for Fundraising)	<ul style="list-style-type: none"> The Committee received and approved the Trust Policy Document: Use of Trust Facilities and NHS Staff time for Fundraising. 	
Other items of business	There were no other items of business raised.	
Items to come back to the Committee outside its routine business cycle:		
There was no specific item over those planned within its cycle that it asked to return.		
Items referred to the BoD or another Committee for approval, decision or action:		
Item	Purpose	Date
The Committee asks the BoD to NOTE this assurance report from the CFC.	To Note	10 March 2022

UPDATE REPORT TO THE COUNCIL OF GOVERNORS (CoG)					
Committee:	Meeting Date	Chair	Paper Author	Quorate	
Council of Governors, Staff and Patient Experience (SPEC)	11 February 2022	Bernie Mayall, Elected Governor, Dover	Corporate Governance & Risk Consultant	Yes	No
Appendices:	None				
Declarations of Interest made:					
No declaration of interest was made outside the Council of Governors Register of Interest.					
Summary of discussions at the Committee meeting:					
Joint Site Visits – Process and Schedule 2022/23	<ul style="list-style-type: none"> The Committee received a report of the proposed process for Joint Non-Executive Director and Governor site visits. Following a robust discussion about the process and timetable, the Committee agreed the process and timetable subject to approval by the CoG. The Committee noted that the site visits were not an inspection and it was important the reports from the NED and Governor was done separately but pulled together at the end. The Committee noted that the site visits will be restarted in March 2022 and email circulated to Governors to volunteer for the visits. 				
Governor Attendance Process	<ul style="list-style-type: none"> The Committee received a report of the proposed process for monitoring Governor attendance at CoG meetings. The Committee noted the proposed process supports effective management of Governor attendance in accordance with the Trust's Constitution. The Committee agreed the proposed process subject to approval by the CoG. 				
Items to come back to the Committee outside its routine business cycle:					
<ul style="list-style-type: none"> There was no specific item over those planned within its cycle that it asked to return. 					
Items referred to the CoG or another Committee for approval, decision or action:					
Item	Purpose		Date		
CoG: 1. Joint Site Visits – Process and Schedule 2022/23 (separate agenda item - Public) 2. Governor Attendance Process (separate agenda item - Public)	Approval		28 April 2022.		

REPORT TO:	COUNCIL OF GOVERNORS (COG)				
REPORT TITLE:	GOVERNOR ATTENDENCE PROCESS				
MEETING DATE:	28 APRIL 2022				
BOARD SPONSOR:	CHAIR OF STAFF AND PATIENT EXPERIENCE COMMITTEE (SPEC)				
PAPER AUTHOR:	GOVERNOR AND MEMBERSHIP LEAD				
APPENDICES:	APPENDIX 1: PROCESS FOR MONITORING GOVERNOR ATTENDANCE AT COUNCIL OF GOVERNOR MEETINGS				
Executive Summary:					
Action Required: (Highlight one only)	Decision	Approval	Information	Assurance	Discussion
Purpose of the Report:	This paper proposes to the Council of Governors a process for monitoring Governor attendance at CoG meetings.				
Summary of Key Issues:	<ul style="list-style-type: none"> The proposed process supports effective management of Governor attendance in accordance with the Trust's Constitution. The SPEC recommend the draft process to the CoG for approval. 				
Key Recommendation(s):	The CoG is asked to APPROVE the process for monitoring Governance attendance at Council meetings.				
Implications:					
Links to 'We Care' Strategic Objectives:					
Our patients	Our people	Our future	Our sustainability	Our quality and safety	
Governor Statutory Duties:					
	All				
Previously Considered by:	Agreed by Staff and Patient Experience Committee (SPEC) on 11 February 2022.				

Process for the monitoring of Governor attendance at Council Meetings

This process supports effective management of Governor attendance in accordance with East Kent Hospitals University NHS Foundation Trust (EKHUFT) Constitution dated 10 August 2018 (as amended in May 2021).

Relevant sections of the Constitution:

Annex 6 – Additional provisions for Council of Governors

1.0 Disqualification

- 1.6. He or She has failed to attend at least half of the meetings of the Council of Governors in any financial year without a reason accepted by Council.
- 1.7. He or She has failed to attend three consecutive meetings without a reason acceptable to Council.
- 17.5. Governors will also be disqualified if they cease to meet the eligibility criteria, (mandatory or otherwise) for becoming governors, or if, through changing circumstances, they fall into the category of those who are excluded from becoming governors. In circumstances where disqualification is under consideration for the non mandatory reasons set out in Annex 6, three weeks notice of the resolution must be given to the Council of Governors, and termination as a governor will require the approval of three quarters of those members of the Council of Governors present and voting at the meeting.

Process

1. The Governor and Membership Team (GMT) to contact all Governors by telephone or email 24 hours prior to Council of Governors meetings to confirm their attendance or otherwise.
2. If a Governor is unable to attend, confirmation of the reason should be provided either by telephone or email to the GMT.
3. A verbal update of apologies received will be provided at each Council of Governors meeting by the Governor and Membership Lead.
4. Council attendance log will be updated by the GMT and sent out to all Governors following each full Council meeting.
5. Where apologies had not been received or no long-term absence due to illness had been reported to the GMT, the Council of Governors will request the Trust Chair to send a letter to the Governor asking for a reason for non-attendance
6. If a Governor fails to attend at least half of the meetings per Paragraph 1.6 or fails to attend three consecutive meetings without a reason acceptable to Council per paragraph 1.7 of the Trust constitution, the Council can make a formal request to the Trust Chair as follows:
 - 6.1. to send a letter to the Governor asking them for a reason for non-attendance with a request to respond within 14 days of the date recorded on the letter.
 - 6.2. If the Chairman receives a response within the 14 days' time frame, this will be reported back to Council for consideration. The Council will then be required to decide if it is an acceptable response or otherwise. If the Council decide it is an acceptable response this will be noted on the Governor's attendance record.

- 6.3. Should the Chairman either receive no response or a reason that the Council do not deem acceptable then under instruction from Council and in accordance with the Trust Constitution, three weeks' notice of the resolution must be given to the Council, and termination will require the approval of three quarters of those members of the Council of Governors present and voting at the meeting in accordance with paragraph 17.5.
 - 6.4. Once the resolution has been passed by the Council then a final disqualification letter will be sent from the Chairman to the Governor.
7. The usual Governor leaving process will then follow.

Approved by SPEC: 11/02/2022

Ratified by Council of Governors: **TBC**

REPORT TO:	COUNCIL OF GOVERNORS (COG)				
REPORT TITLE:	JOINT SITE VISITS PROCESS				
MEETING DATE:	28 APRIL 2022				
BOARD SPONSOR:	CHAIR OF STAFF AND PATIENT EXPERIENCE COMMITTEE (SPEC)				
PAPER AUTHOR:	GOVERNOR AND MEMBERSHIP LEAD				
APPENDICES:	APPENDIX 1: PROCESS FOR JOINT NON-EXECUTIVE AND GOVERNOR SITE VISITS APPENDIX 2: JOINT SITE VISITS SCHEDULE 2022/23				
Executive Summary:					
Action Required: (Highlight one only)	Decision	Approval	Information	Assurance	Discussion
Purpose of the Report:	This paper proposes a process to the Council of Governors for Joint Non-Executive and Governor site visits; and includes the schedule of Joint site visits for 2022/23.				
Summary of Key Issues:	<ul style="list-style-type: none"> • The Joint site visits process (attached as Appendix 1) is used as a vehicle for the Trust to 'know its business, run its business and improve its business' operationally and it gives the Governors and Non-Executives (NEDs) an opportunity to interact and monitor how the Trust is performing. • The framework includes a template for feedback to services recommending actions that need to be taken forward. • The SPEC recommend the draft process to the CoG for approval. • Attached as Appendix 2 is the schedule of Joint site visits for 2022/23. 				
Key Recommendation(s):	The CoG is asked to APPROVE the process for Joint Non-Executives and Governor site visits; and NOTE the schedule of Joint site visits for 2022/23.				
Implications:					
Links to 'We Care' Strategic Objectives:					
Our patients	Our people	Our future	Our sustainability	Our quality and safety	
Governor Statutory Duties:					
	Represent the interests of the members of the Trust as a whole and the interests of the public.				
Previously Considered by:	Agreed by Staff and Patient Experience Committee (SPEC) on 11 February 2022.				

Process for joint Non-Executive and Governor site visits

The Trust monitors risk in services through a programme of Joint site visits.

The Joint site visits process is used as a vehicle for the Trust to 'know its business, run its business and improve its business' operationally and it gives the Governors and Non-Executives (NEDs) an opportunity to interact and monitor how the Trust is performing.

The framework includes a template for feedback to services recommending actions that need to be taken forward.

Visits will be undertaken by one NED and one Governor.

Process

1. A spreadsheet will be agreed by the Staff and Patient Experience Committee (SPEC) showing all the planned visits for any given fiscal year.
2. This will be presented and agreed by SPEC prior to the start of the fiscal year.
3. This will then be presented to the next full Council meeting.
4. Upon agreement by SPEC the spreadsheet will then be circulated to all NEDs and Governors requesting volunteers to participate in the Joint visits.
5. Participating NEDs and Governors will complete a Joint site visit report using the template provided in Appendix 1.
6. The completed Joint site visit report will then be shared with the Governor and Membership Team for circulation to the Council of Governors and to the relevant Board Committees, *the Director of Quality Governance or Group Company Secretary* to discuss any themes or trends.
7. Should any themes or trends be identified that the relevant Board committee agree need addressing, then an action plan will be developed.
8. The monitoring of the action plan will be done through the relevant governance route within the Trust and the Council of Governors being informed at Council meetings.



