

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

**REPORT TO:** COUNCIL OF GOVERNORS MEETING  
**DATE:** 24 MAY 2016  
**REPORT FROM:** STRATEGIC WORKFORCE COMMITTEE CHAIR  
**PURPOSE:** DISCUSSION

**PURPOSE OF THE COMMITTEE:**

The Committee is responsible for providing the Board with assurance on all aspects relating to the workforce, including strategy, delivery, governance, risk management.

This report is presented to the Council of Governors to assist them in their statutory duty "holding non-executive directors' to account for the performance of the Board". It is a standing agenda item in relation to workforce performance and reports on the April 2016 meeting. The April 2016 meeting also reviewed the year end performance and the annual objectives for 2016/17 discussed.

**EXECUTIVE SUMMARY**

The report seeks to answer the following questions in relation to workforce:

1. What went well over the period reported?
  2. What concerns were highlighted?
  3. Were the annual objectives for 2015/16 met?
  4. Looking forward, what are the annual objectives for 2016/17 and what are the risks to achieving these?
1. The following went well over the reporting period:
    - a. The Statutory Training Compliance Rate remains at 85% - the Trust target rate;
    - b. The turnover rate (Excl. Junior Doctors) for February 2016 is 11.5% - a slight decrease on last month's figure of 11.6%; and
    - c. February 2016 has seen a slight reduction in the % of the Pay Bill that is made up of Temporary Staffing costs, from 9.7% to 9.3%; and
    - d. The Workforce People Strategy was under development and Non-Executive Directors' would be involved in the process.
  2. The following concerns were highlighted:
    - a. The Trust appraisal rate has declined slightly in February 2016 and is now 84%, which is below the target rate of 90%. The Committee was assured that this was being addressed through the Executive Performance Reviews;
    - b. February 2016 has seen a slight increase in the % of the Temporary Staff bill that is made up of Agency Staffing Spend, from 49.6% to 50.5%.
    - c. Sickness absence appears to be on a slight upward trend across the Trust, and is higher in February 2016 than it was in February 2014 and 2015. A good analysis of this was presented which included; age, length of service and any seasonal variation and further analysis would be provided on the differences between short and long term sickness in May 2016. The Committee asked the Executive to:
      - i. focus on reducing sickness in relation to staff in their first five years of service;
      - ii. look at innovative ways to manage sickness.

- d. There is a significant risk in regard to statutory training compliance, In February 2016, 897 staff were identified as not completing one or more of the statutory training courses required. This shows a slight reduction from the 911 staff in January 2016; and
  - e. Cultural Change: whilst the staff engagement score in the staff survey was the highest in 5 years a number of other indicators were dropping and the Friends and Family Test had deteriorated in the last quarter. The Committee will invite each Division to talk through their action plans to improve the position.
3. Progress was made against each of the objectives under review by the Strategic Workforce Committee, below is the high level achievement, more details is provided in Appendix 1:
- a. Effective Workplace Culture (development and leadership) – Fully achieved
  - b. Culture Change programme – Good achievement

At the Board meeting in May 2016 it was agreed to downgrade the achievement in relation to 3a to reflect that, whilst there had been a good improvement, the main elements of the objective were implementation and process based. It was agreed that there was a great deal more to do by way of improvement in this area.

4. The following annual objectives were discussed, following approval at Board, in terms of the risks and will form a key part of the Committees work programme for 2016/17:
- a. Refresh and implement the recruitment and retention strategy to reduce the level of staff leaving by 2%, particularly in the first year of employment, by March 2017.
  - b. Achieve a staff turnover rate of 10%, by March 2017.
  - c. Roll out the Trust wide leadership and management development programme to another 200 staff, by September 2016
  - d. Continue with the implementation of the cultural change programme, incorporating divisional and corporate led plans into the programme, by June 2016
  - e. Continue to reduce agency and temporary staffing spend to £23m, as agreed with NHS Improvement, by March 2017
  - f. Improve the overall staff engagement score as measured by the staff survey, paying particular attention to those professional groups with lower levels of engagement, by March 2017.

Risks associated with these are presented as Appendix 1.

#### **COUNCIL OF GOVERNORS ACTION:**

To note and discuss the report from the Strategic Workforce Committee.

**APPENDIX 1: STRATEGIC WORKFORCE ANNUAL OBJECTIVES 2015/16**

Annual Objective 1: Effective Workplace Culture - Delivering the improvements identified in the Quality Strategy in relation to patient safety, patient experience and clinical effectiveness

	Quarter 4	Quarter 3	Quarter 2	Quarter 1
<b>Measure</b>				
25% of clinical leaders have undertaken leadership development				
System and process revalidation of registered nurses and midwives in place by Q4				
100% of doctors revalidated successfully (due for 15/16)				
Implement leadership development programme				
Implement behavioural framework, Staff are enabled to share examples of quality improvement				

Annual Objective 6: - Delivering the cultural change programme to increase staff engagement and satisfaction

	Quarter 4	Quarter 3	Quarter 2	Quarter 1
<b>Measure</b>				
Peer review process of clinical areas embedded and the ward accreditation and roll out programme in place				
90% of staff have had an appraisal and personal development plan				
Culture Change Programme - the 1st year milestones are achieved				
55% Staff would recommend the Trust as a great place to work				

<b>Report Date</b>	13 May 2016
<b>Risk Status</b>	Open
<b>Annual Objective</b>	AO2: People: Identify, recruit and develop talented staff
<b>Risk Area</b>	1. Strategic Risk Register, 2. Corporate Risk Register

**AO2: People: Identify, recruit and develop talented staff**

Risk Ref	Risk Title	Cause & Effect	Inherent Risk Priority	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Priority	Action Required	Progress Notes	Target Risk Priority	Reporting Committee
CRR 15	Ability to attract, recruit and retain high calibre staff to the Trust  <b>Risk Owner:</b> Sandra Le Blanc <b>Delegated Risk Owner:</b> <b>Last Updated:</b> 05 May 2016 <b>Latest Review Date:</b> <b>Latest Review By:</b> <b>Latest Review Comments:</b>	<b>Cause</b> There is a national shortage of staff in some specialties. The results of the annual staff surveys and the staff FFT have placed the Trust in the lowest performing quartile for several years. The location of the Trust in relatively close proximity to London, makes the retention of staff more challenging. Publication of NICE guidelines on ward-based staffing has raised the profile of the adequacy of staffing.  <b>Effect</b> This is affecting some allied health professions more than other staff groups, including Pharmacy, SaLT etc. There has been an increase in the number of agency staff usage to meet the staffing shortfalls; this has come as in created cost pressure for the Trust.	I = 3 L = 5 Extreme (15)	Universities well engaged and the Trust recruits the majority of newly qualifies staff locally. Specific education and training programmes developed for Band 4 practitioner posts to cover EDs and operating theatre vacancies.  <b>Control Owner:</b> Sally Smith		Regular meetings with Canterbury ChristChurch University		Adequate		I = 3 L = 4 High (12)	<b>Person Responsible:</b> <b>To be implemented by:</b>			Strategic Workforce Committee
				Recruitment process revised and Job descriptions updated to incorporate Trust values and behaviours.  <b>Control Owner:</b> Sandra Le Blanc	HR Business Partners supporting divisions and corporate areas	Strategic workforce committee	Adequate							
				Development of the Cultural Change Programme and recruitment based on the core Trust values.  <b>Control Owner:</b> Sandra Le Blanc	Cultural change programme manager leading local implementation of programme with divisional leadership teams.	Quarterly progress report to the BoD and to the Improvement Plan Delivery Board reporting against key milestones and outcomes, evaluating progress and making recommendations on changes	Adequate	Continued poor results of staff surveys and 2015 results place the Trust in the lowest quintile.						
				Publication of scheduled versus actual staffing levels on each ward, updated each shift to ensure visibility.  <b>Control Owner:</b> Sally Smith	Associate Chief Nurse responsible for receiving reports and checking staffing levels	Strategic work force committee. Reporting to the BoD formally every 6-months. Day to day dashboards in place	Substantial	Acuity tools not consistent in all areas and specialty areas such as the EDs have not currently been comprehensively assessed						
				Programme of overseas nurse recruitment established with 109 nurses recruited from Spain, Portugal, Greece, Italy, Malta, Romania and Croatia.  <b>Control Owner:</b> Sally Smith	Head of Strategic Resourcing and Acting Chief Nurse and Director of Quality leading programme with nominated leads at division level.	Strategic Workforce Group with formal strategy in place	Adequate	Sustainability of model for overseas recruitment in the medium to long-term unclear						

**2015 National NHS staff survey**

**Brief summary of results from East Kent Hospitals University  
NHS Foundation Trust**

## **Table of Contents**

1: Introduction to this report	3
2: Overall indicator of staff engagement for East Kent Hospitals University NHS Foundation Trust	5
3: Summary of 2015 Key Findings for East Kent Hospitals University NHS Foundation Trust	6
4: Full description of 2015 Key Findings for East Kent Hospitals University NHS Foundation Trust (including comparisons with the trust's 2014 survey and with other acute trusts)	15

## 1. Introduction to this report

This report presents the findings of the 2015 national NHS staff survey conducted in East Kent Hospitals University NHS Foundation Trust.

In section 2 of this report, we present an overall indicator of staff engagement. Full details of how this indicator was created can be found in the document ***Making sense of your staff survey data***, which can be downloaded from [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com).

In sections 3 and 4 of this report, the findings of the questionnaire have been summarised and presented in the form of 32 Key Findings.

These sections of the report have been structured around four of the seven pledges to staff in the NHS Constitution which was published in March 2013 (<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution>) plus three additional themes:

- Staff Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
- Staff Pledge 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.
- Staff Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety.
- Staff Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.
- Additional theme: Equality and diversity
- Additional theme: Errors and incidents
- Additional theme: Patient experience measures

Please note, the questionnaire, key findings and benchmarking groups have all undergone substantial revision since the previous staff survey. For more detail on these changes, please see the ***Making sense of your staff survey data*** document.

As in previous years, there are two types of Key Finding:

- percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
- scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5

A longer and more detailed report of the 2015 survey results for East Kent Hospitals University NHS Foundation Trust can be downloaded from: [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com). This report provides detailed breakdowns of the Key Finding scores by directorate, occupational groups and demographic groups, and details of each question included in the core questionnaire.



## Your Organisation

The scores presented below are un-weighted question level scores for questions Q21a, Q21b, Q21c and Q21d and the un-weighted score for Key Finding 1. The percentages for Q21a – Q21d are created by combining the responses for those who “Agree” and “Strongly Agree” compared to the total number of staff that responded to the question.

Q21a, Q21c and Q21d feed into Key Finding 1 “Staff recommendation of the organisation as a place to work or receive treatment”.

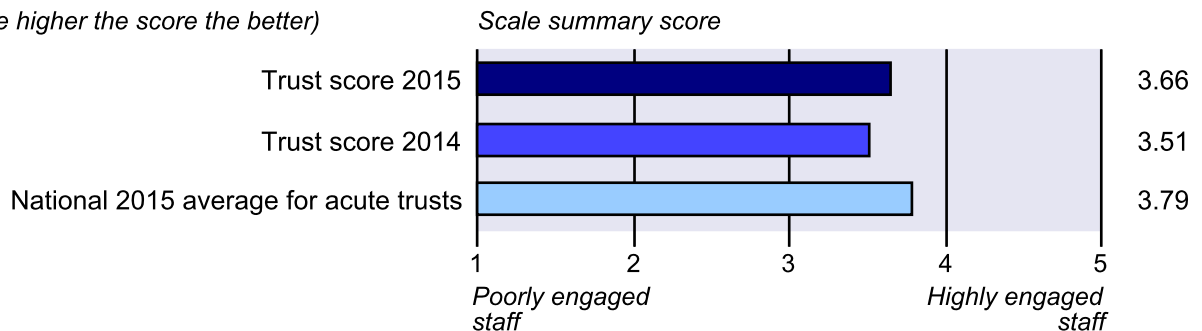
		<b>Your Trust in 2015</b>	<b>Average (median) for acute trusts</b>	<b>Your Trust in 2014</b>
Q21a	"Care of patients / service users is my organisation's top priority"	67%	75%	57%
Q21b	"My organisation acts on concerns raised by patients / service users"	63%	73%	53%
Q21c	"I would recommend my organisation as a place to work"	48%	61%	40%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	60%	70%	53%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.50	3.76	3.32

## 2. Overall indicator of staff engagement for East Kent Hospitals University NHS Foundation Trust

The figure below shows how East Kent Hospitals University NHS Foundation Trust compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.66 was in the **lowest (worst) 20%** when compared with trusts of a similar type.

### OVERALL STAFF ENGAGEMENT

(the higher the score the better)



This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 1, 4 and 7. These Key Findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work (Key Finding 7); their willingness to recommend the trust as a place to work or receive treatment (Key Finding 1); and the extent to which they feel motivated and engaged with their work (Key Finding 4).

The table below shows how East Kent Hospitals University NHS Foundation Trust compares with other acute trusts on each of the sub-dimensions of staff engagement, and whether there has been a change since the 2014 survey.

	Change since 2014 survey	Ranking, compared with all acute trusts
<b>OVERALL STAFF ENGAGEMENT</b>	✓ Increase (better than 14)	! Lowest (worst) 20%
<b>KF1. Staff recommendation of the trust as a place to work or receive treatment</b> <i>(the extent to which staff think care of patients/service users is the trust's top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.)</i>	✓ Increase (better than 14)	! Lowest (worst) 20%
<b>KF4. Staff motivation at work</b> <i>(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)</i>	✓ Increase (better than 14)	! Lowest (worst) 20%
<b>KF7. Staff ability to contribute towards improvements at work</b> <i>(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)</i>	✓ Increase (better than 14)	! Lowest (worst) 20%

Full details of how the overall indicator of staff engagement was created can be found in the document ***Making sense of your staff survey data.***

### 3. Summary of 2015 Key Findings for East Kent Hospitals University NHS Foundation Trust

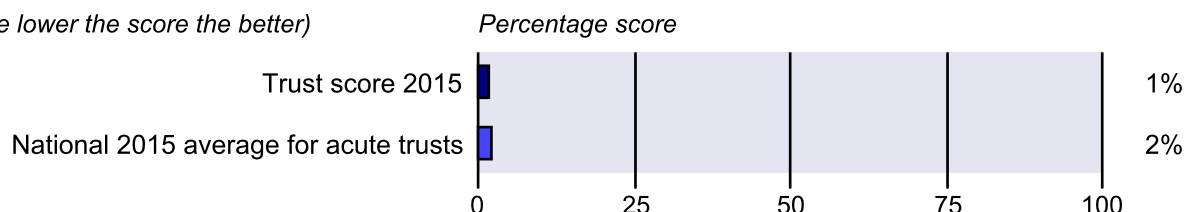
#### 3.1 Top and Bottom Ranking Scores

This page highlights the four Key Findings for which East Kent Hospitals University NHS Foundation Trust compares most favourably with other acute trusts in England.