Appendix 1 - Joint site visit report template

Visit Date:

Time:

Site:

Attendees:

Non-Executive:

Governor:

Governor and Membership Lead:

Department Visited	Hosted By	Observation/Comments	Recommended Actions to be taken forward
Department 1			



Department Visited	Hosted By	Observation/Comments	Recommended Actions to be taken forward
Department 2			



Hospital Site / Departments	NED	Governor	Date
William Harvey 9.30-12.00 Emergency Department Outpatients			Monday 4th April 2022
Royal Victoria Hospital Folkestone			Thursday 21st April 2022
9.30-12.00 X-Ray Derry Unit QEOM	Nigel Mansley	Carl Plummer	
13.00-15.30 Heart Centre Pathology	Nigel Mansley	John Fletcher	Monday 9th May 2022
Buckland Hospital Dover			Monday 23rd May 2022
9.30-12.00 Minor Injuries Unit Phlebotomy	Raymond Anakwe	Bernie Mayall	
Kent and Canterbury			Monday 6th June 2022
9.30-12.00 PALS Oncology	Luisa Fulci	Shane Weller	
William Harvey			Monday 20th June 2022
9.30-12.00 Medical Records Fracture Clinic	Olu Olasode	Carl Plummer	
Royal Victoria Hospital Folkestone			Monday 4th July 2022
9.30-12.00 Outpatients Walk in Centre QEOM	Raymond Anakwe	Carl Plummer	
9.30-12.00 A & E TBC	TBC	Paul Schofield	Monday 18th July 2022
Buckland Hospital Dover			Monday 4th August 2022
9.30-12.00 Outpatients Children Assessment Unit	TBC	Carl Plummer	
Kent and Canterbury			Monday 15th August 2022
9.30-12.00 Ambulatory Care Medical Photography	Sarah Dunnett	Paul Schofield	
William Harvey			Monday 5th September 2022
9.30-12.00 ITU ED	Stewart Baird	Nick Hulme	
Royal Victoria Hospital Folkestone			Tuesday 20th September 2022
9.30-12.00 Phlebotomy Outpatients QEOM	Luisa Fulci	Bernie Mayall	
9.30-12.00 Clinical Decisions Unit Endoscopy	Sarah Dunnett	Marcie Warburton	Monday 10th October 2022
Buckland Hospital Dover			Monday 24th October 2022
9.30-12.00 Minor Injuries Unit Outpatients	TBC	Bernie Mayll	
Kent and Canterbury			Tuesday 15th November 2022
9.30-12.00 Thomas Becket- Haemodialysis Unit Cathedral Unit	Nigel Mansley	Shane Weller Chris Pink	
William Harvey			Monday 5th December 2022
9.30-12.00 Physiotherapy/Hydrotherapy Padua Ward QEOM	Stewart Baird	Carl Plummer	
9.30-12.00 Pre-Assessment Renal Unit	Nigel Mansley	Marcie Warburton	Monday 19th December 2022
Kent and Canterbury			Monday 9th January 2023
9.30-12.00 Childrens Assessment Centre Medical Physics	Olu Olasode	Alex Ricketts	
William Harvey			Monday 23rd January 2023
9.30-12.00 Theatres Maxillofacial Unit	Sarah Dunnett	Carl Plummer	

Hospital Site / Departments	NED	Governor	Date
Royal Victoria Hospital Folkestone			Monday 6th February 2023
9.30-12.00	Sarah Dunnett	Carl Plummer	
X-Ray			
Walk in Centre			
QEQM			Monday 20th February 2023
9.30-12.00	TBC	Marcie Warburton	
Maternity			
Birchington Ward			
Buckland Hospital Dover			Tuesday 7th March 2023
9.30-12.00	Sarah Dunnett	Paul Schofield	
Minor Injuries Unit			
Phlebotomy			
Kent and Canterbury			Thursday 23rd March 2023
9.30-12.00	Stewart Baird	Shane Weller	
Ophthalmology Suite			
Radiology			

UPDATE REPORT TO THE COUNCIL OF GOVERNORS (CoG)					
Committee:	Meeting Date	Chair	Paper Author	Quorate	
Council of Governors, Membership Engagement and Communication (MECC)	22 March 2022	Alex Lister, Elected Governor - Canterbury	Corporate Governance & Risk Consultant	Yes	No
Appendices:	None				
Declarations of Interest made:					
No declaration of interest was made outside the Council of Governors Register of Interest.					
Summary of discussions at the Committee meeting:					
Election of Co-Chair	<ul style="list-style-type: none"> The Committee approved Carl Plummer, Elected Governor, Folkestone & Hythe as Co-Chair of MECC. 				
Membership and Engagement Strategy	<ul style="list-style-type: none"> The Committee received a report of the Membership and Engagement Strategy for 2022-2027 and Action Plan for discussion. The Committee noted the strategy outlined the vision for membership over the period 2022 - 2027 and focused on People and Partnerships. The Committee noted that the new strategy superseded the previous strategy and welcomed the new and refreshed approach. The Committee had a robust discussion on the draft membership and engagement action plan and agreed some new actions for addition to the action plan including: <ul style="list-style-type: none"> Communicating with Staff of the Trust Subsidiaries (2gether Support Solutions and Spencer Private Hospitals) to encourage membership to the Public constituency. Governors to consider volunteering to hand out leaflets at strategic location e.g. supermarkets. Re-starting the 'Meet the Governors' sessions. Conducting a survey for existing members to garner their views on membership engagement. Considering Governor attendance at new Staff Inductions to present about the CoG. Cleansing the current membership database. Researching the cost of mail drops and other methods of communication. The Committee agreed the Membership and Engagement Strategy and action plan subject to approval by the CoG. 				
Items to come back to the Committee outside its routine business cycle:					
Membership and Engagement Action Plan:					
<ul style="list-style-type: none"> Governor and Membership Lead to update the action plan and circulate to the members ahead of the next Council of Governors Meeting. 					
'Your Hospitals' Governor page:					
<ul style="list-style-type: none"> Governor and Membership Lead to circulate a copy of this for Governors input. 					

Items referred to the CoG or another Committee for approval, decision or action:		
Item	Purpose	Date
CoG: <ul style="list-style-type: none">Membership and Engagement Strategy and Action Plan (separate agenda item - Public)	Approval	28 April 2022.

REPORT TO:	COUNCIL OF GOVERNORS (CoG)				
REPORT TITLE:	MEMBERSHIP AND ENGAGEMENT STRATEGY				
MEETING DATE:	28 APRIL 2022				
BOARD SPONSOR:	CHAIR OF THE CoG MEMBERSHIP ENGAGEMENT AND COMMUNICATION COMMITTEE (MECC)				
PAPER AUTHOR:	GOVERNOR AND MEMBERSHIP LEAD				
APPENDICES:	APPENDIX 1: DRAFT MEMBERSHIP AND ENGAGEMENT STRATEGY APPENDIX 2: DRAFT MEMBERSHIP AND ENGAGEMENT ACTION PLAN 2022/23				
Executive Summary:					
Action Required:	Decision	Approval	Information	Assurance	Discussion
Purpose of the Report:	This paper proposes the Membership and Engagement Strategy for 2022-2027 and Action Plan for discussion and agreement with the Council.				
Summary of Key Issues:	<ul style="list-style-type: none"> • A new draft Membership and Engagement Strategy is being proposed (attached as Appendix 1). • The draft strategy outlines the vision for membership over the period 2022 - 2027 and focuses on People and Partnerships. • The draft membership and engagement action plan to support the implementation of the strategy for 2022/23 is attached as Appendix 2. • The Membership Engagement & Communication Committee (MECC) were consulted on the draft strategy. • At the meeting on 22 March 2022, the MECC had a robust discussion about the draft strategy and were involved in developing the action plan. • At the time of writing, due to staff sickness the actions agreed at the meeting were yet to be included in the action plan. A verbal update to be provided at the meeting. • The MECC are recommending the draft strategy and action plan (subject to the actions for inclusion agreed at the MECC meeting) to the CoG for approval. 				
Key Recommendation(s):	The Council is asked to APPROVE: <ul style="list-style-type: none"> • the Membership and Engagement Strategy 2022 - 2027; and • the Membership and Engagement Action Plan for 2022/23. 				
Implications:					
Links to 'We Care' Strategic Objectives:					
Our patients	Our people	Our future	Our sustainability	Our quality and safety	
Governor Statutory Duties:					
		Represent the interests of the members of the Trust as a whole and the interests of the public.			
Previously Considered by:		Agreed by CoG Membership Engagement and Communication Committee (MECC) on 22 March 2022.			



Membership and Engagement Strategy 2022-2027

DRAFT

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1. Why we need a strategy

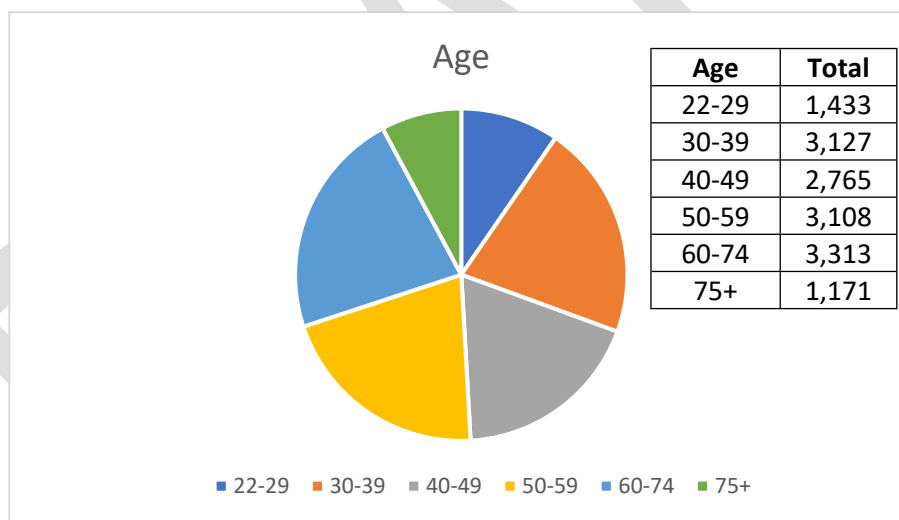
East Kent Hospitals University NHS Foundation Trust (EKHUFT) is one of the largest hospital Trusts in England, with five hospitals and community clinics serving a local population of around 695,000 people. The membership currently stands at 14,926 of which 6,640 are staff members.

This strategy outlines the Trusts vision for membership over the period 2022 - 2027 and focuses on People and Partnerships. We wanted to work with our members to build a strategy that incorporates these objectives and aligns us with the “We care” strategy.

Through this strategy we will set out the methods that will be used to develop an effective, responsive and representative membership that will assist in ensuring the Trust “Improves the quality of life for the communities we serve”.

Through our membership, the Trust can be closer to the people who access our services and more accountable to them than ever before. By implementing a Membership strategy, we intend to see our members becoming an increasingly active and valued component of the Trust, building on existing partnerships and supporting new ones.

The current age demographics of EKHUFT can be seen from the graph below. As seen we actually have from the existing membership a wide range of age groups. This changes when we then break it down into constituencies as seen in Appendix 1, the aim of this strategy is therefore to look at what we can do to engage with the current membership and to seek out new members that will add value to the Trust.



1. Developing our strategy

Our members are vital to the development of our strategy and through a consultation we need to manage and capture their views and suggestions for improving and developing our membership over the next five years. Our membership needs to have diversity from and include many types of members such as but not exclusively, voluntary and community organisations so ensuring the voices are heard of everyone in our community is represented.

Our mission: *"Improve health and wellbeing"*

Our vision: *"Great healthcare from great people"*



Our values

- People feel **cared** for as individuals
- People feel **safe**, reassured and involved
- People feel teamwork, trust and **respect** sit at the heart of everything we do
- People feel confident we are **making a difference**

Our priorities

We care about...

- Our patients
- Our people
- Our future
- Our sustainability
- Our quality and safety.

2. Objectives for 2022 - 2027

This section outlines the membership objectives that we have set ourselves to achieve our strategy; and our priorities for delivery over the next five years, in order to provide focus and clarity. There are three objectives to the 2022-2027 membership strategy



These objectives form the framework by which we hold ourselves to account. They recognise and build on the systems and processes which the Trust has in place to grow, engage and involve its membership.

Objective 1: To improve engagement with members

Aim: For members to feel part of the Trust and be aware of opportunities and how to be involved in helping to improve the way services are provided.

As a Foundation Trust we are accountable to our local population and an active and engaged membership helps us work together with our communities. We understand that the value of membership is not in the numbers of people who have joined but in the quality of engagement with members. We recognise it is more beneficial to build an engaged and active membership rather than a large but passive one, and this is reflective of how our current members feel.

We want to broaden our membership and include voluntary and third sector organisations this will enable us to build a greater awareness and support from our community. Through innovative engagement approaches we want all our members to feel involved and supported to add value to the Trust; this will also help us to support our governors in representing the interests of members and the public.

We have identified seven priorities that will help us achieve improved engagement with members, these are:

To improve engagement with members	
Priorities	Build on our relationship with members to harness their experience and enable them to help improve services
	Improve and increase community engagement
	Develop events that are tailored to members
	Build on relationships that exist with the Patient Experience Team the Trusts Communications and Engagement Team, the Trust Charity, and local organisations
	Recognise members achievements
	Encourage members and support them to become governors

Objective 2: To build a substantial membership that is representative of the communities we serve

Aim: To ensure our membership reflects the broad diversity of our local communities.

It is important to regularly analyse our membership to make sure we understand its composition and take steps to ensure, as far as possible, it is representative of the people we serve. From our initial analysis on our current membership we can see just in terms of age groups that in fact we are already well diversified and further work is being completed ethnic groupings.

We will strategically align our recruitment and engagement programme to coincide with other key events throughout the year, for example Pride, Black History Month and Mental Health Awareness week. These opportunities will help us to raise awareness amongst seldom heard communities and address under-representation.

We have identified five priorities to support us to deliver objective 2

To build a membership that is representative of the communities we serve	
Priorities	Analyse our membership on a regular basis and establish targets for new members
	Develop relationships with school's universities and colleges to increase younger people's representation
	Increase representation among LGBTQ+ and BAME residents and from other protected characteristics
	Increase representation among patients
	Increase awareness among our staff and the wider health and care community in East Kent

	Increase representation by people with a learning disability
--	--

Objective 3: To effectively communicate with members, providing them with opportunities to shape our services

Aim: For members to feel well informed and receive communications that are targeted towards their interests.

Members are a vital link between the Trust and our communities. We want to establish methods for two-way communication and respond to the increased use of demand digital communications methods to meet the expectations of those who interact with us.

We need to adapt our communications to meet expectations and introduce new techniques to enable members' opinions to be heard.

To effectively communicate with members, providing them with opportunities to shape our services	
Priorities	Continue building and maintaining an accurate database
	Identify opportunities and establish performance metrics for two-way communication between members and governors
	Determine and provide appropriate information to members Communicate the benefits of membership Target communications towards audiences we want to increase
	Introduce a regular Membership e-Bulletin that is member focused
	Expand our social media presence
	Explore the use of digital platforms to communicate with members

3. Our Members and the Landscape

The Trust covers a broad geographical catchment area however, our patient and carer population must be reflected in our membership base and we must draw on the experience of people who access the full range of services we provide.

Our members join the Trust to have their voices heard and to help us better understand the views of those who access our services so that we can improve the quality, responsiveness and development of services.

Members may only join the Trust in one category of membership. No skills or experience are required to be a member of our Foundation Trust but members should be interested in our services and compassionate towards the people who access them. We are committed to encouraging everyone who is eligible to become an active member of East Kent Hospitals Foundation Trust. We currently have 2 types members

Public	For people interested in our services who live in the communities of East Kent (Ashford, Canterbury, Dover, Folkestone & Hythe, Swale and Thanet) as well as patients who are receiving or have received services from the Trust and who live outside East Kent
Staff	All East Kent Hospital University NHS Foundation Trust permanent staff, those on a fixed term contract of at least 12 months and social care staff who work in the Trust are automatically offered membership. (Membership is not mandatory for staff)

4. Membership Involvement Levels

The Trust recognises that members will have differing levels of interest, time and availability for involvement. As such these can be separated into levels of involvement.

All members retain their statutory rights e.g. to vote or stand as a governor in Council of Governor elections.

Be informed

- Receive regular newsletters
- Receive regular communications
- Receive invitations to the Annual General Meeting of the Council of Governors and the Members Annual Meeting.

Take a lead (as above, plus)

- Invitation to stand for election as a governor to represent views of their constituency, raising views on behalf of their members
- Collect and feedback the views of their constituency on service quality and provision
- Attend formal meetings of the Council of Governors

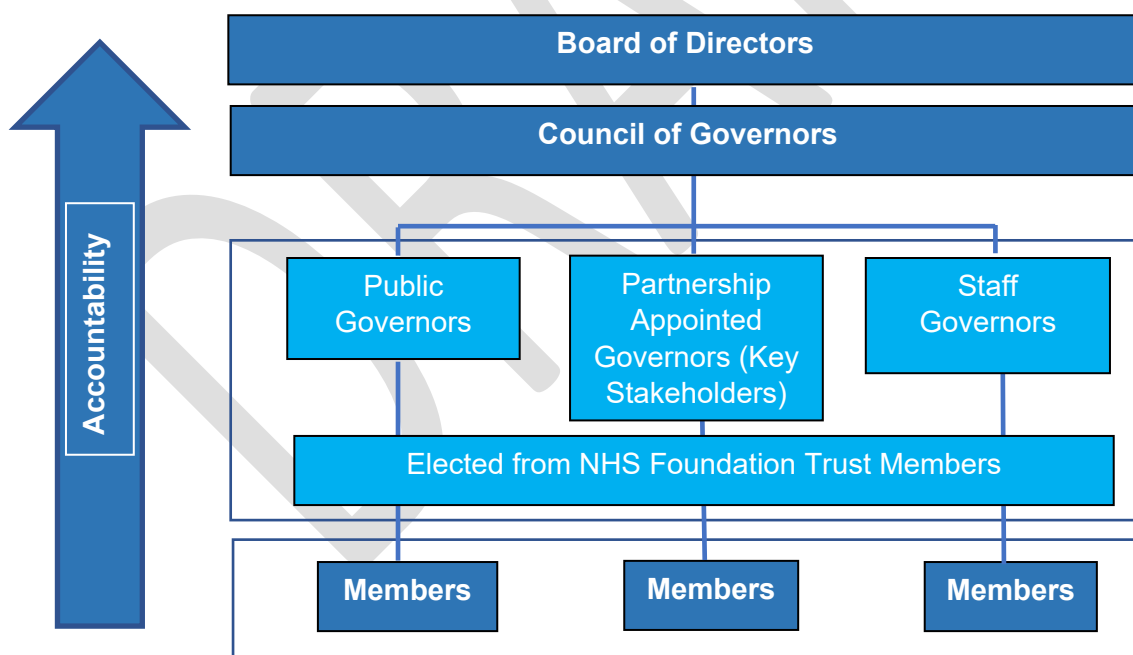
Be Involved (as above, plus)