##### TOP FOUR RANKING SCORES

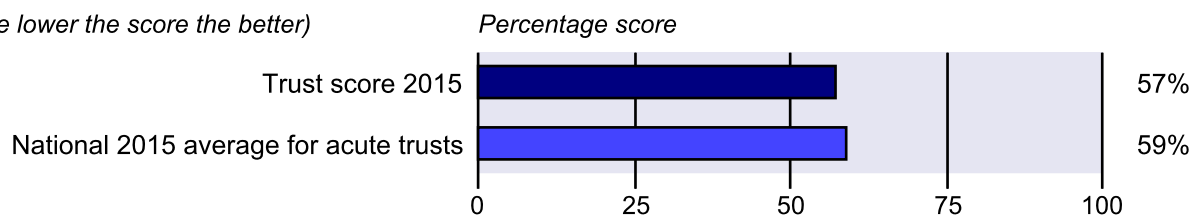
##### ✓ KF23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



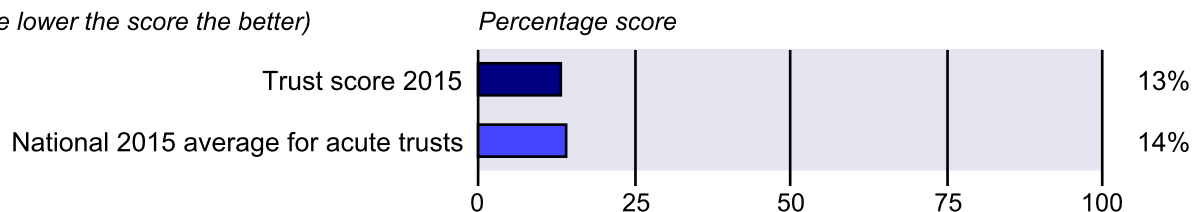
##### ✓ KF18. Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell

(the lower the score the better)



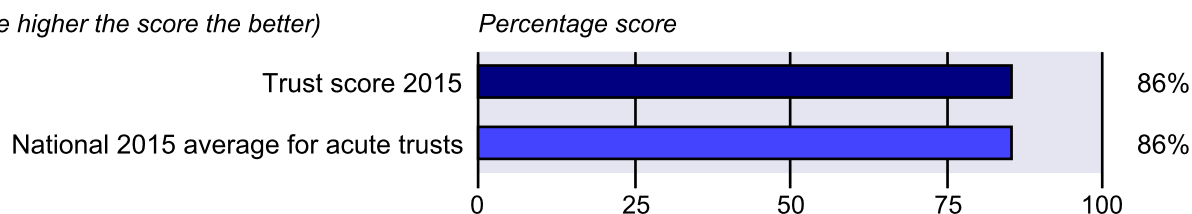
##### ✓ KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



##### ✓ KF11. Percentage of staff appraised in last 12 months

(the higher the score the better)



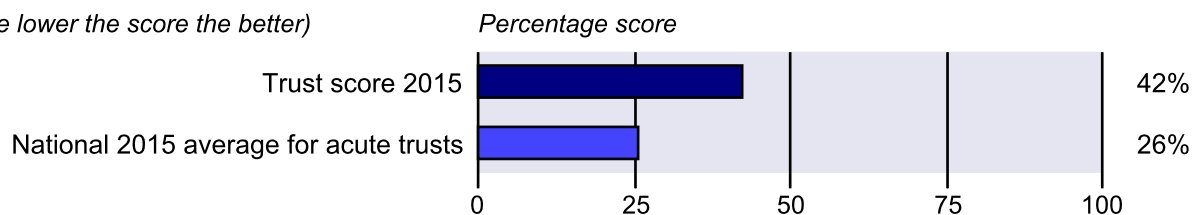
For each of the 32 Key Findings, the acute trusts in England were placed in order from 1 (the top ranking score) to 99 (the bottom ranking score). East Kent Hospitals University NHS Foundation Trust's four highest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 1. Further details about this can be found in the document *Making sense of your staff survey data*.

This page highlights the five Key Findings for which East Kent Hospitals University NHS Foundation Trust compares least favourably with other acute trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

### BOTTOM FIVE RANKING SCORES

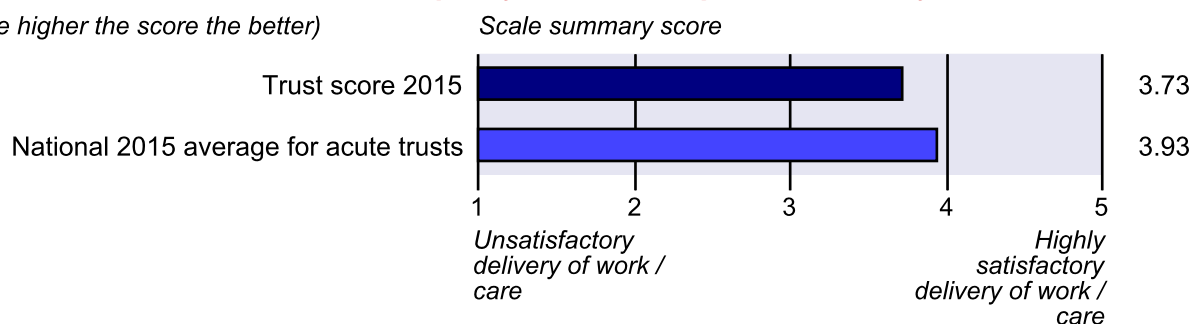
#### ! KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



#### ! KF2. Staff satisfaction with the quality of work and patient care they are able to deliver

(the higher the score the better)



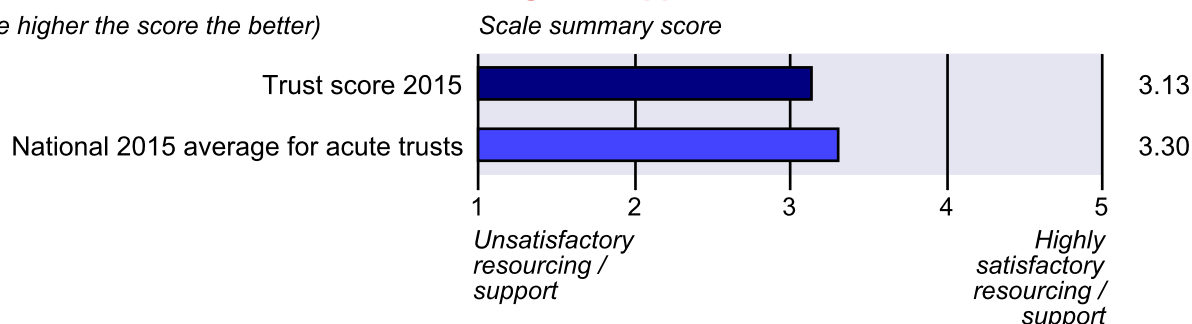
#### ! KF8. Staff satisfaction with level of responsibility and involvement

(the higher the score the better)



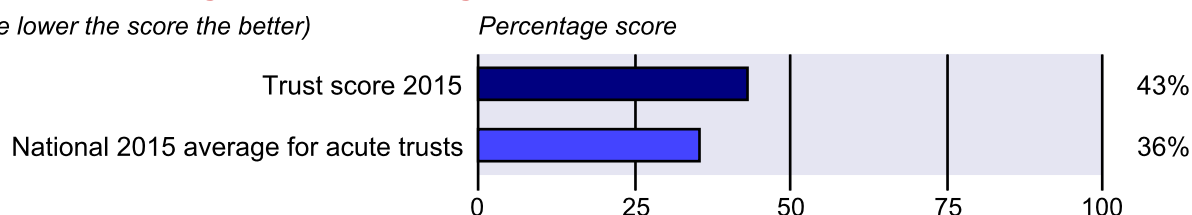
#### ! KF14. Staff satisfaction with resourcing and support

(the higher the score the better)



#### ! KF17. Percentage of staff suffering work related stress in last 12 months

(the lower the score the better)



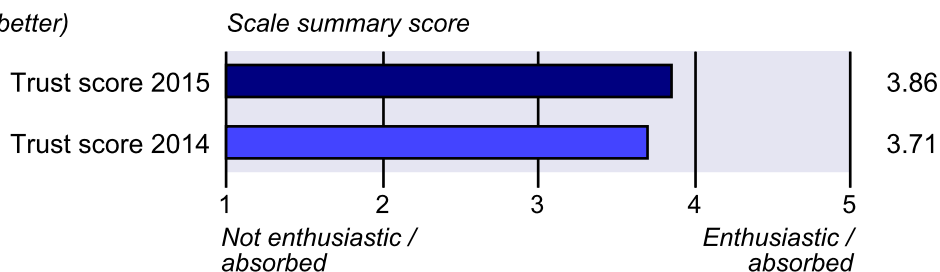
### 3.2 Largest Local Changes since the 2014 Survey

This page highlights the five Key Findings where staff experiences have improved at East Kent Hospitals University NHS Foundation Trust since the 2014 survey. (This is a positive local result. However, please note that, as shown in section 3.3, when compared with other acute trusts in England, the scores for Key findings KF4, KF7, KF28, and KF32 are worse than average).

#### WHERE STAFF EXPERIENCE HAS IMPROVED

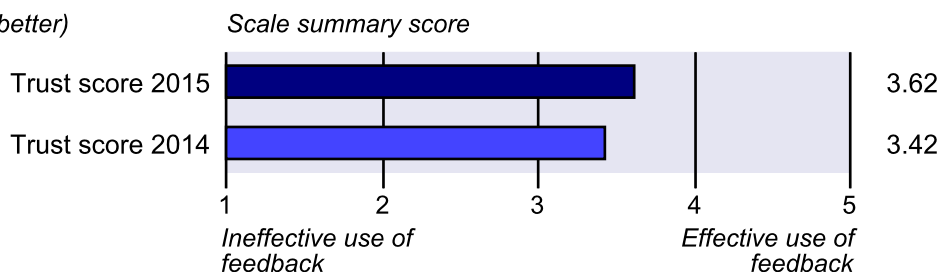
##### ✓ KF4. Staff motivation at work

(the higher the score the better)



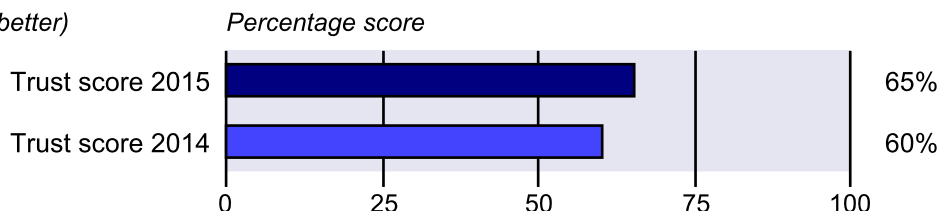
##### ✓ KF32. Effective use of patient / service user feedback

(the higher the score the better)



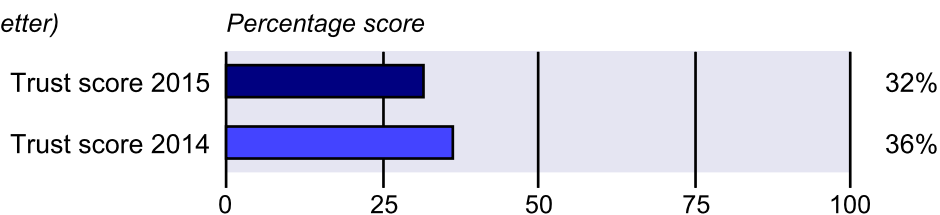
##### ✓ KF7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



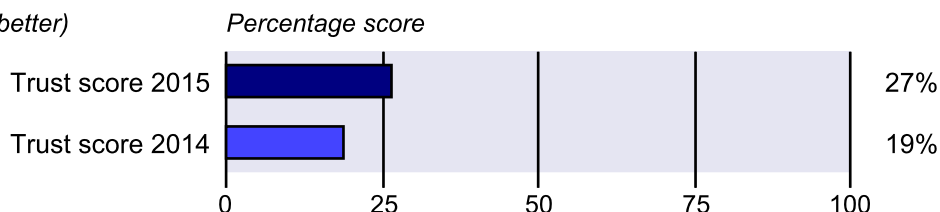
##### ✓ KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)



##### ✓ KF6. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better)

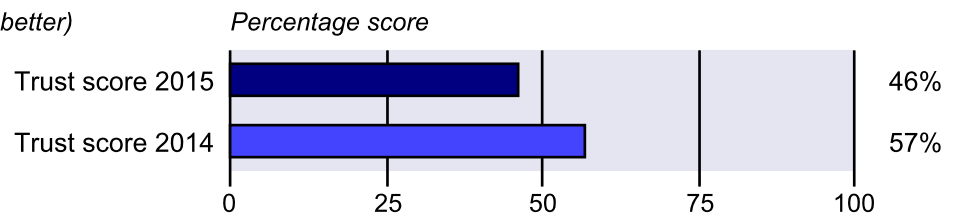


This page highlights the Key Finding that has deteriorated at East Kent Hospitals University NHS Foundation Trust since the 2014 survey. It is suggested that this might be seen as a starting point for local action to improve as an employer.

### WHERE STAFF EXPERIENCE HAS DETERIORATED

#### ! KF24. Percentage of staff / colleagues reporting most recent experience of violence

(the higher the score the better)



### 3.3. Summary of all Key Findings for East Kent Hospitals University NHS Foundation Trust

**KEY**

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2014 survey.

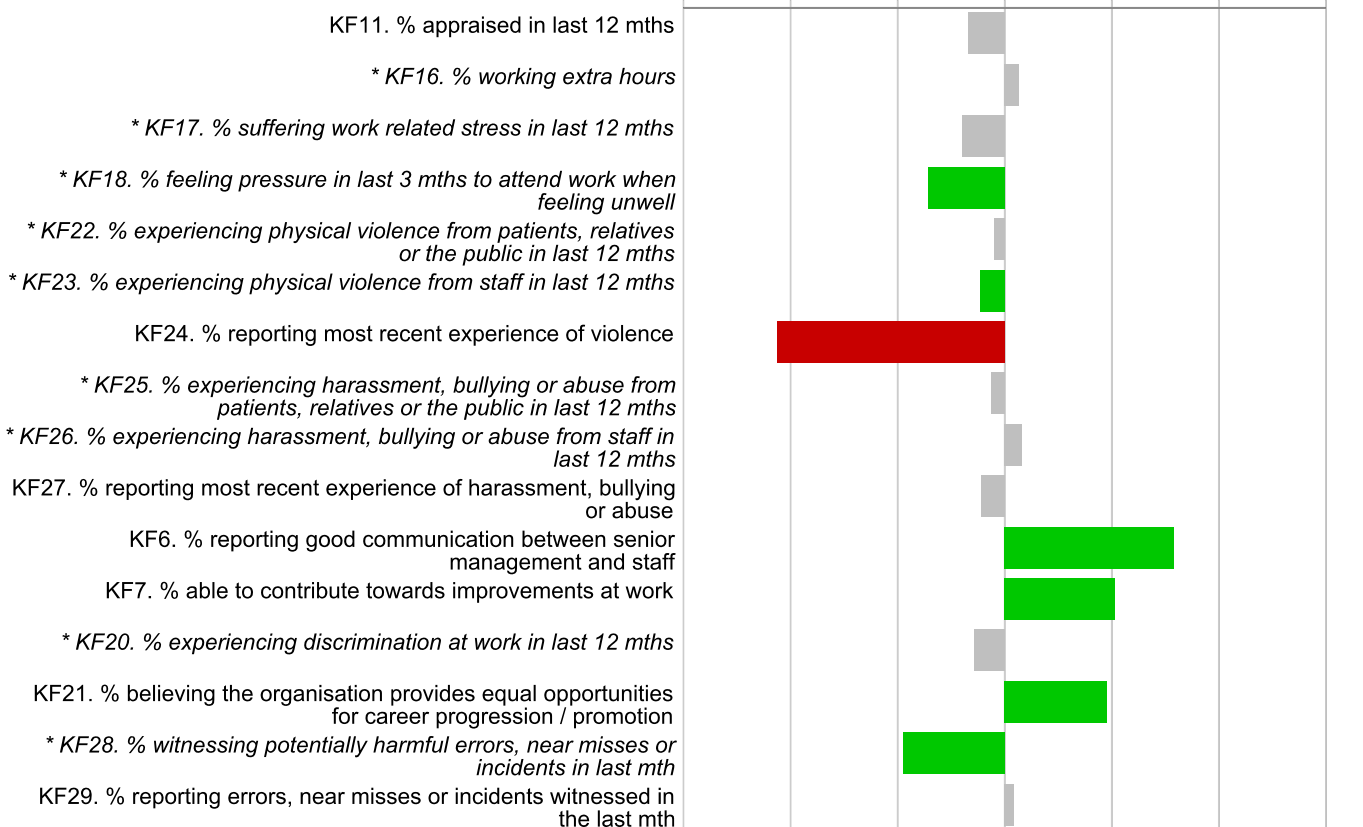
Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2014 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2014 survey.