- Participate in surveys, questionnaires and consultations
- Participate in focus/discussion/advisory groups
- Be involved in volunteering for the trust

5. Accountability to our Members

The Health and Social Care Act (2012) states that the fundamental duty of a Foundation Trust Board is to promote the success of the organisation so as to maximise its benefits to members of the Trust and the wider public. To ensure we are doing this as a Trust we have clear lines of communication between the Board and Members. This enables the Board to have a continuous “line of sight” to the views and priorities of members and the public, and so that members and the public are assured that the Board is performing as an effective steward of public assets. Much of the accountability of the Board to its members is through the Council of Governors, which has two fundamental statutory duties

- To represent the interest of the membership and the wider public; and
- To hold the Trusts Non-Executive Directors to account for the performance of the Board.



It is vital to ensure that the links between members and governors, and governors and the Board are robust so that a gap does not emerge between member and public interests and Board decisions. Focusing on strengthening these key links is the Foundation Trust Governance model and therefore a priority area within this strategy.

6. Council of Governors

The Council of Governors is comprised of 19 Governors, consisting of 16 elected Governors (including public and staff) and 3 Governors who are appointed to the Council by key stakeholder organisations that share a close relationship with the Trust. The Council is chaired by the Trust Chair, who ensures that the council is made aware of the relevant issues in sufficient depth to enable them to fulfil the needs of public accountability.

Public Governors	Represent member constituents in Ashford (2) Canterbury (2) Dover (2) Folkestone & Hythe (2) Swale (2) Thanet (2) Rest of England and Wales (1)
Staff Governors	Represent the views of staff across the Trust. (3)
Appointed Governors	The appointed Governors are nominated as representatives for their organisation. Examples are local councils, universities, local voluntary groups (3)

7. Strengthening the links between members and Governors

The Trust will promote governor's ability to represent the interests of the membership and the wider public by:

- Investing in development days with a particular focus on membership engagement and accountability.
- Keeping members well informed about their Governor representative - Bringing Governors together with members at public meetings and inviting members to attend the Council of Governors
- Encouraging Governors to participate in the Trusts Joint site visits with Non-Executive Directors to speak with service users and carers about their experience.
- Involving governors in membership recruitment

- Publishing Council of Governors papers publicly - Enabling members to evaluate the effectiveness of Governors in representing their interests.

8. Strengthening the links between Governors and the Board

The Trust will promote the role of Governors into holding Non-Executive Directors to account for the performance of the Board through:

- Investing in joint Board and Council days with a particular focus on accountability
- Facilitating communication between Governors and the Non-Executive Directors whom they hold to account through
 -
 - Attending Board of Directors meetings
 - The attendance by designated Non-Executive Directors at Governor Committees and Working Groups
 - Regular access to the Trust Chair

9. Strategy Governance

The Council of Governors delegates authority to the Membership Engagement and Communication Committee (MECC) to make decisions on behalf of and be accountable to the Council of Governors for recruiting, engaging and communicating with the Trusts membership and representing the interests of patients, carers, families and the general public in the areas served by the Trust.

The MECC will review progress against the objectives of this strategy quarterly reporting back on progress at the Council of Governors meeting through a written or verbal update from the committee Chair. An annual report of progress against this strategy will also be available at the Annual Members Meeting.

10. Continuous Learning

To ensure that both members and the Trust get the best out of membership, we will build mechanisms for learning and improvement into all membership initiatives. Members will be able to provide feedback at any stage

foundationtrust@nhs.net

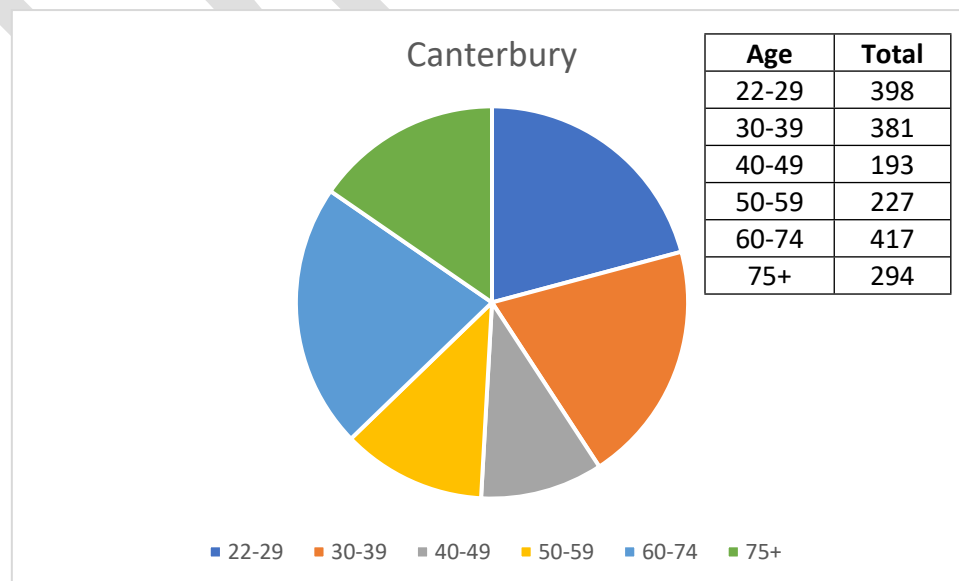
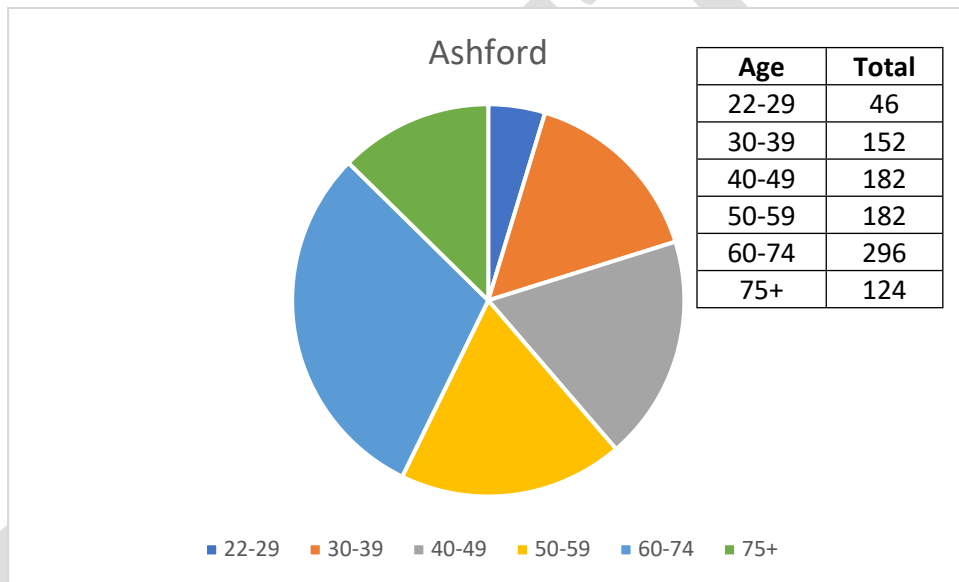
The Trust will also actively seek to learn lessons through:

- An annual membership surveys
- An annual Governor surveys
- Feedback from Governors through the annual Chair's appraisal process
- Feedback forms at events
- Membership database reports (e.g. meeting attendance, membership growth, membership demographics)

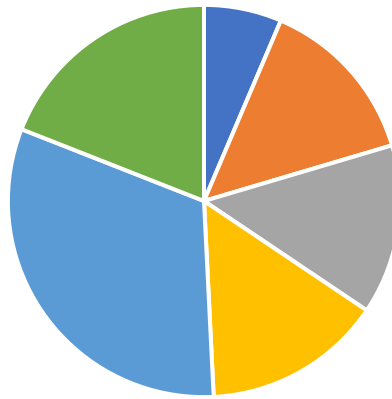
11. Give Feedback

To provide feedback on this strategy or to request further information, please contact the Trust's membership office at Email: foundationtrust@nhs.net

Appendix 1 – Age break-down by constituency



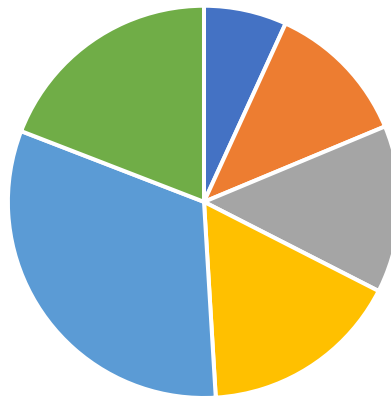
Dover



Age	Total
22-29	65
30-39	142
40-49	142
50-59	150
60-74	322
75+	193

■ 22-29 ■ 30-39 ■ 40-49 ■ 50-59 ■ 60-74 ■ 75+

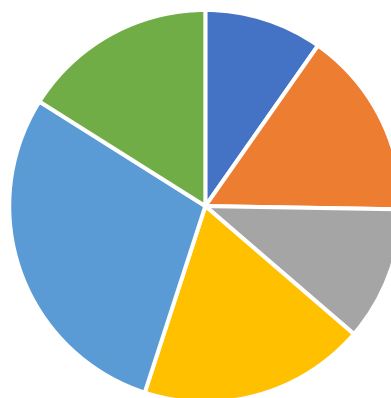
Folkestone/Hythe



Age	Total
22-29	50
30-39	87
40-49	101
50-59	121
60-74	233
75+	140

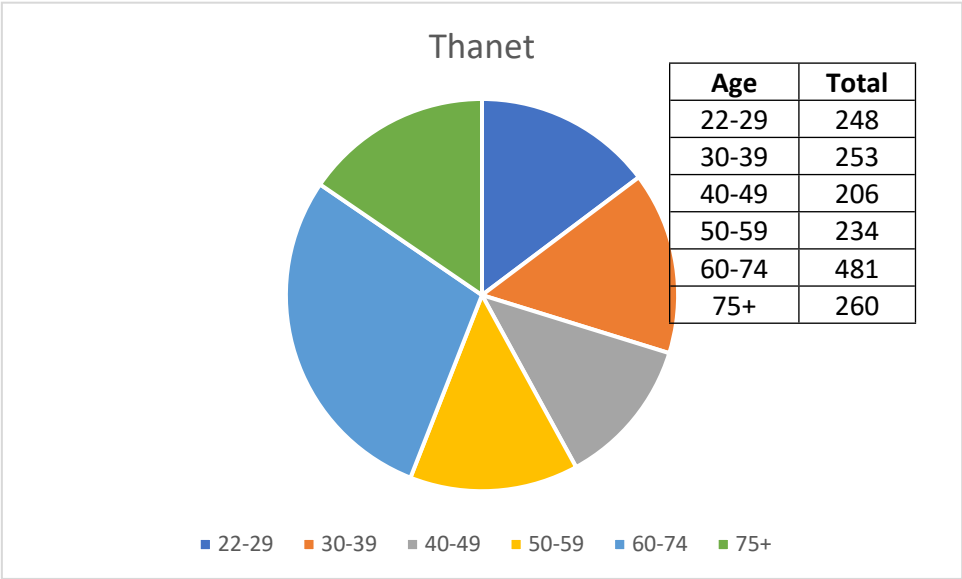
■ 22-29 ■ 30-39 ■ 40-49 ■ 50-59 ■ 60-74 ■ 75+

Swale



Age	Total
22-29	37
30-39	59
40-49	42
50-59	71
60-74	110
75+	61

■ 22-29 ■ 30-39 ■ 40-49 ■ 50-59 ■ 60-74 ■ 75+



DRAFT

APPENDIX 2: MEMBERSHIP AND ENGAGEMENT ACTION PLAN 2022/23

Objective	Priorities	Actions (How will we do this?)	Measure of success (How will we evidence the outcome?)	Lead	Deadline
1. To improve engagement with members	1.1 Build on our relationship with members to harness their experience and enable them to help improve services				
	1.2 Improve and increase community engagement	1.2.1 To investigate and work with the new East Kent Health Care Partnership Board	One Governor to volunteer to sit on the East Kent Health Care Partnership Board meeting	Lead Governor	30 June 2022
	1.3 Develop events that are tailored to members				
	1.4 Build on relationships that exist with the Patient Experience Team the Trusts Communications and Engagement Team, the Trust Charity, and local organisations	1.4.1 To establish a sub group to investigate how these groups can all work together	Schedule of planned events that the Governors can participate in.	Governor & Membership Lead	30 June 2022
	1.5 Recognise members achievements				
	1.6 Encourage members and support them to become governors				
2. To build a substantial membership that is	2.1 Analyse our membership on a regular basis and establish targets for new members	2.1.1 Engage with existing membership via a survey asking for their ideas and options.	Results of survey reported to MECC	Governor & Membership Lead	30 June 2022

Objective	Priorities	Actions (How will we do this?)	Measure of success (How will we evidence the outcome?)	Lead	Deadline
representative of the communities we serve	2.2 Develop relationships with school's universities and colleges to increase younger people's representation	2.2.1 Engage with University of Kent and Christchurch University to give a Trust presentation in person on Membership and the role of the Governors.	Results to be reported back to MECC	2.2.1 Governor & Membership Lead	30 June 2022
		2.2.2 To engage and present to local 6 th form colleges and Universities in person.	Results to be reported back to MECC. To have presented to at least 3.	Governor & Membership Lead	TBC
	2.3 Increase representation among LGBTQ+ and BAME residents and from other protected characteristics Increase representation among patients				
	2.4 Increase awareness among our staff and the wider health and care community in East Kent	2.4.1 To reinstate meet the Governors for staff	To have completed this in the QEQM,WHH and reported back to MECC	Lead Governor and Governor and membership Lead	30 June 2022
	2.5 Increase representation by people with a learning disability				
3. To effectively communicate with members, providing them	3.1 Continue building and maintaining an accurate database	3.1.1 Ensure the Membership database is cleansed on a regular basis and Membership figures	Results reported back to MECC.	Governor & Membership Lead	Ongoing

Objective	Priorities	Actions (How will we do this?)	Measure of success (How will we evidence the outcome?)	Lead	Deadline
with opportunities to shape our services		reported on a regular basis to MECC and Council			
	3.2 Identify opportunities and establish performance metrics for two-way communication between members and governors				
	3.3 Determine and provide appropriate information to members Communicate the benefits of membership Target communications towards audiences we want to increase	3.3.1 To produce an introductory video from the Lead and Deputy Lead Governor to post on website and use in Community engagement.	Video available on the Trust website	Governor & Membership Lead	31 May 2022
	3.4 Introduce a regular Membership e-Bulletin that is member focused				
	3.5 Expand our social media presence				
	3.6 Explore the use of digital platforms to communicate with members				

UPDATE REPORT TO THE COUNCIL OF GOVERNORS (CoG)					
Committee:	Meeting Date	Chair	Paper Author	Quorate	
Council of Governors, Audit and Governance Committee (AGC)	29 March 2022	Bernie Mayall, Elected Governor, Dover	Corporate Governance & Risk Consultant	Yes	No
Appendices:	None				
Declarations of Interest made:					
No declaration of interest was made outside the Council of Governors Register of Interest.					
Summary of discussions at the Committee meeting:					
Annual Reports and Annual Accounts Timetable	<ul style="list-style-type: none"> The Committee received an update on the annual report and annual accounts timetable for information only. The Committee were informed the section on Governors will be circulated to members of the Committee for their input. 				
Policies and Processes Review – Task and Finish Group Proposal	<ul style="list-style-type: none"> The Committee received a proposal for the establishment of a new Governing Policies and Procedures review Task and Finish Group for the CoG that clearly sets out how the CoG operates. The Committee will be tasked with: <ul style="list-style-type: none"> Reviewing the existing policies and procedures that govern how the CoG operates; Identifying gaps in existing policies and procedures; Identifying where there are no policies and procedures that govern the statutory responsibilities of the CoG; and Proposing a CoG policies and procedures handbook (which will include revised and new policies and procedures) to the CoG for ratification To ensure the involvement of the wider CoG (i.e. not only AGC members), following approval by the CoG, expressions of interest would be sought from Governors for membership of the Group. The Committee agreed the proposal subject to approval by the CoG. 				
Items to come back to the Committee outside its routine business cycle:					
Annual Reports and Annual Accounts – Governors section					
<ul style="list-style-type: none"> Circulate to members of the Committee for their input virtually. 					
Items referred to the CoG or another Committee for approval, decision or action:					
Item	Purpose		Date		
CoG: 1. Policies and Processes Review – Task and Finish Group Proposal (separate agenda item - Public)	Approval		28 April 2022.		

REPORT TO:	COUNCIL OF GOVERNORS (CoG)				
REPORT TITLE:	GOVERNING POLICIES AND PROCEDURES REVIEW TASK AND FINISH GROUP PROPOSAL				
MEETING DATE:	28 APRIL 2022				
BOARD SPONSOR:	TRUST CHAIRMAN				
PAPER AUTHOR:	CORPORATE GOVERNANCE & RISK CONSULTANT				
APPENDICES:	APPENDIX 1: GOVERNING POLICIES AND PROCEDURES REVIEW TASK AND FINISH GROUP - TERMS OF REFERENCE				
Executive Summary:					
Action Required: (Highlight one only)	Decision	Approval	Information	Assurance	Discussion
Purpose of the Report:	This paper proposes the establishment of a new Governing Policies and Procedures review Task and Finish Group for the CoG that clearly sets out how the CoG operates. The draft Terms of Reference is attached as Appendix 1.				
Summary of Key Issues:	<ul style="list-style-type: none"> • The proposal is for the CoG to establish a Task & Finish Group tasked with: <ul style="list-style-type: none"> ○ Reviewing the existing policies and procedures that govern how the CoG operates; ○ Identifying gaps in existing policies and procedures; ○ Identifying where there are no policies and procedures that govern the statutory responsibilities of the CoG; and ○ Proposing a CoG policies and procedures handbook (which will include revised and new policies and procedures) to the CoG for ratification. • Proposed membership of the Group will consist of: <ul style="list-style-type: none"> ○ 2 public governors ○ 1 staff governor ○ 1 partner governor ○ Trust Chairman ○ Group Company Secretary or representative ○ Governor and Membership Lead ○ Governor and Membership Administrator • To ensure the involvement of the wider CoG (i.e. not only AGC members), following approval by the CoG, expressions of interest would be sought from Governors for membership of the Group. 				
Key Recommendation(s):	The CoG is asked to APPROVE the proposal to establish a Governing Policies and Procedures review task and Finish Group.				
Implications:					
Links to 'We Care' Strategic Objectives:					
Our patients	Our people	Our future	Our sustainability	Our quality and safety	
Governor Statutory Duties:					
	All				
Previously Considered by:	Agreed by CoG Audit and Governance Committee (AGC) on 29 March 2022.				