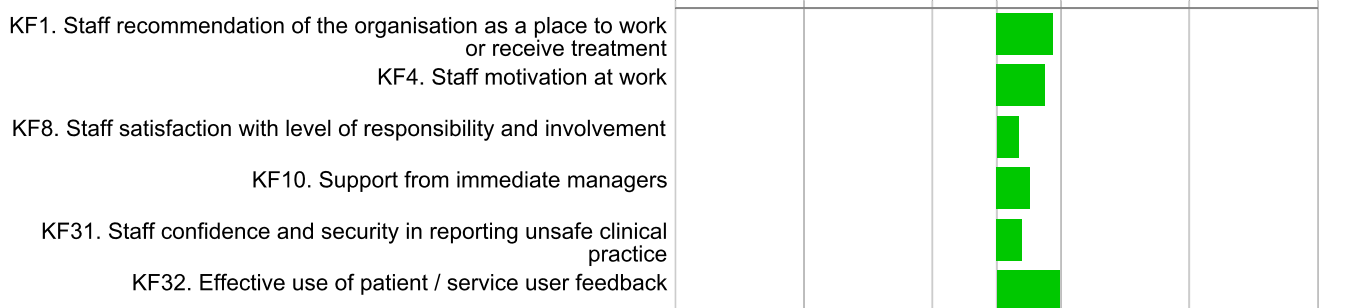
For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

#### Change since 2014 survey

-15%   -10%   -5%   0%   5%   10%   15%



-1.0   -0.6   -0.2   0.2   0.6   1.0



### 3.3. Summary of all Key Findings for East Kent Hospitals University NHS Foundation Trust

**KEY**

Green = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts

Red = Negative finding, e.g. worse than average. If a ! is shown the score is in the worst 20% of acute trusts.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

#### Comparison with all acute trusts in 2015

-30%   -20%   -10%   0%   10%   20%   30%





### 3.3. Summary of all Key Findings for East Kent Hospitals University NHS Foundation Trust

**KEY**

Green = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts

Red = Negative finding, e.g. worse than average. If a ! is shown the score is in the worst 20% of acute trusts.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

#### Comparison with all acute trusts in 2015 (cont)



### 3.4. Summary of all Key Findings for East Kent Hospitals University NHS Foundation Trust

#### KEY

✓ Green = Positive finding, e.g. in the best 20% of acute trusts, better than average, better than 2014.

! Red = Negative finding, e.g. in the worst 20% of acute trusts, worse than average, worse than 2014.

'Change since 2014 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2014 survey.

-- Because of changes to the format of the survey questions this year, comparisons with the 2014 score are not possible.

\* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

Change since 2014 survey      Ranking, compared with all acute trusts in 2015

#### STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.

KF1. Staff recommendation of the organisation as a place to work or receive treatment	✓ Increase (better than 14)	! Lowest (worst) 20%
KF2. Staff satisfaction with the quality of work and patient care they are able to deliver	--	! Lowest (worst) 20%
KF3. % agreeing that their role makes a difference to patients / service users	--	! Lowest (worst) 20%
KF4. Staff motivation at work	✓ Increase (better than 14)	! Lowest (worst) 20%
KF5. Recognition and value of staff by managers and the organisation	--	! Lowest (worst) 20%
KF8. Staff satisfaction with level of responsibility and involvement	✓ Increase (better than 14)	! Lowest (worst) 20%
KF9. Effective team working	--	! Lowest (worst) 20%
KF14. Staff satisfaction with resourcing and support	--	! Lowest (worst) 20%

#### STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

KF10. Support from immediate managers	✓ Increase (better than 14)	! Lowest (worst) 20%
KF11. % appraised in last 12 mths	• No change	• Average
KF12. Quality of appraisals	--	! Lowest (worst) 20%
KF13. Quality of non-mandatory training, learning or development	--	! Below (worse than) average

#### STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

##### Health and well-being

KF15. % of staff satisfied with the opportunities for flexible working patterns	--	! Lowest (worst) 20%
* KF16. % working extra hours	• No change	! Above (worse than) average
* KF17. % suffering work related stress in last 12 mths	• No change	! Highest (worst) 20%
* KF18. % feeling pressure in last 3 mths to attend work when feeling unwell	✓ Decrease (better than 14)	✓ Below (better than) average
KF19. Org and mgmt interest in and action on health / wellbeing	--	! Lowest (worst) 20%

### 3.4. Summary of all Key Findings for East Kent Hospitals University NHS Foundation Trust (cont)

	Change since 2014 survey	Ranking, compared with all acute trusts in 2015
<b>Violence and harassment</b>		
* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	• No change	✓ Below (better than) average
* KF23. % experiencing physical violence from staff in last 12 mths	✓ Decrease (better than 14)	✓ Below (better than) average
KF24. % reporting most recent experience of violence	! Decrease (worse than 14)	! Lowest (worst) 20%
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	• No change	! Highest (worst) 20%
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	• No change	! Highest (worst) 20%
KF27. % reporting most recent experience of harassment, bullying or abuse	• No change	! Lowest (worst) 20%
<b>STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.</b>		
KF6. % reporting good communication between senior management and staff	✓ Increase (better than 14)	! Below (worse than) average
KF7. % able to contribute towards improvements at work	✓ Increase (better than 14)	! Lowest (worst) 20%
<b>ADDITIONAL THEME: Equality and diversity</b>		
* KF20. % experiencing discrimination at work in last 12 mths	• No change	! Highest (worst) 20%
KF21. % believing the organisation provides equal opportunities for career progression / promotion	✓ Increase (better than 14)	! Lowest (worst) 20%
<b>ADDITIONAL THEME: Errors and incidents</b>		
* KF28. % witnessing potentially harmful errors, near misses or incidents in last mth	✓ Decrease (better than 14)	! Above (worse than) average
KF29. % reporting errors, near misses or incidents witnessed in the last mth	• No change	! Lowest (worst) 20%
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	--	! Lowest (worst) 20%
KF31. Staff confidence and security in reporting unsafe clinical practice	✓ Increase (better than 14)	! Lowest (worst) 20%
<b>ADDITIONAL THEME: Patient experience measures</b>		
KF32. Effective use of patient / service user feedback	✓ Increase (better than 14)	! Below (worse than) average

## 4. Key Findings for East Kent Hospitals University NHS Foundation Trust

3044 staff at East Kent Hospitals University NHS Foundation Trust took part in this survey. This is a response rate of 40%<sup>1</sup> which is average for acute trusts in England, and compares with a response rate of 41% in this trust in the 2014 survey.

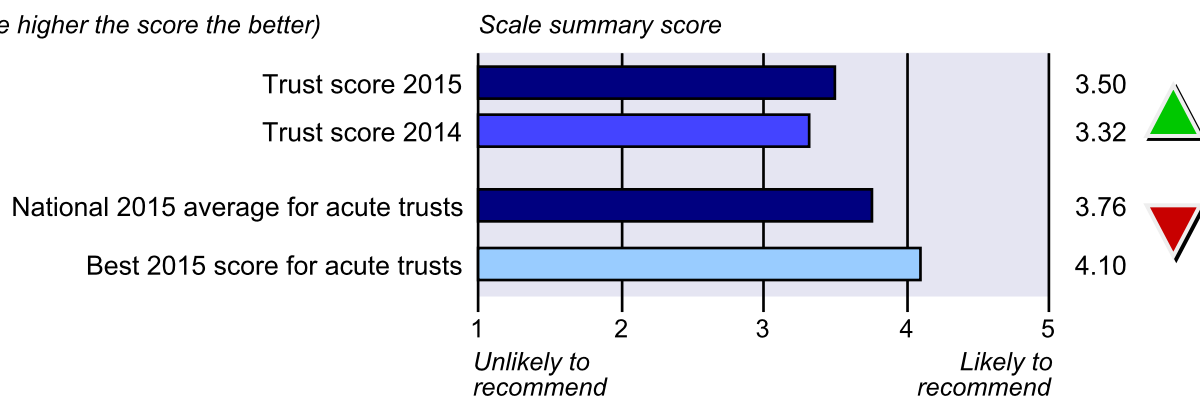
This section presents each of the 32 Key Findings, using data from the trust's 2015 survey, and compares these to other acute trusts in England and to the trust's performance in the 2014 survey. The findings are arranged under seven headings – the four staff pledges from the NHS Constitution, and the three additional themes of equality and diversity, errors and incidents, and patient experience measures.

**Positive findings** are indicated with a **green arrow** (e.g. where the trust is in the best 20% of trusts, or where the score has improved since 2014). **Negative findings** are highlighted with a **red arrow** (e.g. where the trust's score is in the worst 20% of trusts, or where the score is not as good as 2014). An equals sign indicates that there has been no change.

### STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.

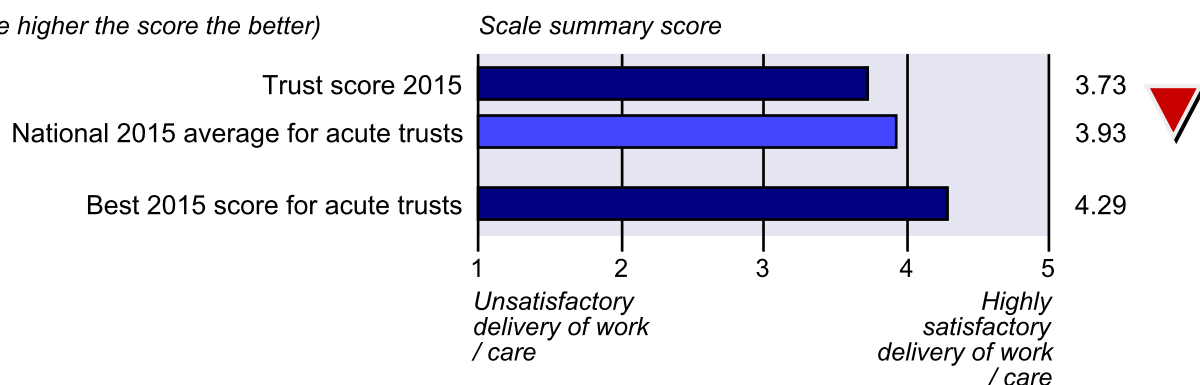
#### KEY FINDING 1. Staff recommendation of the organisation as a place to work or receive treatment

(the higher the score the better)



#### KEY FINDING 2. Staff satisfaction with the quality of work and patient care they are able to deliver

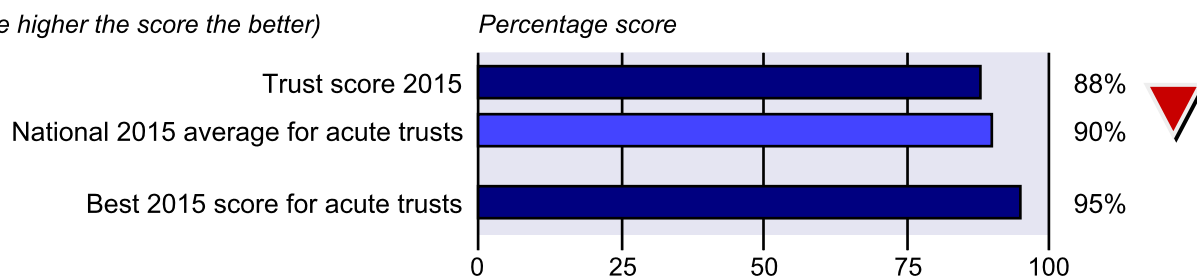
(the higher the score the better)



<sup>1</sup>Questionnaires were sent to all 7520 staff eligible to receive the survey. This includes only staff employed directly by the trust (i.e. excluding staff working for external contractors). It excludes bank staff unless they are also employed directly elsewhere in the trust. When calculating the response rate, questionnaires could only be counted if they were received with their ID number intact, by the closing date.

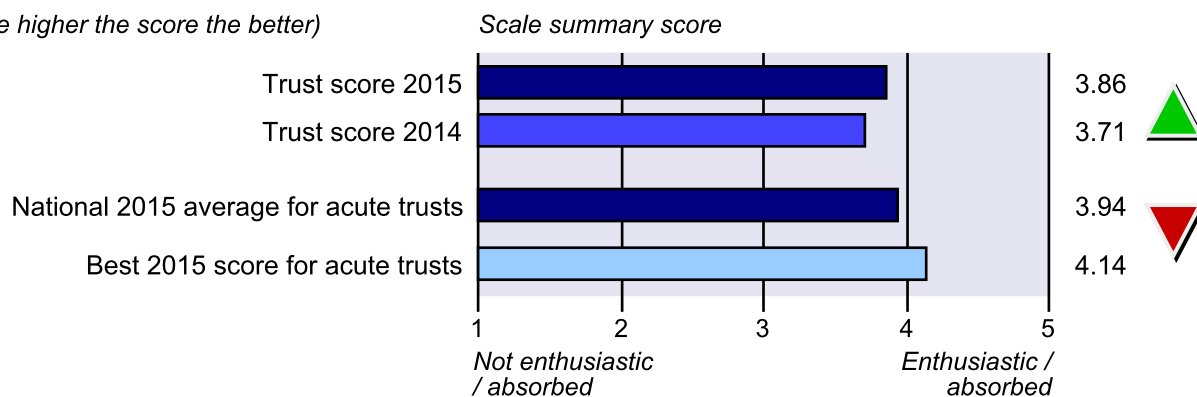
### KEY FINDING 3. Percentage of staff agreeing that their role makes a difference to patients / service users

(the higher the score the better)



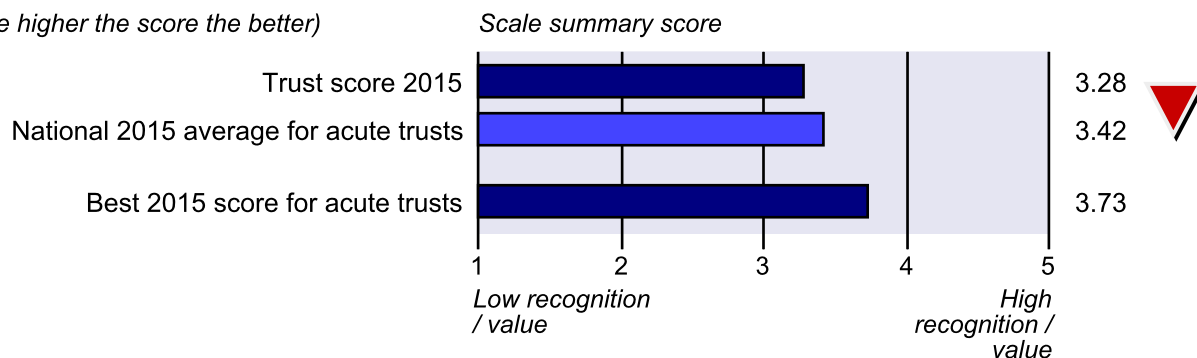
### KEY FINDING 4. Staff motivation at work