TASK AND FINISH GROUP

Council of Governors Governing Policies and Procedures Review

1. Statement of Purpose:

The Task and Finish Group was established at the Council of Governors (CoG) meeting on **TBC** and is tasked with:

- Reviewing the existing policies and procedures that govern how the CoG operates;
- Identifying gaps in existing policies and procedures;
- Identifying where there are no policies and procedures that govern the statutory responsibilities of the CoG; and
- Proposing a CoG policies and procedures handbook (which will include revised and new policies and procedures) to the CoG for ratification.

2. Membership:

The Group will consist of:

- 2 public governors
- 1 staff governor
- 1 partner governor
- Trust Chairman
- Group Company Secretary or representative
- Governor and Membership Lead
- Governor and Membership Administrator

3. Chairmanship

The Task and Finish Group members will agree the Chairmanship of the Group at their first meeting after appointment.

4. Quoracy

There should be a minimum of two Governors at each meeting of the Task and Finish Group.

5. Format

The Task and Finish Group will meet virtually to discuss the existing policies and procedures; consider what changes could be made/ agree what new policies and procedures could be developed and agree a proposed CoG policies and procedures handbook to take to the Council of Governors meeting for ratification by Autumn 2022.

A draft paper based on these discussions will be provided to the Group by the Governor and Membership Lead within a week of each meeting for approval/amendment by members, comments to be returned within a week.

REPORT TO:	COUNCIL OF GOVERNORS (CoG)				
REPORT TITLE:	ANNUAL REPORT 2021/22 – PRODUCTION SCHEDULE				
MEETING DATE:	28 APRIL 2022				
BOARD SPONSOR:	GROUP COMPANY SECRETARY				
PAPER AUTHOR:	CORPORATE GOVERNANCE & RISK CONSULTANT				
APPENDICES:	NONE				
Executive Summary:					
Action Required: (Highlight one only)	Decision	Approval	Information	Assurance	Discussion
Purpose of the Report:	NHS Foundation Trusts are required by statute to prepare annual accounts and reports that comply with the <i>NHS Foundation Trust Annual Reporting Manual</i> issued by NHS England/NHS Improvement (NHSE/I) on an annual basis, which directs NHS Foundation Trusts to follow its requirements when preparing their annual accounts and reports.				
Summary of Key Issues:	<ul style="list-style-type: none"> The production of the Trust's annual accounts and report is co-ordinated by the Director of Communications and Engagement and the Group Company Secretary with contributions from colleagues, and the Assistant Finance Director (Financial Services - Accounting). They are produced in line with the <i>NHS Foundation Trust Annual Reporting Manual</i>. A public facing, designed summary is included in the Trust's magazine <i>Your Hospitals</i>. The CoG AGC received the production timetable on 29 March 2022. This is currently being revised at the time of writing this report. As has been done in previous years, a section on Governors has been drafted with input from the CoG Audit and Governance Committee members. This is being presented under separate cover to the Closed CoG. 				
Key Recommendation(s):	The Committee is asked to NOTE the approval process and provisional revised timescale for production of the annual report 2021/22.				
Implications:					
Links to 'We Care' Strategic Objectives:					
Our patients	Our people	Our future	Our sustainability	Our quality and safety	
Governor Statutory Duties:	None specifically. NHS Foundation Trusts are required by statute to prepare annual accounts and reports that comply with the <i>NHS Foundation Trust Annual Reporting Manual</i> on an annual basis.				
Previously Considered by:	Noted by CoG Audit and Governance Committee (AGC) on 29 March 2022				

ANNUAL REPORT 2021/22 – PRODUCTION SCHEDULE

1. NHS Foundation Trusts are required by statute to prepare annual accounts and reports that comply with the *NHS Foundation Trust Annual Reporting Manual* issued by NHS England/NHS Improvement (NHSE/I) on an annual basis, which directs NHS Foundation Trusts to follow its requirements when preparing their annual accounts and reports.
2. The production of the Trust's annual accounts and report is co-ordinated by the Director of Communications and Engagement and the Group Company Secretary with contributions from colleagues, and the Assistant Finance Director (Financial Services - Accounting).
3. They are produced in line with the *NHS Foundation Trust Annual Reporting Manual*.
4. A public facing, designed summary is included in the Trust's magazine *Your Hospitals*.
5. Below is the timetable for production that was presented to the CoG AGC for noting on 29 March 2022. This is currently being revised at the time of writing this report.:

Production of the Annual Report and Accounts 2021/22			
When	Deadline for papers	What	Where
February – March April 2022		Early drafting of reports takes place	DCE/GCS/AFD
26 April 2022 18 May 2022	14 April 2022	First draft of Annual Report and accounts presented	IAGC
12 May 2022 Mid-June 2022 (TBC)	3 May 2022	Complete final draft of Annual report presented	Board Closed Part II
18 May 2022 June 2022 (TBC)	9 May 2022	Final Annual Report and Accounts approved and signed	Board Closed Part II

DCE – Director of Communications and Engagement
 GCS – Group Company Secretary
 AFD – Assistant Finance Director

REPORT TO:	COUNCIL OF GOVERNORS (COG)				
REPORT TITLE:	GOVERNORS ATTENDANCE AT BOARD COMMITTEE MEETINGS – PILOT				
MEETING DATE:	28 APRIL 2022				
BOARD SPONSOR:	TRUST CHAIRMAN				
PAPER AUTHOR:	CORPORATE GOVERNANCE & RISK CONSULTANT				
APPENDICES:	APPENDIX 1: GUIDELINES FOR GOVERNORS OBSERVING THE BUSINESS OF BOARD COMMITTEES IN 2022/23				
Executive Summary:					
Action Required: (Highlight one only)	Decision	Approval	Information	Assurance	Discussion
Purpose of the Report:	This report presents a pilot for Governors attendance as observers at Board Committees during 2022/23 approved by the Board of Directors (BoD) on 7 April 2022. The guidelines which clarify the arrangements is attached as Appendix 1.				
Summary of Key Issues:	<ul style="list-style-type: none"> The Council of Governors expressed their keenness to be able to observe Board Committee meetings to see Non-Executive Directors (NEDs) in action as they seek assurance on the Trust's performance and hold Executive Directors to account. The Board of Directors has agreed to invite the CoG to nominate a Governor to observe the business of the following Board Committees as a pilot at two meetings during 2022/23: <ul style="list-style-type: none"> People and Culture Committee (P&CC); Charitable Funds Committee (CFC); and Integrated Audit and Governance Committee (IAGC). The introduction of this as a pilot at EKHUFT is designed to foster a relationship of trust and transparency between the Board and the Council. The NEDs welcomed and supported the proposal noting that it would strengthen the Trust's governance arrangements. This would be an informal arrangement and not part of the Constitution. It will be reviewed by the Board of Directors and CoG in February 2023. Following the CoG, expressions of interest would be sought from Governors for attendance at the agreed meetings in 2022/23. 				
Key Recommendation(s):	The CoG is asked to NOTE: <ul style="list-style-type: none"> the approval from the Trust Board to run a pilot for Governor attendance as observers at 3 Board Committees during 2022/23; the guidelines for the pilot attached as Appendix 1; and expressions of interest would be sought from Governors for attendance at the agreed meetings in 2022/23. 				
Implications:					
Links to 'We Care' Strategic Objectives:					
Our patients	Our people	Our future	Our sustainability	Our quality and safety	

Governor Statutory Duties:	To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.
Previously Considered by:	Approved by the Trust Board of Directors on 7 April 2022.

Guidelines for Governors observing the business of Board Committees in 2022/23

In order to strengthen the links between the Council of Governors (CoG) and the Board of Directors (BoD), the BoD of EKHUFT has agreed to invite the CoG to nominate a Governor to observe the business of the following Board Committees as a pilot at two meetings during 2022/23:

- People and Culture Committee (P&CC) - Chair, Stewart Baird;
- Charitable Funds Committee (CFC) - Chair, Jane Ollis;
- Integrated Audit and Governance Committee (IAGC) - Chair, Olu Olasode;

This would be an informal arrangement and not part of the Constitution. It should provide an opportunity for Governors to gain assurance about effectiveness of the governance arrangements by receiving the papers for the meetings and observing the interactions of those present at the meetings. It should also build trust between the Board and the Council and emphasise the Board's commitment to transparency.