(the higher the score the better)



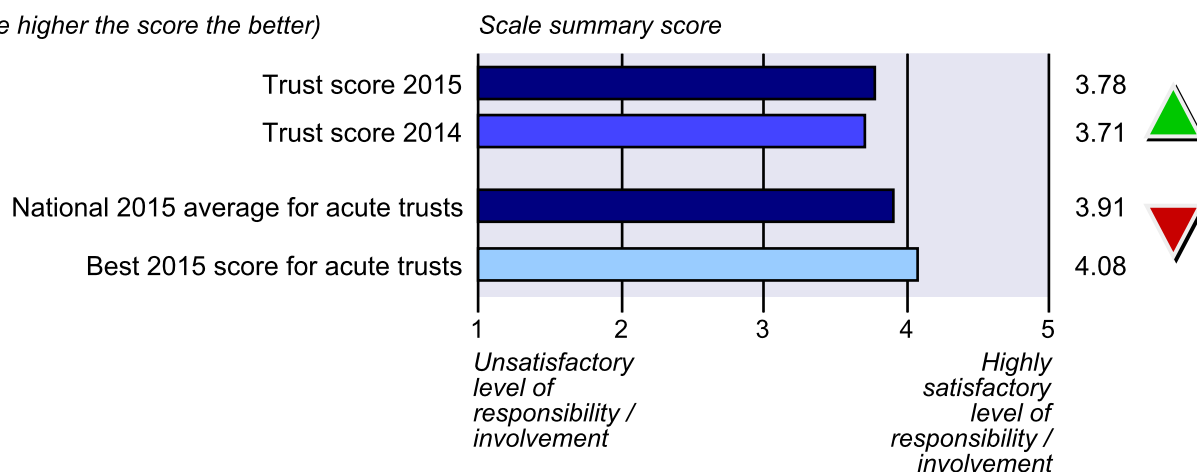
### KEY FINDING 5. Recognition and value of staff by managers and the organisation

(the higher the score the better)



### KEY FINDING 8. Staff satisfaction with level of responsibility and involvement

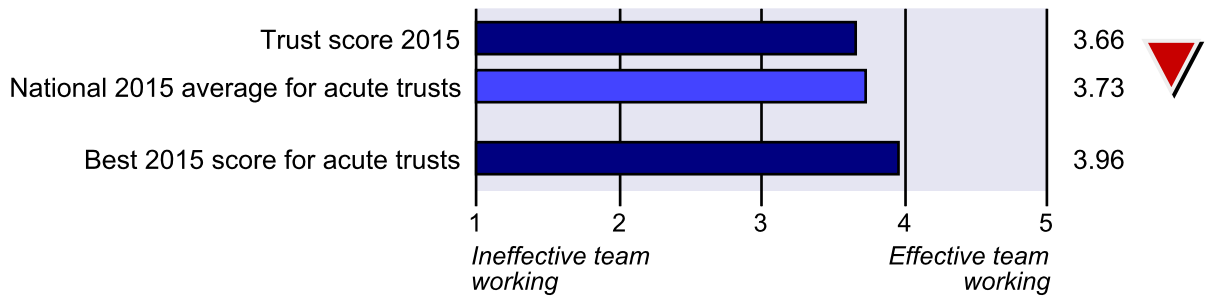
(the higher the score the better)



**KEY FINDING 9. Effective team working**

(the higher the score the better)

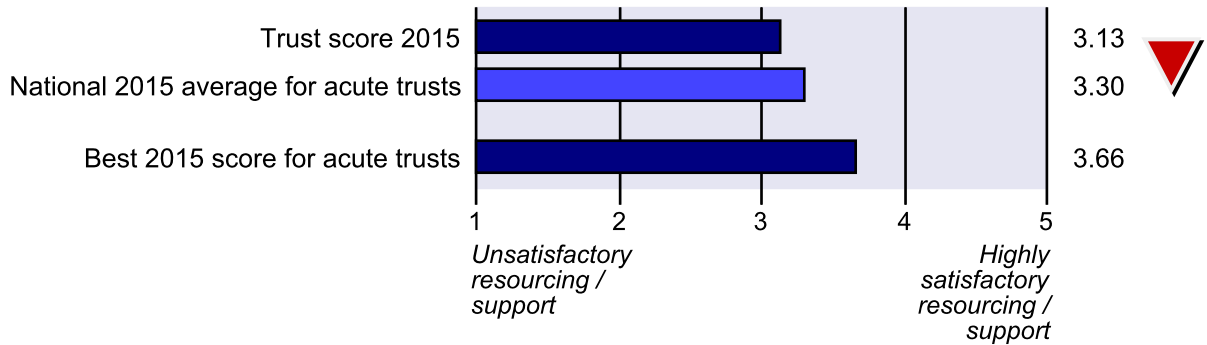
Scale summary score



**KEY FINDING 14. Staff satisfaction with resourcing and support**

(the higher the score the better)

Scale summary score

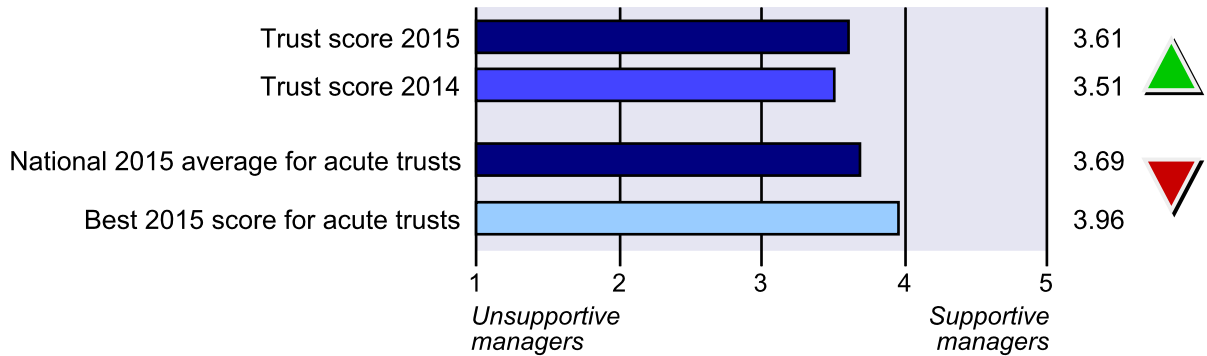


**STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.**

**KEY FINDING 10. Support from immediate managers**

(the higher the score the better)

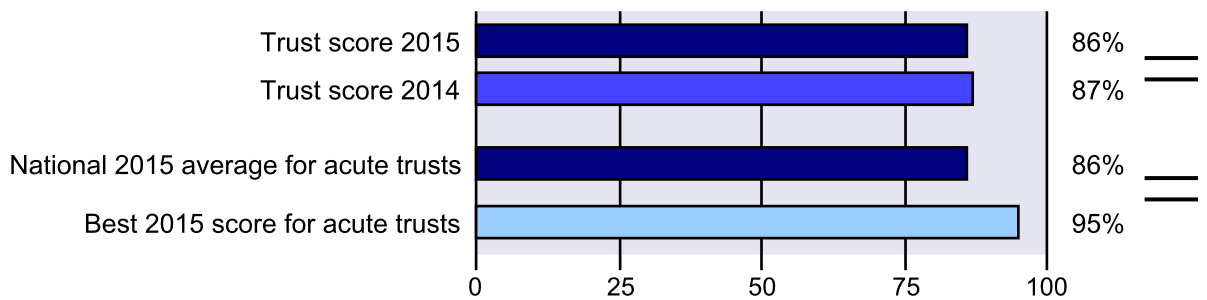
Scale summary score



**KEY FINDING 11. Percentage of staff appraised in last 12 months**

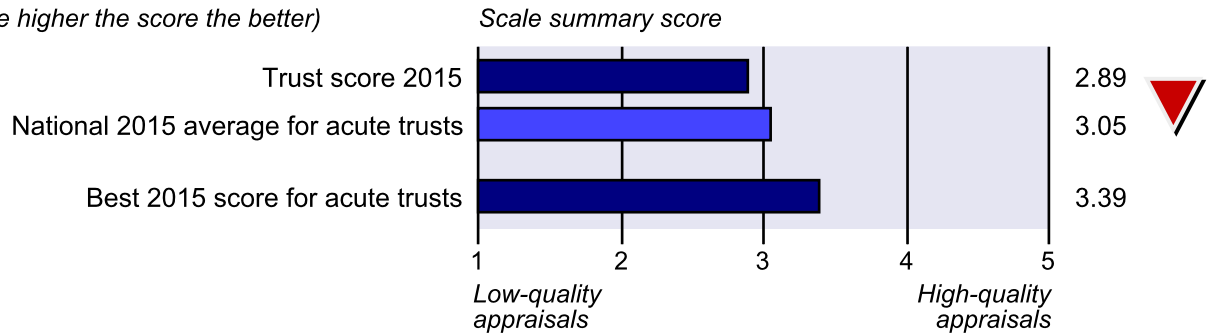
(the higher the score the better)

Percentage score



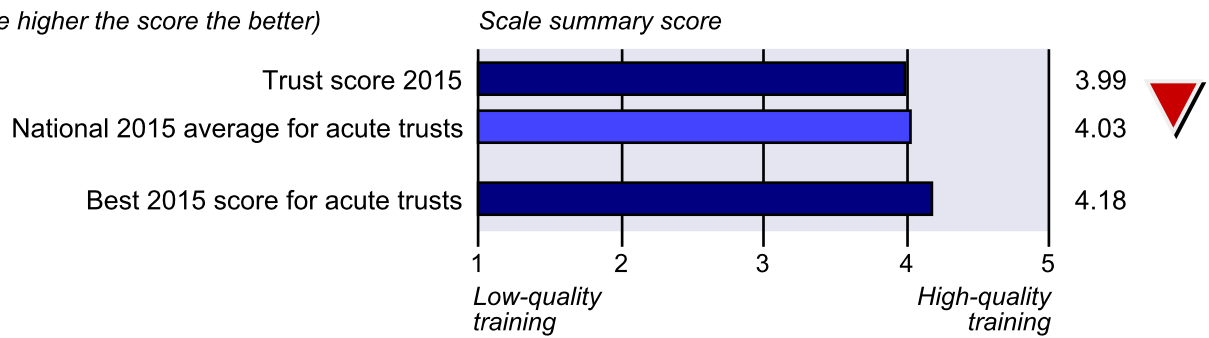
### KEY FINDING 12. Quality of appraisals

(the higher the score the better)



### KEY FINDING 13. Quality of non-mandatory training, learning or development

(the higher the score the better)

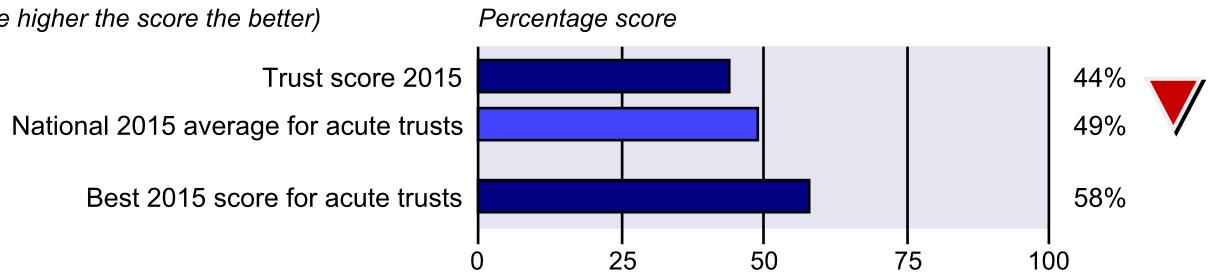


**STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.**

#### Health and well-being

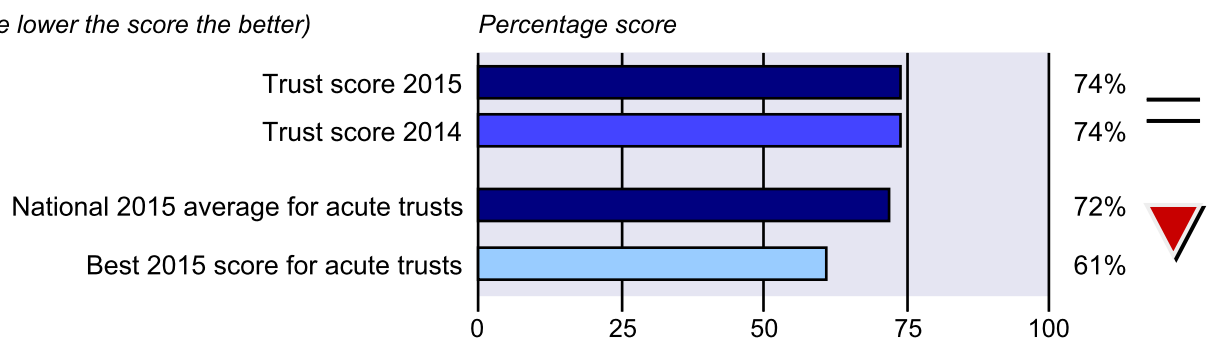
### KEY FINDING 15. Percentage of staff satisfied with the opportunities for flexible working patterns

(the higher the score the better)



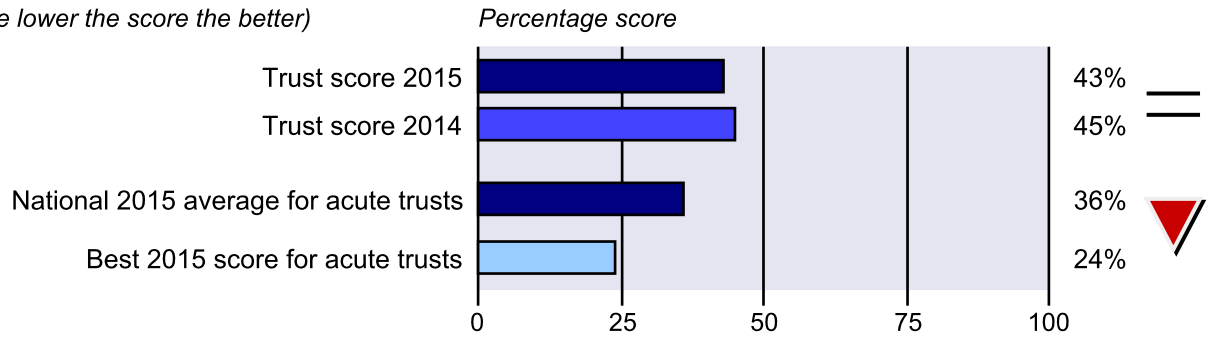
### KEY FINDING 16. Percentage of staff working extra hours

(the lower the score the better)



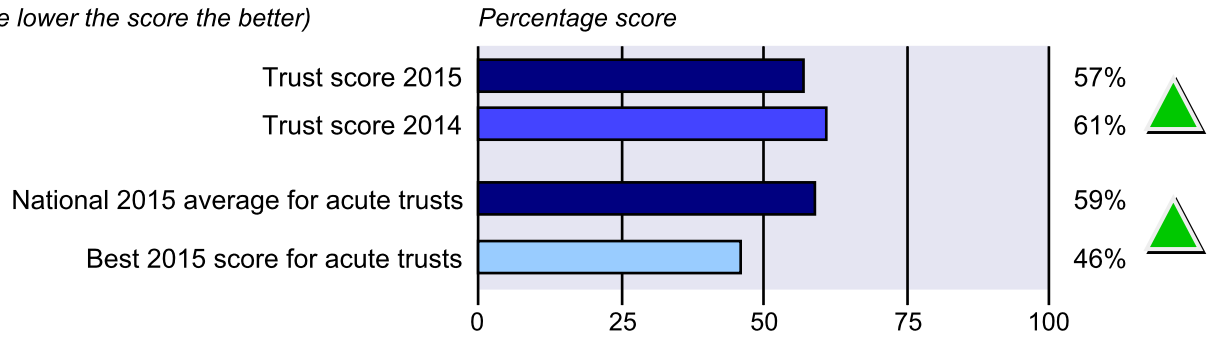
**KEY FINDING 17. Percentage of staff suffering work related stress in last 12 months**

(the lower the score the better)



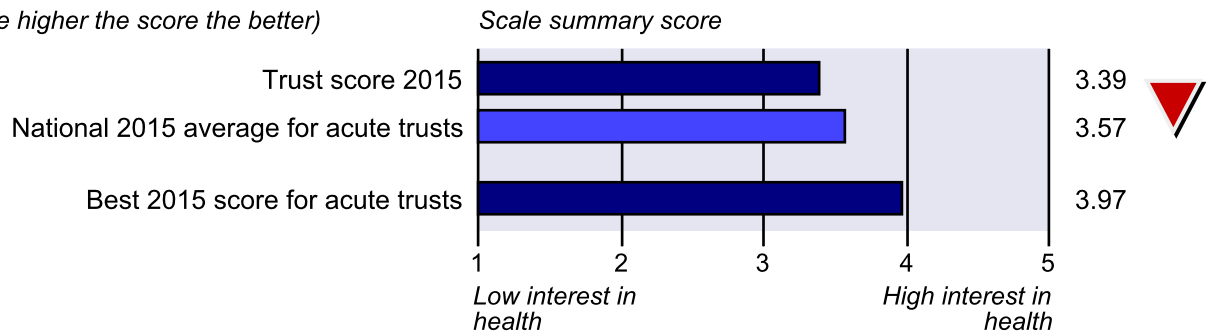
**KEY FINDING 18. Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell**

(the lower the score the better)



**KEY FINDING 19. Organisation and management interest in and action on health and wellbeing**

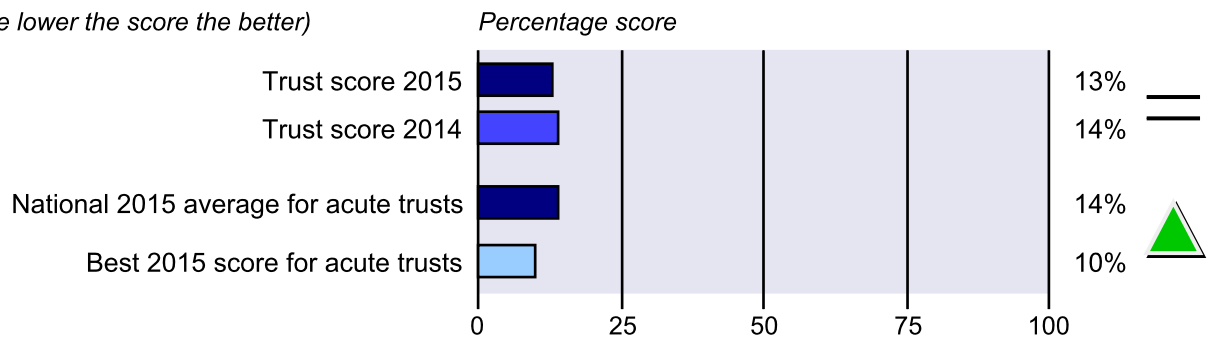
(the higher the score the better)



**Violence and harassment**

**KEY FINDING 22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months**

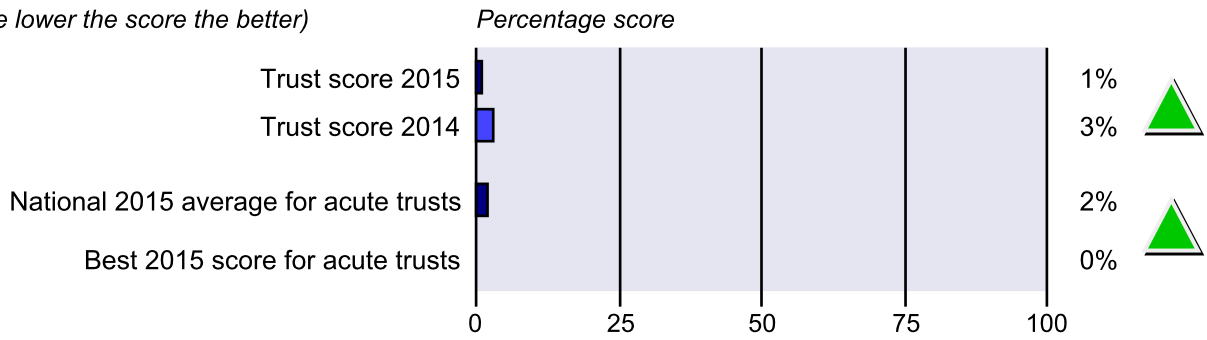
(the lower the score the better)





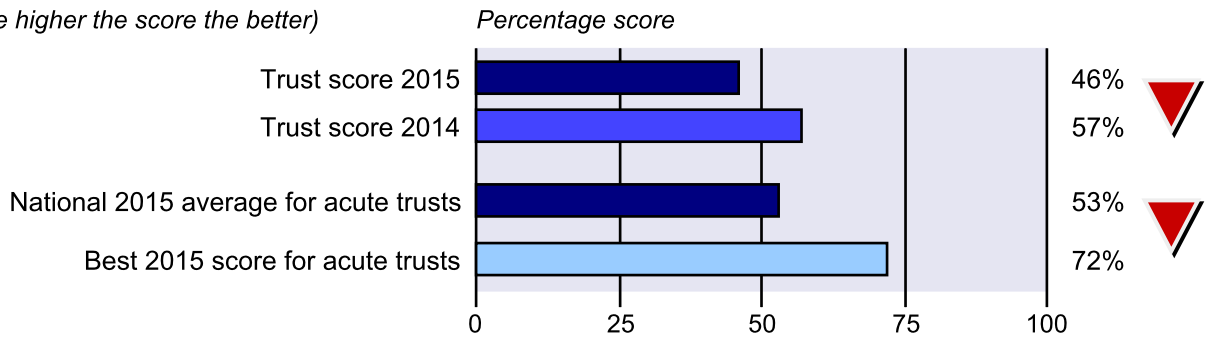
**KEY FINDING 23. Percentage of staff experiencing physical violence from staff in last 12 months**

*(the lower the score the better)*



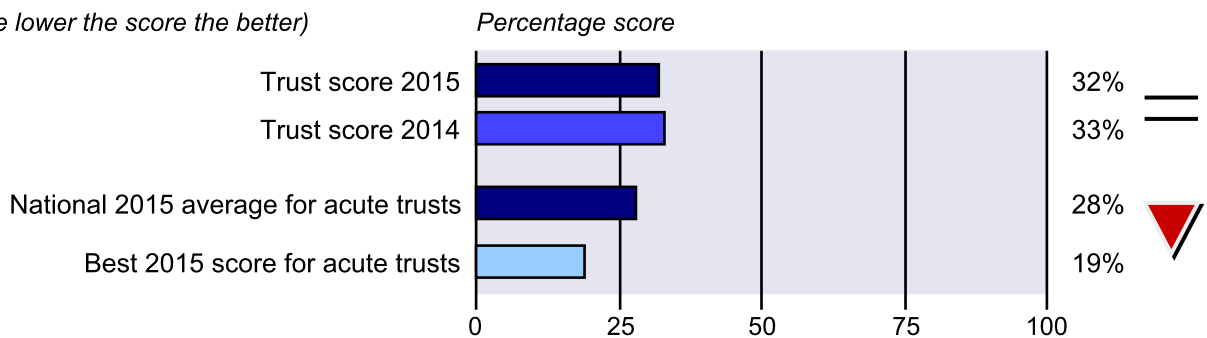
**KEY FINDING 24. Percentage of staff / colleagues reporting most recent experience of violence**

*(the higher the score the better)*



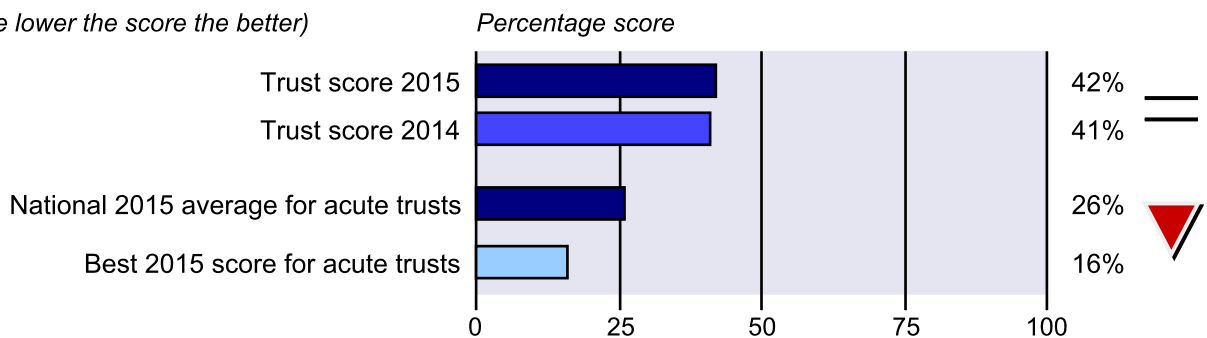
**KEY FINDING 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months**

*(the lower the score the better)*



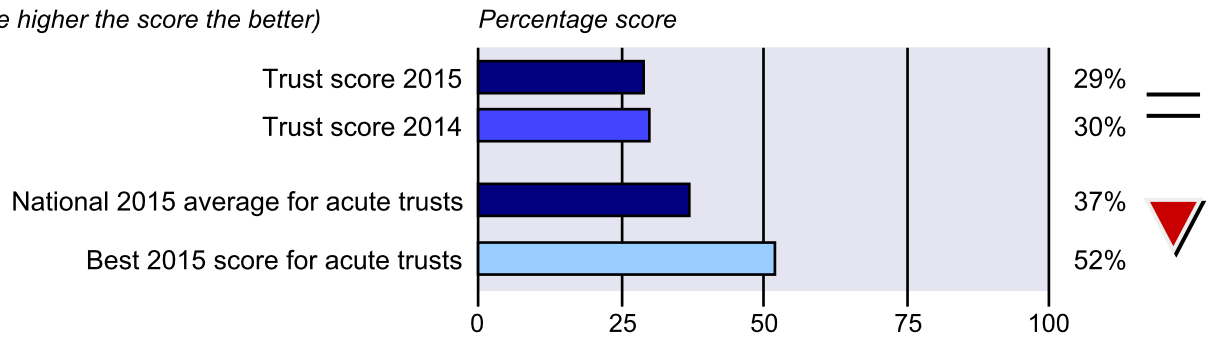
**KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**

*(the lower the score the better)*



**KEY FINDING 27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse**

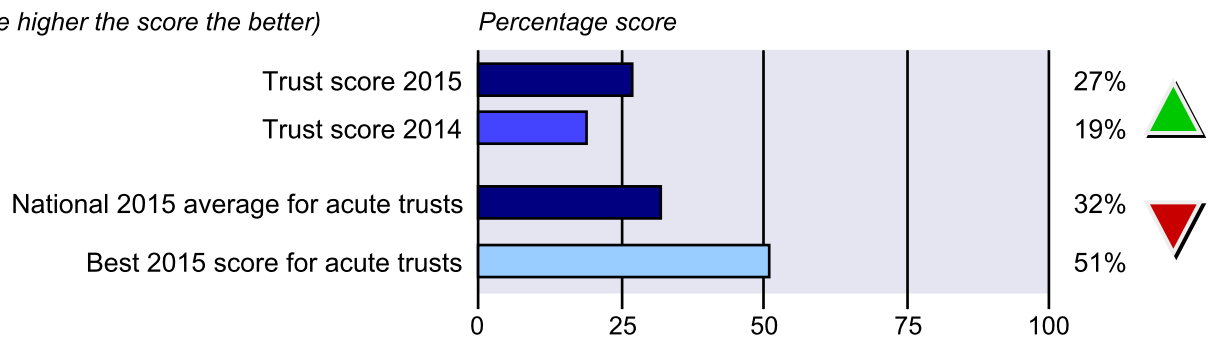
(the higher the score the better)



**STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.**

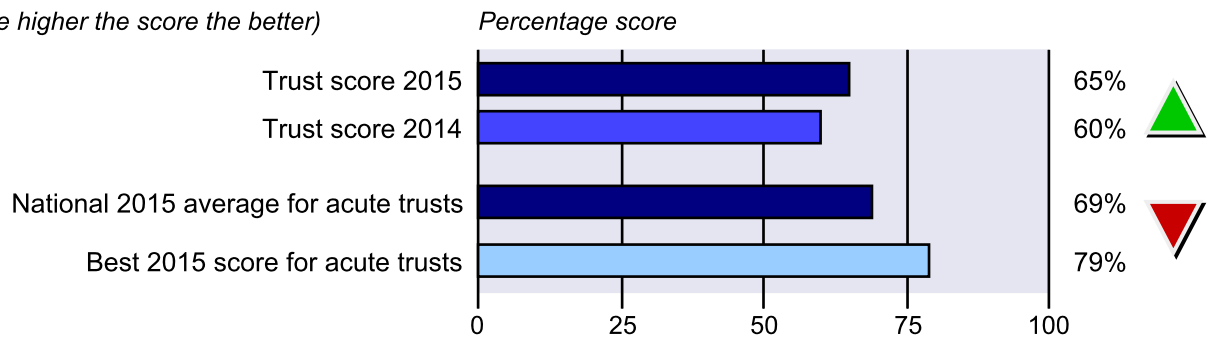
**KEY FINDING 6. Percentage of staff reporting good communication between senior management and staff**

(the higher the score the better)



**KEY FINDING 7. Percentage of staff able to contribute towards improvements at work**

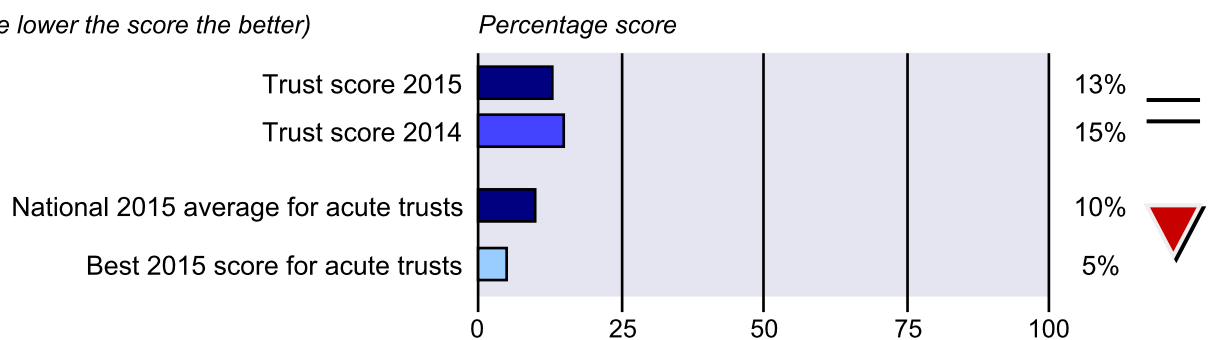
(the higher the score the better)