1. A Governor is nominated by the CoG to observe each of the following - the P&CC, CFC and IAGC at two meetings during the pilot.
2. Board Committee meetings are private and confidential.
3. Any issue judged by the Chair of the Committee to be confidential or sensitive may be heard without the Governor observer in attendance.
4. The nominated Governor for each Committee is requested to keep brief notes on the business considered and share these with the Chair of the Board Committee and Governor and Membership Lead before circulation to the CoG, in confidence.
5. Governors attending Board Committee meetings are present as observers not participants.
6. The nominated Governor will receive the agenda and papers for the meeting. These should not be copied or passed to anyone else.

The pilot will run for 2022/23 and will be reviewed by the Board of Directors and by CoG in February 2023.

Approved by the Board of Directors on 7 April 2022

REPORT TO:	COUNCIL OF GOVERNORS (CoG)				
REPORT TITLE:	COMMITTEE MEMBERSHIP ANNUAL UPDATE				
MEETING DATE:	28 APRIL 2022				
BOARD SPONSOR:	GROUP COMPANY SECRETARY				
PAPER AUTHOR:	CORPORATE GOVERNANCE & RISK CONSULTANT				
APPENDICES:	NONE				
Executive Summary:					
Action Required: (Highlight one only)	Decision	Approval	Information	Assurance	Discussion
Purpose of the Report:	This paper provides an update on the membership of the Council of Governor Committees as at 22 April 2022.				
Summary of Key Issues:	<ul style="list-style-type: none"> • In previous years, Committee membership has been based on the preferences expressed by Governors upon completion of a Skills and Training Audit proforma and considering the criteria previously set by Council: <ul style="list-style-type: none"> • each Committee to have eight members, including one staff governor and one partner governor; • the membership to include governors who can demonstrate the skills needed for that committee as well as governors who have a strong interest in the work of the committee; and • for the purposes of continuity, there should be at least one Governor on the Committee who was a member the previous year. • Committee members are appointed every year in May for Audit and Governance Committee (AGC); and Staff and Patient Experience Committee (SPEC). • Committee members are appointed every year in March for the Membership Engagement and Communication Committee (MECC). • For the Nominations and Remuneration Committee, members are appointed as the need arises, with a minimum of one meeting per year. • During 2021/22, due to gaps in the Swale and Folkestone & Hythe constituency and long-term sickness of some Governors, it was not possible to maintain the agreed number of members for each Committee. In order to run the business of the Council effectively, it was agreed to reduce the membership of NRC, MECC and AGC. • As at 22 April 2022, the list of Committee membership for the 4 Committees are provided on page 3 of the report and 				

	<p>summarised below:</p> <ul style="list-style-type: none"> • Membership Engagement and Communication Committee (MECC) – 6 members • Audit and Governance Committee (AGC) – 6 members • Staff and Patient Experience Committee (SPEC) – 6 members • Nominations and Remuneration Committee (NRC) – 5 members <p>Points to note:</p> <ul style="list-style-type: none"> • Only 5 or 6 Governors (members) have been listed for each Committee. • Some Governors have not volunteered for membership of any Committee. • There are currently 3 vacant Governor seats – this will increase to 4 in April. • SPEC membership is 6 which is below the current membership requirement of 8. This will reduce to 5 from May 2022. • 4 Governors currently seat on 3 – 4 Committees each. • Having 5 or 6 members for each Committee exposes Committee meetings to being inquorate since the quoracy is 4. • To go back to having 8 per Committee requires 5 Governors to sit on two Committees each in order to have a fair spread. <p>Suggested mitigation:</p> <ul style="list-style-type: none"> • In order to strengthen Committee membership during 2022/23 and mitigate the risk of inquorate Committee meetings, Council may wish to consider whether: <ol style="list-style-type: none"> 1. 3 to 4 volunteers should be sought to sit on one more Committee each; or 2. Encourage all Governors to volunteer for membership of at least 1 Committee; and 3. Increase the committee size to 7 once the vacant Governor seats have been filled; Quoracy to remain at 4 to meet the Constitution. 			
<p>Key Recommendation(s):</p>	<p>The Council of Governors is asked to APPROVE:</p> <ul style="list-style-type: none"> • the current membership of the Council of Governor Committees to continue for 2022/23; • the reduction of the membership of SPEC from 8 to 6 to align with MECC and AGC; and <p>DISCUSS if any further changes are required to membership noting the suggested mitigation above.</p>			
<p>Implications:</p>				
<p>Links to 'We Care' Strategic Objectives:</p>				
<p>Our patients</p>	<p>Our people</p>	<p>Our future</p>	<p>Our sustainability</p>	<p>Our quality and safety</p>
<p>Governor Statutory Duties:</p>	<p>All</p>			
<p>Previously Considered by:</p>	<p>None</p>			

Membership of Council of Governor Committees as at 22 April 2022

Governor/ Constituency	Audit & Governance Committee (AGC)	Staff & Patient Experience Committee (SPEC)	Membership Engagement & Communication Committee (MECC)	Nominations & Remuneration Committee (NRC)
Ashford				
John Fletcher				
Nick Hulme	x			
Canterbury				
Alex Ricketts				
Alex Lister			x	
Dover				
Bernie Mayall	x	x		x
Paul Verrill				x
Folkestone & Hythe				
Carl Plummer		x	x	x
Vacant				
Swale				
Vacant				
Vacant				
Thanet				
Paul Schofield	x	x	x	
Marcella Warburton	x	x	x	x
Rest of England/ Wales				
Chris Pink				
Staff				
James Casha	x	x		
Sally Wilson				
Sophie Pettifer (Vacant from May 2022)		x		
Partnership				
Robert Bayford			x	
Linda Judd			x	
Shane Weller	x			x
TOTAL NO. OF MEMBERS	6	6	6	5

Key:

Vacant seats/ Imminent vacant seats

REPORT TO:	COUNCIL OF GOVERNORS (CoG)				
REPORT TITLE:	GOVERNOR ELECTIONS AND CONSTITUENCY VACANCY UPDATE				
MEETING DATE:	28 APRIL 2022				
BOARD SPONSOR:	GROUP COMPANY SECRETARY				
PAPER AUTHOR:	CORPORATE GOVERNANCE & RISK CONSULTANT				
APPENDICES:	APPENDIX 1: LEAD GOVERNOR ROLE PROFILE APPENDIX 2: DEPUTY LEAD GOVERNOR ROLE PROFILE				
Executive Summary:					
Action Required: (Highlight one only)	Decision	Approval	Information	Assurance	Discussion
Purpose of the Report:	This paper provides an update on the current Council of Governor elections and the imminent staff constituency vacancy.				
Summary of Key Issues:	<ul style="list-style-type: none"> Currently there are 3 vacancies on the CoG: Swale constituency (2) and Folkestone & Hythe constituency (1); and 1 Staff constituency vacancy imminent. The Lead and Deputy Lead Governor term of office is for a one-year period; and the current post holders are coming to the end of their term. <p>Swale and Folkestone & Hythe Constituency Elections:</p> <ul style="list-style-type: none"> On 17 March 2022, the Governor and Membership Lead sent a proposal to the Council of Governors requesting for virtual votes to proceed with elections per option 2 of the timetable; and also, that the Swale and Folkestone & Hythe vacancies remaining vacant until the elections are held. The Council of Governors confirmed its agreement with the proposal and this decision is being ratified at this meeting. The election process being run by UK Engage commenced on 23 March and will close at 5.00p.m. on 16 June 2022; and is currently on track. <p>Lead Governor Nomination process summary and results:</p> <ul style="list-style-type: none"> On 31 March 2022, the Governor and Membership Lead issued an invitation by email to the Council of Governors to stand for the Lead Governor category. The self-nomination form required the inclusion of a statement of no more than 500 words as to why the candidate would like to be Lead Governor and what they can bring to the role. The deadline for the return of the self-nomination forms was at 5p.m. on 14 April 2022. If only one nomination was received, that person would be elected unopposed and the Council informed. If there was more than one nomination, the elections would proceed. Only one self-nomination form was received for Lead Governor from Bernie Mayall, Elected Governor for Dover by the stipulated deadline. Results were announced to the Council of Governors on 				