**ADDITIONAL THEME: Equality and diversity**

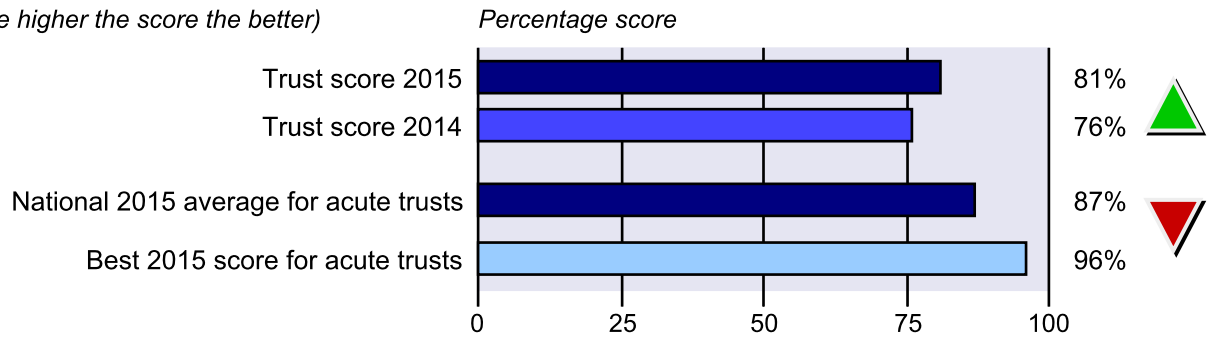
**KEY FINDING 20. Percentage of staff experiencing discrimination at work in last 12 months**

(the lower the score the better)



**KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion**

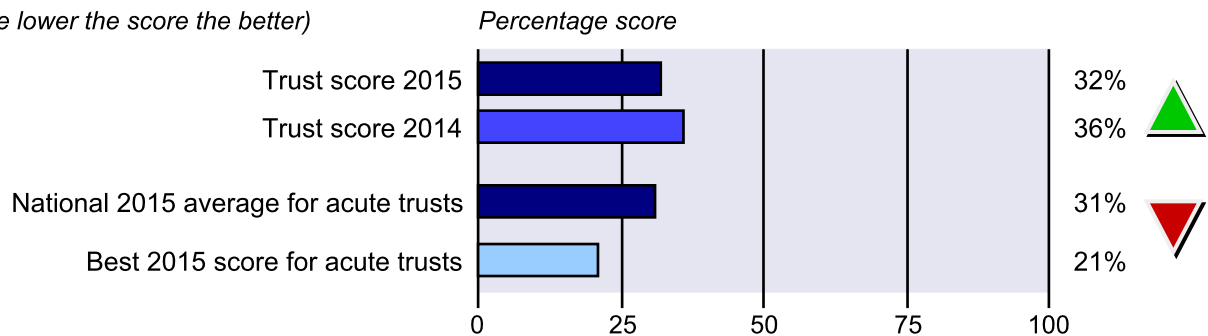
(the higher the score the better)



**ADDITIONAL THEME: Errors and incidents**

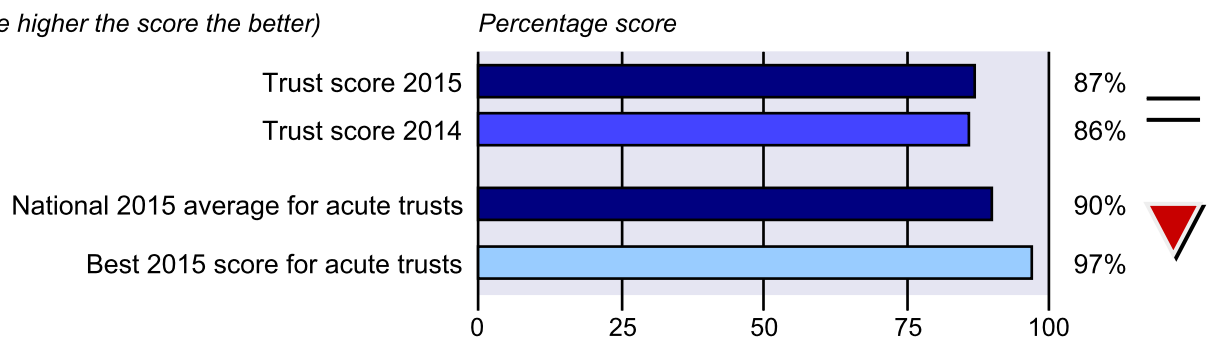
**KEY FINDING 28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month**

(the lower the score the better)



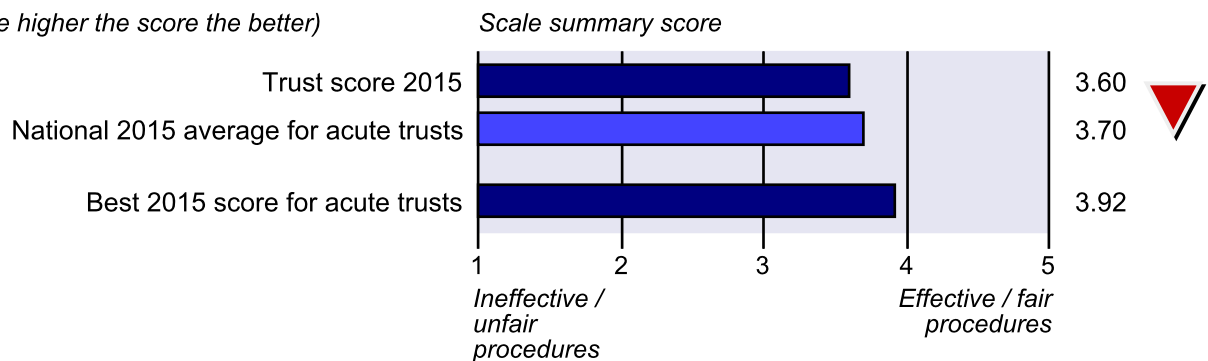
**KEY FINDING 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month**

(the higher the score the better)



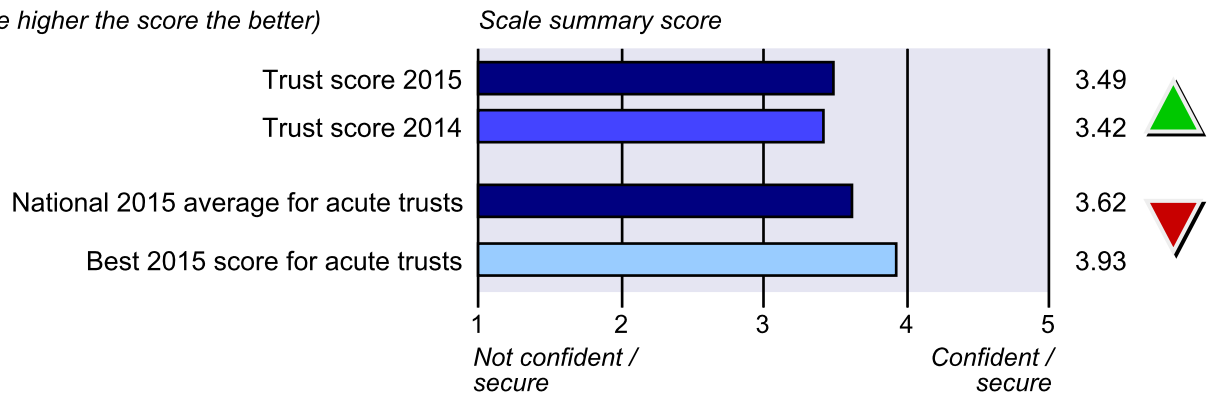
**KEY FINDING 30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents**

(the higher the score the better)



### KEY FINDING 31. Staff confidence and security in reporting unsafe clinical practice

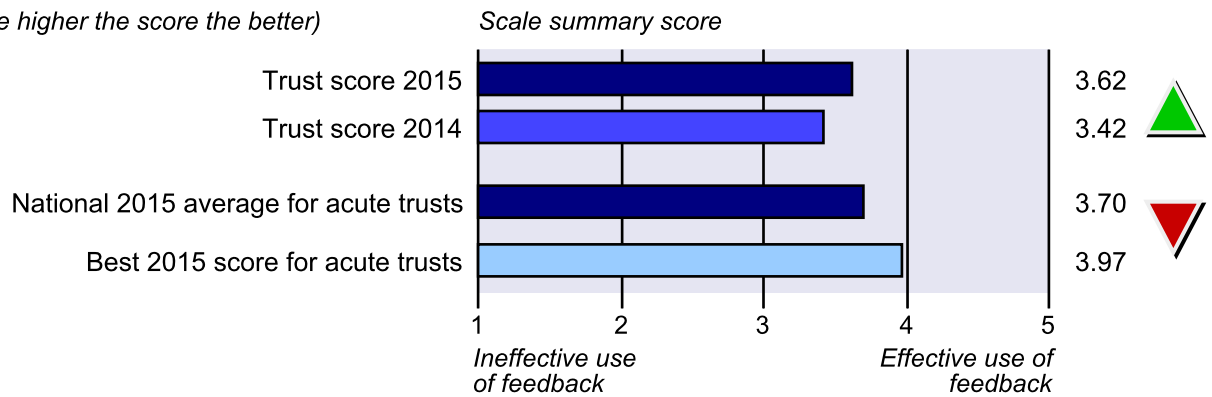
(the higher the score the better)



### ADDITIONAL THEME: Patient experience measures

### KEY FINDING 32. Effective use of patient / service user feedback

(the higher the score the better)



**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

**REPORT TO:** COUNCIL OF GOVERNORS

**DATE:** 24 MAY 2016

**SUBJECT:** REPORT FROM THE CHARITABLE FUNDS COMMITTEE CHAIR – Meetings held on the 15 January 2016 and 9 May 2016.

**PURPOSE:** Discussion

**PURPOSE OF THE COMMITTEE**

The purpose of the Committee is to maintain a detailed overview of the Charity's assets and resources in relation to the achievement of the agreed Charity Strategy, specifically:-

- Develop the strategy and objectives for the charity for consideration by the Board of Directors
- Oversee the implementation of an infrastructure appropriate to the efficient and effective running of the charity
- Oversee the development and delivery of the fundraising strategy
- Oversee the charity's expenditure
- Oversee the charity's investment plans
- Monitor the performance of all aspects of the charity's activities and ensure it adheres to the principles of good governance and all relevant legal requirements

**Chairman's Summary of Meeting****Meeting held on 15 January 2016****1. Fundraising Update**

- 1.1 The Committee were updated on the events and community support for the Charity Appeal, Maternity Suite project and other campaigns currently being promoted such as the Thanet Gazette Rainbow Beds Scheme.
- 1.2 The Committee were appraised of the difficulties when working with external fundraisers to ensure that the projects were broad enough to encompass other purposes within the service/ward to avoid unnecessary restrictions.

**2. Finance and Expenditure Report**

- 3.1 A summary of the assets of the Charity was noted as £4.5m as at 30 November and the Committee discussed the allocation and classification of donations to Restricted, Unrestricted and Designated funds. It was noted that the majority of donations were held in Designated Funds where there was no legal restriction on how the money was used, but a wish or desire by the donor which provides a moral obligation by the Trustees to use the money for the purpose identified.

- 3.2 The Committee discussed the level of cash available and debated the process for allocation of grants and suitability of some of the applications. Agreement was unanimous in that the Charity should provide increased support to the Trust and a system of prioritisation through a defined matrix incorporating risk, restricted funds and impact analysis should be introduced alongside some presentational structure to the Committee for significant medical equipment applications.
- 3.3 The report identified the current high level of cash (due to sale of two properties) held in the commercial bank account and the element of risk that this presented to the Charity. The Committee reviewed options to reduce the risk against the proposal to expend funds which would reduce cash over the next year and the cost of moving cash to alternative banks. The Committee agreed that reinvestment in the market portfolio was not an option as this was for longer term benefits but agreed to look into the possible use of Government Banking Services (via Royal Bank of Scotland) as undertaken by the Trust. It was agreed to retain the funds with Lloyds until the benefits had been reviewed.
- 3.4 A review of administration and governance costs was taken and the Committee agreed to the budget as identified for recommendation to the Board. The Committee agreed that costs against income were high and that there was a need to scale up fundraising activity going forward.

### **3 Terms of Reference**

- 3.1 The Terms of Reference had been revised to conform to Trust standard format and the Committee noted the amendments and approved for Board endorsement.

### **4 Scheme of Delegation**

A separate Scheme of Delegation for the Charity is incorporated within the Trust Standing Financial Instructions (SFI's) and the Committee reviewed the proposed changes which introduced new levels of authorisation for Fund Managers to allow small requests to be authorised locally but referral to Charity Committee for approval at a lower level. The Committee considered the risks and possible delays in purchasing but agreed that the changes would help maximise benefit to the Trust and spend funds.

### **5 Reserves Policy**

The Committee reviewed the revised Reserves Policy as presented and approved for recommendation to the Board with clarifications on legal obligations and how reserves were calculated to identify designated as well as unrestricted funds. Levels are increased to between £300k - £350k to allow for the proposed increased support to the Trust.

### **6 Charity Strategy**

At the close of the formal meeting the Committee discussed and debated the strategy for the Charity reviewing current processes, structure of funds, cash and investment opportunities, resources and impact analysis. A formal strategy for 2016-2019 would be brought to the Committee in May.

**Meeting held on 9 May 2016****Annual Accounts and Report**

- 1.1 The report was discussed and key points regarding income and expenditure were highlighted.
- 1.2 The Committee were apprised of the changes required to presentation of accounts and notes due to the introduction of SORP FRS 102. No amendments were made to the previous year accounts.
- 1.3 The Committee discussed the requirement to consolidate the Charity accounts with the Trust accounts and the pressures this creates for both charity and Trust staff and audit. It was agreed to discuss this with auditors and the Trust for the Board to make a decision.
- 1.4 Auditors were on site from the 25<sup>th</sup> April, but failed to complete the audit in time to provide their opinion for the Audit Committee (IAGC) held on the 19<sup>th</sup> May. The draft accounts were sent to the IAGC with the approval of this Committee.
- 1.5 Overall the Committee agreed that the report was well presented and provided a good view to the public of the work and achievements of the Charity and agreed that this format should continue. It was noted that a short summary leaflet would be produced (unaudited) for distribution at the Trust AGM, the full report would be available on the website, but that no hard copies would be printed unless required by statutory mandate.
- 1.6 No areas of concern were identified and the Committee approved the Accounts and Report for presentation to the Board of Directors, which would be subject to any audit amendments.

**2. Charity Strategy 2016 - 2019**

- 3.5 A revised Strategy format was presented to the Committee which provided a clear summary of objectives for the next three years. However it was agreed that progress should be reviewed annually to ensure this approach remained appropriate and achievable.
- 3.6 The format was well received by members and it was considered that this would enable the Charity to report on its' achievement with more clarity in the future.
- 3.7 Key issues were to support the Trust with more funding, whilst ensuring that expenditures met Charity objectives especially given the Trusts' financial pressures.
- 3.8 The Committee approved the Strategy for recommendation to the Board of Directors.

**7 Staff Benefits and Awards**

- 3.1 The Association of NHS Charities provided an alert to its members around further adverse publicity regarding staff benefits paid for from Charity Funds

which was considered and debated by the Committee.