	<p>Tuesday, 19 April 2022</p> <ul style="list-style-type: none"> • Bernie was elected unopposed as Lead Governor with effect from 1 June 2022 – 31 May 2023. • Bernie's self-nomination form was circulated to Governors by email as part of the announcement. • The Lead Governor role profile is attached as Appendix 1 of this report for completeness. <p>Deputy Lead Governor Nomination process summary and results:</p> <ul style="list-style-type: none"> • On 31 March 2022, the Governor and Membership Lead issued an invitation by email to the Council of Governors to stand for the Deputy Lead Governor category. • The self-nomination form required the inclusion of a statement of no more than 500 words as to why the candidate would like to be Lead Governor and what they can bring to the role. • The deadline for the return of the self-nomination forms was at 5p.m. on 14 April 2022. • If only one nomination was received, that person would be elected unopposed and the Council informed. If there was more than one nomination, the elections would proceed. • Only one self-nomination form was received for Deputy Lead Governor from Carl Plummer, Elected Governor for Folkestone & Hythe by the stipulated deadline. • Results were announced to the Council of Governors on Tuesday, 19 April 2022. • Carl was elected unopposed as Lead Governor with effect from 1 June 2022 – 31 May 2023. • Carl's self-nomination form was circulated to Governors by email as part of the announcement. • The Deputy Lead Governor role profile is attached as Appendix 2 of this report for completeness. <p>Staff Constituency:</p> <ul style="list-style-type: none"> • The Council of governors were informed on 5 April 2022 of the retirement of one of the Staff Governors, Sophie Pettifer from the Trust effective 30 April 2022. Sophie's term of office ends on 29 February 2024. • This will leave a gap in the Staff constituency which will need to be filled from 1 May 2022 to the end of the unexpired term i.e. 29 February 2024. • The Trust constitution (extract in italics below) requires the Council to invite the next highest polling candidate (runner up) for that seat at the most recent election to fill the seat for the remaining term of office: <i>14.4 Subject to paragraph 14.5 below, if an elected member of the Council of Governors shall die or resign before the expiry of his term of office, then the Council of Governors shall invite the next highest polling candidate for that seat at the most recent election, who is willing to hold office, to fill the seat for any unexpired period of the term of office. Candidates will be approached in the order of the percentage of votes received. If there is no such candidate, then a by-</i>
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	<p><i>election shall be conducted.</i></p> <ul style="list-style-type: none"> The Council of Governors is asked to note that in line with the Constitution, a by-election should be considered if there are no candidates to fill the staff constituency seat for the unexpired term of office. 			
Key Recommendation(s):	<p>The Council of Governors is asked to APPROVE:</p> <ul style="list-style-type: none"> the invitation to the next highest polling candidate at the last Staff elections on 1 March 2021, Dr Janine Thomas to fill the staff constituency vacancy from 1 May 2022 to 29 February 2024; the appointment of Bernie Mayall as Lead Governor; the appointment of Carl Plummer as Deputy Lead Governor; and <p>NOTE the update of the Swale and Folkestone & Hythe Constituency elections.</p>			
Implications:				
Links to 'We Care' Strategic Objectives:				
Our patients	Our people	Our future	Our sustainability	Our quality and safety
Governor Statutory Duties:				
	All			
Previously Considered by:				
	None			

Lead Governor – role description

Roles and Responsibilities

A) To meet the duties laid out in legislation:

In keeping with NHS Improvement guidance the Lead Governor will:

- liaise between NHSI and the CoG where NHSI has raised concerns about the leadership of the Trust or where the lead governor or the council of governors by majority vote have decided that such liaison is necessary, particularly where the circumstances are such that it would be inappropriate for the Trust Chair to contact the NHSI.

In keeping with the Trust's Constitution the Lead Governor will:

- preside at meetings of the Council of Governors where:
 - matters relating to the Non-Executive Directors are being considered and, as a result, a conflict of interest exists relating to the Chairman and the Deputy Chairman – Section 2.1.3;
 - where the Chairman, Deputy Chairman, and other Non-Executive Directors are all absent or have a conflict of interest and the Lead Governor shall have a casting vote – section 3.6; and
- together with the Senior Independent Director (SID) and Director of HR, receive the Resolution of Disputes, Level 2 investigation report, discuss the recommendations and agree an action plan for implementation – section 6.6.

B) To be a conduit for sharing information and views between the Trust and Council, including meeting with the Trust Chair and canvassing Governors on items for Governor formal meeting agendas. The Lead Governor will keep the Council updated on the conversations.

C) To be a member of the Council of Governors Nominations and Remuneration Committee.

D) To attend all public Board meetings or arrange for the Deputy Lead Governor to deputise when needed and if possible.

Term of Office:

The period of office will be one year from the date of the email confirming the appointment.



Person Specification:

The Lead Governor must be an elected Governor.

The following attributes are considered desirable for Governors standing for election to the Lead Governor role.

- a. To have the confidence of Governor colleagues and of members of the Board of Directors.
- b. To show adherence to the Nolan Principles.
- c. To have an understanding of the Trust's Constitution.
- d. To be able to commit the time necessary.
- e. To be IT literate.
- f. To have the ability to influence, negotiate and present a well-reasoned argument.

The Lead Governor will be supported by a Deputy Lead Governor who will be elected against the same role description.



Deputy Lead Governor – role description

Roles and Responsibilities

To deputise for the Lead Governor with respect to the following elements of that role description:

A) To meet the duties laid out in legislation:

In keeping with NHS Improvement guidance the Lead Governor will:

- liaise between NHSI and the CoG where NHSI has raised concerns about the leadership of the Trust or where the lead governor or the council of governors by majority vote have decided that such liaison is necessary, particularly where the circumstances are such that it would be inappropriate for the Trust Chair to contact the NHSI.

In keeping with the Trust's Constitution the Lead Governor will:

- preside at meetings of the Council of Governors where:
 - matters relating to the Non-Executive Directors are being considered and, as a result, a conflict of interest exists relating to the Chairman and the Deputy Chairman – Section 2.1.3;
 - where the Chairman, Deputy Chairman, and other Non-Executive Directors are all absent or have a conflict of interest and the Lead Governor shall have a casting vote – section 3.6; and
- together with the Senior Independent Director (SID) and Director of HR, receive the Resolution of Disputes, Level 2 investigation report, discuss the recommendations and agree an action plan for implementation – section 6.6.

B) To be a conduit for sharing information and views between the Trust and Council, including meeting with the Trust Chair and canvassing Governors on items for Governor formal meeting agendas. The Lead Governor will keep the Council updated on the conversations.

...

D) To attend all public Board meetings ...

Term of Office:

The period of office will run from the election conclusion in June to 31 May each year.

If the Lead Governor has to step down during the term of office, the Deputy Lead Governor will be invited to serve the remainder of the term. If the invitation is accepted, a new election will be run for the Deputy Lead Governor post and the successful candidate will serve the remainder of the term of office.

Person Specification:

The Deputy Lead Governor must be an elected Governor.

The following attributes are considered desirable for Governors standing for election to the Deputy Lead Governor role.

- a. To have the confidence of Governor colleagues and of members of the Board of Directors.
- b. To show adherence to the Nolan Principles.
- c. To have an understanding of the Trust's Constitution.
- d. To be able to commit the time necessary.
- e. To be IT literate.
- f. To have the ability to influence, negotiate and present a well-reasoned argument.

Holding the post of Deputy Lead Governor does not preclude the incumbent taking on the role of Chair for one of the Council's Committees.



REPORT TO:	COUNCIL OF GOVERNORS (COG)																																								
REPORT TITLE:	MEETING AND COMMITTEE DATES 2022/23																																								
MEETING DATE:	28 APRIL 2022																																								
BOARD SPONSOR:	CHAIRMAN																																								
PAPER AUTHOR:	GOVERNOR AND MEMBERSHIP LEAD																																								
APPENDICES:	NONE																																								
Executive Summary:																																									
Action Required: (Highlight one only)	Decision	Approval	Information	Assurance	Discussion																																				
Purpose of the Report:	This paper proposes to the Council of Governors the Council and sub Committee meeting dates for 2022-2023.																																								
Summary of Key Issues:	<ul style="list-style-type: none"> • Council of Governor meetings <table border="0"> <tr> <td>28 April 2022</td> <td>Public / Closed meeting</td> <td>9.30 -12.30</td> </tr> <tr> <td>21 June 2022</td> <td>Public / Closed meeting</td> <td>12.30 -16.00</td> </tr> <tr> <td>13 September 2022</td> <td>Public / Closed meeting</td> <td>9.00 -12.00</td> </tr> <tr> <td>20 December 2022</td> <td>Public / Closed meeting</td> <td>12.00 -16.00</td> </tr> </table> • Membership Engagement & Communication Committee <table border="0"> <tr> <td>13 June 2022</td> <td>12.00-13.30</td> </tr> <tr> <td>2 September 2022</td> <td>12.00-13.30</td> </tr> <tr> <td>1 December 2022</td> <td>12.00-13.30</td> </tr> <tr> <td>2 February 2023</td> <td>12.00-13.30</td> </tr> </table> • Audit & Governance Committee <table border="0"> <tr> <td>11 June 2022</td> <td>12.00-13.30</td> </tr> <tr> <td>9 September 2022</td> <td>12.00-13.30</td> </tr> <tr> <td>12 December 2022</td> <td>12.00-13.30</td> </tr> <tr> <td>10 March 2023</td> <td>12.00-13.30</td> </tr> </table> • Staff & Patient Engagement Committee <table border="0"> <tr> <td>27 May 2022</td> <td>12.00-13.30</td> </tr> <tr> <td>6 September 2022</td> <td>12.00-13.30</td> </tr> <tr> <td>9 December 2022</td> <td>12.00-13.30</td> </tr> <tr> <td>1 March 2023</td> <td>12.00-13.30</td> </tr> </table> • Nomination and remuneration Committee <p>TBC</p>					28 April 2022	Public / Closed meeting	9.30 -12.30	21 June 2022	Public / Closed meeting	12.30 -16.00	13 September 2022	Public / Closed meeting	9.00 -12.00	20 December 2022	Public / Closed meeting	12.00 -16.00	13 June 2022	12.00-13.30	2 September 2022	12.00-13.30	1 December 2022	12.00-13.30	2 February 2023	12.00-13.30	11 June 2022	12.00-13.30	9 September 2022	12.00-13.30	12 December 2022	12.00-13.30	10 March 2023	12.00-13.30	27 May 2022	12.00-13.30	6 September 2022	12.00-13.30	9 December 2022	12.00-13.30	1 March 2023	12.00-13.30
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Our patients	Our people	Our future	Our sustainability	Our quality and safety
Governor Statutory Duties:	All			
Previously Considered by:				