- 3.2 Funding for the 2016 Trust Awards was being sought and members were reminded that currently the Charity were paying for the Long Service Awards. Other staff benefits, such as the Christmas Ball were also discussed.
- 3.3 The Committee agreed to take this to the Trust for discussion as part of their commitment to the staff total rewards package.
- 3.4 After discussion with the Trust (outside of this meeting) the Committee members agreed to recommend to the Board of Directors a grant of £8k for the 2016 Trust Awards event.

## **8 Review of Policy on Fundraising on Trust Premises**

- 4.1 The Trust Policy on Fundraising was presented for review and the Committee agreed that it covered the relevant guidance to staff to promote the East Kent Hospitals Charity whilst not being so restrictive as to alienate either staff or the Leagues of Friends.
- 4.2 The Policy would be taken to the Policy Compliance Group for approval.

## **9 Prioritisation of Applications**

- 5.1 The Committee had previously expressed concern over identifying best use of funds and how to ensure that the grants approved were in line with the Charity objectives. Using the Medical Devices Risk Assessment as a basis, the Charitable Funds Manager presented a Matrix to assist in 'rating' applications.
- 5.2 Members agreed that this provided a good framework which would assist the Committee in making grant allocations. As a first draft this was approved but all members agreed that this should be a 'work in progress' and refined and developed in the future.
- 5.3 The Matrix would be circulated to the Divisional Procurement Groups for dissemination to Fund Managers.
- 5.3 The Committee approved the adoption of the Prioritisation Matrix recommendation to the Board of Directors.

## **10 Application for Funding – Maternity Bereavement Suite WHH**

- 6.1 An application was presented to the Committee for the building of a suite on the Maternity Ward at the William Harvey for mothers who lose their babies at birth or immediately afterwards. The suite would provide privacy and a quiet area away from the main maternity wards so that they can spend time with their baby.
- 6.2 This suite was on a smaller scale, due to space, as the project at QEQM and both sites had the full support of staff and donations and fundraising had already been very successful.
- 6.3 The Committee fully supported the application and a grant of £61k was awarded.



**11**    **Fundraising Update**

- 7.1    The Committee were updated with ongoing events and activities.
- 7.2    Applications for the post of Community Fundraiser had been received and six candidates were selected for interview. A candidate had been appointed and subject to references would take up the post in early July.

**RECOMMENDATION**

To discuss and note the report.

**COUNCIL OF GOVERNORS ACTIONS REQUIRED:**

To discuss and note the report.

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO:	<b>COUNCIL OF GOVERNORS MEETING 24 MAY 2016</b>
SUBJECT:	<b>COMMUNICATIONS AND ENGAGEMENT STRATEGY</b>
REPORT FROM:	<b>MATTHEW KERSHAW, CEO</b>
PURPOSE:	<b>AGREE</b>

**CONTEXT / REVIEW HISTORY**

This report provides the Committee with a summary of the current position in relation to the Trust's Communication and Engagement Strategy, following on from the workshop held with Governors and Board members on 22 February.

**SUMMARY OF KEY MESSAGES FROM THE REPORT:**

The engagement of Governors in the development of the Strategy.

**COUNCIL OF GOVERNOR' ACTION REQUIRED:**

To agree the involvement of Governors through the Communications and Membership Committee.

**BACKGROUND**

The Trust is making good progress in improving engagement and communication with colleagues as part of the culture strategy. This has included increased face to face activity as well as encouraging ideas from the front-line. Some of this work has already been recognised by the CQC, for example the innovation hubs.

The Board and new Chief Executive are developing valuable working relationships with key stakeholders, including commissioners and MPs. The Chief Executive has also met and is developing relationships with the local newspaper editors.

The Trust's communications function was reviewed and a new Director of Communications and Engagement appointed and will be joining us on May 31. The communications team has been restructured and includes a post dedicated to public and patient engagement. Vacancies are currently being recruited to. During the summer the team will focus on the delivery of the communications and engagement strategy to support the Trust's priorities, including improvement, culture change and the clinical strategy. The development of the strategy will involve engagement with patients, staff, governors and members, and other stakeholders.

**CHALLENGES**

The latest CQC inspection identified a number of areas where performance had improved but also some areas that still needed work, for example cross directorate learning, communication with people with dementia and learning disabilities and patient information accessible to children or in alternative languages.

Although staff engagement had improved there were still pockets which needed to be improved. The staff survey results remain low in comparison with other trusts, in particular in areas such as staff bullying and harassment. Staff retention and recruitment remains a challenge for all NHS trusts.

The CQC recognised the work to engage stakeholders but called for a renewed emphasis on public engagement.

The Trust's digital communications and internal communications (Trust news, Chief Executive's blog) are clear and engaging, however some of the Trust's communications are dated, for example the magazine and use of noticeboards, and their effectiveness needs to be reviewed.

We need to work with our local media so they are well briefed so that stories are well informed and balanced and stakeholders are aware of emerging media coverage.

**OPPORTUNITIES**

The Board has approved a clear strategic direction, focussing on Patients, People, Provision and Partnerships, with annual objectives. The communications and engagement strategy will support this with clear objectives and performance measures which will be reported to the Board of Directors and shared with the Council of Governors.

The Trust has been recognised as caring by the CQC and the brand "We Care" is a useful platform to build on, which will support recruitment and retention and help us to engage with staff and patients.

There are IT solutions that can support effective communications, although some of these would be subject to capital investment (e.g. electronic message boards in place of noticeboards). Other sources of income will need to be explored.

The Trust's clinical strategy will involve patient and public engagement, shared across the whole system, and will be supported by the Trust and CCG communications and engagement teams.

**TRUST PROGRESS ON COMMUNICATION AND ENGAGEMENT**

Over the past 12 months there has been a particular focus on improving internal communications, including:

- The introduction of an executive team blog, including a weekly blog from the Chief Executive.
- A new team briefing process in 5 divisions, this continues to be rolled out
- The development of a staff engagement framework, with channels and feedback routes that are Trust-wide, by division and by site improvement teams

- Engagement and internal communications on the new Trust vision, mission and values
- An annual internal communications audit

An annual survey, run in quarter 4 in 2014/15 and 2015/16 shows an improvement in staff perception of internal communications over the year:

- I feel well informed about what is going on at the Trust 63% (up 5%)
- I have a way to put forward my views and ideas about the Trust 52% (up 2%)
- I have a way to put forward my views and ideas about my area of work 67% (up 3%)
- I have access to the necessary information to communicate Trust messages to my team with confidence 68% (up 10%).

The 2015 (latest) staff survey results had the best staff engagement score for five years and the internal communication metrics were the most improved scores overall.

### **ROLLING OUT OUR STRATEGY, VISION AND VALUES**

During May there was a major focus on supporting our people managers with the communications aspect of their role, including sessions to support them to share our strategic direction, vision and values so that staff engagement is embedded at a local level.

These are the leaders that colleagues have the closest affinity and relationships with and are important influencers in our trust. Themes that emerged from the sessions included:

- Giving managers the tools and messages to be able to communicate consistently with teams
- Providing the skills/coaching/training to be able to do this
- Having the time to do this effectively
- Supporting colleagues to challenge people where they see the values are not being upheld

### **GOVERNORS' AND BOARD COMMUNICATIONS WORKSHOP**

A Governor and Board development session was held on 22 February to discuss setting the communications approach for the Trust, how we should talk with each other, with the public and patients and with our partners and colleagues.

The session was valuable in identifying who we need to communicate with, how we communicate currently and the key topics.

Everyone agreed that communication should be open and honest; clear and simple.

Other attributes were also identified as important and the principles for the way the trust should communicate shared similar themes:

- In all we do and all we say we will be clear and honest
- With clarity and honesty we will communicate our constructive messages to all our audiences
- Positively open and proactive: in line with our values
- We will communicate in ways that are clear, open, honest and appropriate
- Support trust values with clear, honest and timely communications

- Positively open and proactive communication which is informative

### **SUPPORTING GOVERNORS TO COMMUNICATE AND ENGAGE**

Governors are passionate about communications and engagement and are strong advocates for their constituents. This insight will help us to develop the strategy which will also have a strong focus on how we support Governors to continue to communicate and engage with their constituents.

An immediate priority is ensuring Governors are briefed in advance of announcements, and breaking stories in the media, and have appropriate support to respond to them and the enquiries they generate.

### **NEXT STEPS**

The feedback from the workshop, emerging improvement plans (for example the culture strategy action plan), feedback from staff, stakeholders and regulators will inform the Trust's communications and engagement strategy.

The communication and engagement strategy will also be developed using:

- insight into the trust's audiences and how they receive information/are engaged
- evaluation of current communication and engagement methods and feedback
- situation analysis
- best practice in NHS communications

And will include:

- Communication and engagement objectives aligned to the Trust's priorities and values, with key performance indicators
- Key messages
- Channels and tools
- Responsibilities at different levels/areas of the Trust
- Agreed metrics for measuring the effectiveness of communications and engagement which will be reported to the Board of Directors

### **RECOMMENDATION**

Governors are engaged in the development of the strategy through the Communications and Membership Committee and thence to the Full Council.

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO: **COUNCIL OF GOVERNORS**

DATE: **24 MAY 2016**

SUBJECT: **STAFF SURVEY RESULTS**

REPORT FROM: **DIRECTOR OF HUMAN RESOURCES**

PURPOSE: **INFORMATION**

**CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT**

The annual NHS staff survey results were published on 23<sup>rd</sup> February with our organisation's benchmarked position. The Strategic Workforce Committee (SWC) agreed in January, based on a review of the Picker Survey results, that areas for action would be:

- A continuing focus on the 'Respecting Each Other' campaign including working with Health & Safety on the broader aspects of violence and aggression
- Re-launch of the health and well-being group for the organisation with a focus on providing useful interventions to support staff in feeling well, using recent NICE guidance as a road map for action
- Post implementation evaluation and promotion of Trust's new appraisal process
- A focus on capacity and capability of managers / leaders in the organisation

These priorities have been reinforced by analysis of the national results and follow-up data presented by Picker at the SWC in March.

**SUMMARY:**

The NHS Staff Survey was conducted online for all staff in September / October 2015, the brief summary of results showing the organisation's benchmarked position against all acute trusts and performance in 2014 is attached. Response rate continued to be at around 40% which is consistent with 2014 but still lower than previous years, in 2013 a response of 50% was achieved.

The report shows two types of key finding:

- Percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
- Scale summary scores, calculated by converting staff response to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5.

The questionnaire, key findings and benchmarking groups have all undergone substantial revision since the previous staff survey. This means that for some key findings there are not comparisons available to previous year's results.

The report confirms that the organisation has generally improved its results from the 2014 survey however in most key areas the Trust continues to sit in the lowest (worst) 20% of acute trusts when benchmarked.

To understand the context of the improvement seen since 2014 the results for 2015 have, for some key indicators, been compared to results in 2013 and 2012 where available. This gives a sense of whether the improvement is a genuine sustaining one or perhaps a return to the organisation's position prior to the CQC report

publication in Summer 2014. The report from page 15 onwards also provides detailed analysis of individual key findings providing information on both the average results of acute trusts as well as the best score in 2015 for all acute trusts.

Friends and Family test percentage results are shown on page 4 of the summary report and analysis of the comparative position (including acute trust average) over time is shown below:-

Key questions	2015	2015 ave	2014	2014 ave	2013	2013 ave	2012	2012 ave
Care of patients / service users is my organisation's top priority	67	75	57	71	60	69	57	64
My organisation acts on concerns raised by patients / service users	63	73	53	72	64	71	61	68
I would recommend my organisation as a place to work	48	61	40	60	53	61	50	56
If a friend of relative needed my treatment, I would be happy with the standard of care provided by this organisation	60	70	53	67	57	67	55	65

The organisation's overall staff engagement scores in 2015 have shown improvement across all indicators although the organisation continues to be in the worst 20% of all acute trusts (these results are again shown over the last 4 years):-

Key findings (KF)	2015	2015 ave	2014	2014 ave	2013	2013 ave	2012	2012 ave
Overall staff engagement	3.66	3.79	3.51	3.75	3.63	3.75	3.59	3.7
KF1. Staff recommendation of the Trust as a place to work or receive treatment	3.50	3.76	3.32	3.71	3.53	3.71	3.47	3.62
KF4. Staff motivation at work	3.86	3.94	3.71	3.85	3.83	3.86	3.78	3.83
KF7. Percentage of staff able to contribute towards improvements at work	65	69	60	69	61	68	62	68

The Trust's top ranking scores, shown on page 6 of the report, typically sit around the average when benchmarked. The organisation is not high performing in any area, the predominance of indicators shown on page 13 and 14 show performance at the lowest 20% of all acute trusts.

RAG rated reports have been produced for each of the divisions and corporate groups to help identify any 'hot spots' for targeted interventions, which will be actioned in addition to the Trust priorities below:

#### **'Respecting Each Other' programme**

The Trust's bottom ranking scores continue to include staff experience of harassment, bullying or abuse from staff and there has been no change in the Trust's results. This is an area that requires ongoing focus and attention. Staff experience has shown deterioration in only one area in 2015 which relates to the percentage of staff / colleagues reporting most recent experience of violence which has reduced by over 10% since 2014. It is important therefore that the programme of work in regard to 'Respecting Each Other' includes support to staff in understanding the importance of reporting experience of violence particular in areas who report high levels of violence.



**Health and well being**

A first meeting of the group has taken place to agree terms of reference and membership as well as areas for action in 2016/17. A lot of good work is already underway in this area and a focus on internal communications and engagement of staff in this agenda will be the key to the success of this work stream in 16/17.

**Appraisal**

The Trusts revised appraisal process launched on 1 April 2016. It brings together the whole process – preparation, objective setting, personal development and review – in one document. It also incorporates EKHUFT's values and behaviours, placing an emphasis on the 'how' as well as the 'what'. Initial feedback from the refresher training sessions has been very positive.

**Leadership capacity and capability**

The survey results suggest a continuing need to establish a consistent leadership style / framework approach across EKHUFT and an understanding for those who work in these roles, and those who manage them, of where their key strengths and development areas lie. This need has been reinforced by Monitor's recent feedback, suggesting EKHUFT needs to undertake robust assessment and development of its leaders. A proposal on assessing competence and capability of the top 200 leaders in the organisation has been agreed by the Executive team.

**Engagement**

An internal communications plan is being implemented to support the development of ideas for action and sharing of results with staff.

**RECOMMENDATIONS:**

The Council of Governors are asked to note the priorities for action.

**NEXT STEPS:**

'Respecting Each Other' will have 'anniversary' road shows in April/May which will include the launch of the 'refreshed' anti-bullying video and workshops for managers and staff on what bullying is and is not.

HR Business Partners are currently engaging with their divisions and corporate areas to create '*Great Place to Work*' action plans, based on the survey results, to address Trust-wide and group priorities.

The Appraisal Project group will continue to meet on a bi-monthly basis and are planning a post-implementation survey, quality checks on paperwork and staff experience and a review of the appraiser hierarchy.

A Request for Tender has been prepared and issued to recruit an external partner to support the work on leadership assessment and development. A review of education and training across the Trust will be presented to the SWC in June. It is expected the review will address issues in regard to how the Trust organises leadership and management development in future to more clearly align to the organisation's strategic objectives. It will be important that there is a consistent approach in leadership development for the organisation moving forward.

Progress against the Trust-wide priorities and divisional plans will be presented on a regular basis to SWC. The Board will receive an update at their June meeting.

**IMPACT ON TRUST'S STRATEGIC OBJECTIVES:**

SO1: Deliver excellence in the quality of care and experience of every person, every time they access our services

SO2: Ensure comprehensive communication and engagement with our workforce, patients, carers, members GPs and the public in the planning and delivery of healthcare

SO3: Place the Trust at the leading edge of healthcare in the UK, shaping its future and reputation by promoting a culture of innovation, undertaking novel improvement projects and rapidly implementing best practice from across the world

SO4: Identify and exploit opportunities to optimise capacity and, where appropriate, extend the scope and range of service provision

**LINKS TO BOARD ASSURANCE FRAMEWORK:**

AO1: Delivering the improvements identified in the Quality Strategy in relation to patient safety, patient experience and clinical effectiveness

AO2: Embedding the improvements in the High Level Improvement Plan to ensure the Trust provides care to its patients that exceeds the fundamental standards expected

AO3: Delivering Improvements in patient access performance to meet the standards expected by patients as outlined in the NHS Constitution and our Provider Licence with Monitor.

AO6: Delivering the cultural change programme to increase staff engagement and satisfaction

**IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:**

The turnaround time for staff survey data means that there is limited time to act now to influence 2016 results. It is important for staff and for our regulators that we evidence that we act quickly in response to staff survey feedback.

**FINANCIAL AND RESOURCE IMPLICATIONS:**

Resource requirements will need to be identified when particular focus is agreed.

**LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:**

None

**PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES**

None

**ACTION REQUIRED:**

Continue to explore the key findings in the staff survey results that provide insight into staff perceptions and use this insight to support the Board of Directors in decision making in regard to actions relating to the survey as well as the broader strategic agenda.

**CONSEQUENCES OF NOT TAKING ACTION:**

Failure to evidence that we responding positively, at pace, to staff feedback

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO:	<b>COUNCIL OF GOVERNORS MEETING 24 MAY 2016</b>
SUBJECT:	<b>CoG AUDIT&amp; GOVERNANCE COMMITTEE</b>
REPORT FROM:	<b>CHRIS WARRICKER, ELECTED PUBLIC GOVERNOR, CHAIR</b>
PURPOSE:	<b>APPROVAL</b>

**CONTEXT / REVIEW HISTORY**

The Committee has met on two occasions since the last meeting of the Council: 18 February and 16 May 2016; this paper summarises the business undertaken.

**SUMMARY OF KEY MESSAGES FROM THE REPORT:**

The Committee have drafted a proposal paper for the Full Council to consider in relation to revising their committee structure.

The Committee received a presentation from the external auditors on the 2015/16 audit plan.

**COUNCIL OF GOVERNOR' ACTION REQUIRED:**

The Council are asked to consider and approve the recommendations made in the report in relation to the proposed re-structure, in summary:

- a) The CoG Committee structure be aligned to the BoD structure with the exception of the Communications and Membership Committee.
- b) Discuss and agree the proposed meeting schedule for the remainder of 2016;
- c) Agree the proposal that a meeting will only be quorate if the NED chair of the aligned committee, or a NED deputy, is present;
- d) A process will be set in place so that all Governors will be given the opportunity to make suggestions for meeting agendas. This will inform discussions at the agenda setting meeting for the Full Council meetings involving the Trust Chair, CoG Committee Chairs and Lead Governor;
- e) Agenda setting meetings for the CoG committees will involve the NED Chair of the aligned committee;
- f) The format of the Full Council agenda to be reviewed;
- g) To agree the proposed basic template for Committee terms of reference to be populated and amended at the first meeting of each Committee then brought to the Full Council for ratification;
- h) To agree that the new structure be implemented immediately.

It is also suggested that the Council discuss the role of the Lead Governor and the attendance of Governors at trust wide meetings under items 11 and 9 respectively.

## SUMMARY OF COMMITTEE ACTIVITY

### EXTERNAL AUDIT

The presentation given by Philip Johnstone at the May meeting summarised the process being followed to audit the Trust's yearend governance documents: Annual Accounts; Annual Report; Annual Governance Statement; and the Quality Report. As the process has not yet been completed, no details of the outcome could be provided, however there was an opportunity to question some of the underlying principles and assumptions used and thereby gain a better understanding of the process.

Mr Johnstone advised the Committee that time to provide training to Governors was built into agreed work programme and there was some discussion about what members would find useful. It was agreed that the training needed to be focussed on the Governors' roles and responsibilities; there were other training packages available to assist newly appointed Governors to understand the audit process. Mr Johnstone invited Governors to send any suggestions they had for topics to him so that a plan could be developed.

### COMMITTEE STRUCTURE

At the last meeting of the Council of Governors (CoG) in January the proposal that the Audit Working Group, the Constitution Committee and Committee Leads (Chair's) meeting be amalgamated to form an Audit and Governance Committee (AGC) was agreed. The AGC was also tasked with developing the detail of a proposal that the CoG Committee Structure should mirror the BoD structure and provide for:

- a. CoG committees to have a directly aligned NED as the main point of contact who will be the Chair from the "mirrored" BoD Committee i.e. Chair of BoD Quality Committee to be the link NED on the CoG Quality Committee;
- b. All CoG Committees to be chaired by a Governor (recommended through CoG Nomination and Remuneration Committee);
- c. The Chairs of the BoD and CoG committees to work together to develop the agendas for both meetings;
- e. Reviewing the frequency of the CoG Committees;
- f. Reviewing the agendas of the CoG and CoG Committees to ensure that all statutory duties are reflected and given sufficient air time (see Appendix 2);
- g. Reviewing the involvement of governors on trust wide committees and link these into the relevant CoG Committee where applicable

The AGC has met on two occasions, 18 February and 16 May 2016, with both meetings open to all Governors to attend and vote. At the first meeting Governors had an in depth and wide ranging discussion based around the draft of a proposal paper to go to the CoG meeting on 24 May. The second meeting was called in order to consider a revision of that paper based on those discussions. It was also agreed that the meeting would receive a presentation from KMPG, the Trust's external auditors, on the Audit Plan. This presentation would have been received by the Audit Working Group under the former structure.

The main item for the second meeting was to consider the revised draft of the proposal paper to go to the Full Council meeting on the 24 May. This draft has been attached at Annex A for information. The meeting worked through the discussion points laid out in section 9 and reached the conclusions as laid out below.

**POINT A: Does the consensus of opinion continue to support the development of a CoG committee structure which aligns to the BoD structure?**

**Agreed** – two Governors did not support the development of an aligned structure. It was agreed to move forward on this basis pending a review of the structure after six months.

**POINT B: Does the meeting accept the proposal that the alignment structure be adjusted so that the Communications & Membership Committee stand-alone?**

**Agreed** unanimously.

**POINT C: Which is the preferred option for the meeting schedule? Is the meeting frequency correct – do the CoG meetings have to follow the same frequency as the BoD meetings?**

This question proved to be the most difficult to answer; the Committee concluded that the order in which the CoG Committees, BoD Committees, Board and Council meetings occurred needed to facilitate a cycle of Governors both informing decisions taken by the Board and holding the Non-Executive Directors to account for those decisions. It was agreed that CoG Committees could not meet for the same frequency as BoD Committees given that several met on a monthly basis.

Alison Fox advised the meeting that BoD Quality, Workforce and Finance Committees would be receiving quarterly performance updates in the future and it was therefore agreed that the meeting schedule would be set so that CoG committee dates would be aligned to the BoD meeting when this was presented. Meetings for the Communications and Membership Committee could stay on the current scheduled as there was no aligned Committee. The Governance committees met quarterly and the Nominations and Remuneration Committees were had ad hoc schedules, meeting when the need arose.

**It was agreed** that a draft schedule based on these principles should be developed and presented to the Council on 24 May – Annex B.

**It was agreed** to propose that attendance by the NED Chair of the aligned BoD Committee, or an appropriate NED deputy, would be part of the quorum definition: meetings to be cancelled if a Non-Executive Director of the aligned BoD Committee is unable to attend.

**POINT D: Does the inclusion of the chairs of the CoG Committees in the agenda setting meeting for the Full Council meetings provide sufficient opportunity for Governors to influence the content of meetings?**

**It was agreed** that an agenda setting meeting involving the Chairs of the CoG committees and the Lead Governor was helpful. However, the process of agenda setting should allow all Governors the opportunity to contribute. It was agreed that this could be achieved by writing to all Governors prior to agenda setting meetings inviting their suggestions, which could then be fed into the meetings. In addition to the agenda setting meeting for the Council meetings, it was proposed that NED Chairs should be involved in the agenda setting meetings for their aligned CoG Committee.

**The Committee also recommends** to Council that the opportunity be taken to review the format of the Council Agenda as members feel that this could be adjusted

to properly focus resources on meeting the roles and responsibilities that Governors hold. In particular, the majority of the agenda should be providing opportunities for Governors to hold the NEDs to account. Care needed to be taken to avoid duplicating presentations at Council and Board – Governors were able to attend Public Board meetings if they wished.

**POINT E: Does the meeting agree with the suggested template for the terms of reference? Is a template necessary?**

**The template was agreed**, with the addition of the Trust's 'visions and values' header and on the understanding that this provided a basis only; it would be for the new Committees to set their terms of reference and bring them to the Council for ratification.

**POINT F: Does the meeting concur with the principles agreed by the Nominations and Remuneration Committee to guide the proposals for committee membership and chairs?**

Noted; a full debate would take place at Council.

**POINT G: Does the Committee wish to recommend that, if accepted by the Full Council, the new structure is implemented immediately, including the preferred meetings schedule?**

**Agreed.**

The Committee is therefore bringing the proposal paper, with the recommendations as presented under Points A to G above, for discussion and agreement by the Full Council of Governors.

The Committee did not formally consider recommendation g, about Governors attendance at wider Trust Committees. It is suggested that this issue be discussed under the related item on the Councils agenda, item 9.

#### LEAD GOVERNOR

The Committee also discussed the role of the Lead Governor under an item under actions arising to circulate a copy of the revised job description for the role. Alison Fox advised the meeting that a revised document could not be found and it was believed that the role had developed in response to the changing and challenging circumstances during 2015. When Sarah Andrews took on the role it was on the basis of the job description used at the time of her election.

It was agreed that the Full Council needed to have a full discussion about how they wished to see the Lead Governor role develop. There was an item on the agenda for the Public meeting on the 24 May which would enable this to be debated and the Committee recommended that time should be given to ensure that this could occur. Any change to the role of Lead Governor should be formally approved by the Council and the Board.

#### **SUMMARY OF COMMITTEE'S FORWARD PLANS:**

The Committee will receive a presentation from the internal auditors in July.

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

**REPORT TO:           AUDIT AND GOVERNANCE COMMITTEE**

**DATE:                 16 MAY 2016**

**SUBJECT:            PROPOSED REVISION OF CoG COMMITTEE STRUCTURE**

**REPORT FROM:      Alison Fox, Trust Secretary**

**PURPOSE:           Discussion and agreement**

**CONTEXT/REVIEW HISTORY/STAKEHOLDER ENGAGEMENT**

At the full Council Meeting on 18 January 2016 the newly formed Audit and Governance Committee (AGC) were commissioned to develop a proposal for aligning the CoG committees to the Board of Director (BoD) structure.

**SUMMARY:**

This paper is a development of the initial proposal paper (AGC 01/16) presented to the 18 February 2016 AGC. It is based on the discussions at that meeting and informed by discussions at subsequent meetings of the following CoG committees:

- Nominations and Remuneration Group
- Communications Group
- Strategic Committee
- Patient and Staff Experience Committee.

**RECOMMENDATIONS:**

For discussion and agreement.

**NEXT STEPS:** See section 10

**IMPACT ON TRUST'S STRATEGIC OBJECTIVES:****Patients / People / Provision /Partnerships**

The responsibilities of the Governors span all these objectives and the structure of their meetings is critical for effective delivery of those responsibilities.

**LINKS TO BOARD ASSURANCE FRAMEWORK:**

N/A



**IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:**

Failure to agree a structure within which Governors can operate will limit the delivery of their responsibilities.

**FINANCIAL AND RESOURCE IMPLICATIONS:**

The Council of Governors need to be in a position to deliver added value to the Trust's performance and governance. It is important that the way in which they operate provides maximum value in terms of financial resources and staff time.

**LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:**

N/A

**PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES**

N/A

**ACTION REQUIRED:**

To agree the proposal paper to be taken to the meeting of the Full Council on 24 May.

**CONSEQUENCES OF NOT TAKING ACTION:**

Lack of a clear framework for the Council of Governors to operate within will be an obstruction to their ability to deliver on their statutory obligations and responsibilities.

## 1. Executive Summary:

The paper is presented at an open meeting of the AGC and invites Governors to consider the revised proposals for developing their Committee structure for recommendation to the Council of Governors meeting on 24 May 2016.

The paper seeks to summarise the current situation and provide the further detail requested at the February AGC to support the discussions to reach agreement on a proposal to take to the CoG meeting:

Section 2	Timeline
Section 3	Principles
Section 4	Alignment structure
Section 5	Meeting schedules
Section 6	Agenda setting and annual schedules
Section 7	Membership and Chair
Section 8	Template for terms of reference

To facilitate and provide a structure for consideration of this paper, Section 9 identifies possible discussion points based on conversations and discussions at various Governor meetings since the AGC meeting in February.

Next Steps and Recommendations are laid out in sections 10 and 11.

## 2. Timeline:

November 2015	Council of Governors (CoG) meeting - the Constitution Committee was tasked with discussing the possibility of establishing a CoG Audit and Governance Committee (AGC).
December	Constitution Committee – open meeting, proposal paper agreed.
January 2016	CoG meeting - proposal paper presented, Governors agreed to create the AGC and to ask them to consider aligning CoG meetings to the BoD structure. Annex A: full set of recommendations by Constitution Committee
February	AGC meeting - open to all Governors, the restructure paper was considered and it was agreed that a revised draft would be presented to the next meeting.
April	CoG Nominations and Remuneration Committee - discussed membership and chairs for committees under the proposed new structure.
May 16	AGC meeting – to discuss and agree this paper
May 24	CoG meeting - to receive recommendations from AGC and Nominations Committee.
Post May 24	If agreed, new structure and meetings schedule implemented.

## 3. Principles

The following principles have been applied when developing the proposal:

- the Chair of all CoG committees will be an Elected Governor;

- there is no delegation of power from the CoG to a sub-committee - decisions can only be taken by the full Council;
- CoG Committees to align to BoD committees to provide time and opportunity for governors to understand the issues the Board are addressing and challenge NED performance;
- NED chairs of BoD committees to link with the aligned CoG committee;
- reports from CoG committees into CoG meetings summarising their work will support the full Council to manage a large agenda;
- there will be four full council meetings per year and a CoG/NED meeting annually for training and development – as agreed at the January 2016 CoG meeting.

#### 4. Proposed Alignment Structure

The structure proposed by the Constitution Committee for the AGC to develop was:

BoD Committee	Existing CoG Committee	Proposed CoG Committee
Nominations Sunny Adeusi	Nominations & Remuneration	Nominations & Remuneration
Remuneration Richard Earland	Nominations & Remuneration	Nominations & Remuneration
Quality Ron Hoile	Patient & Staff Experience	Quality
Integrated Audit & Governance Barry Wilding	Audit Working Group Constitution Committee Committee Chairs (Leads)	Audit & Governance
Finance & Investment Satish Mathur	Strategic	Finance & Investment
Strategic Workforce Colin Tomson	Strategic	Workforce
Charitable Funds Gill Gibb	Communication & Membership	Communication & Membership

It is suggested that the proposal be amended by removing the alignment between the Charitable Funds Committee and the Communications & Membership Committee (CMC) while retaining the formal NED link with Gill Gibb.

Rationale: the other alignments are logical and facilitate the Governors to meet their responsibility to hold the NEDs to account. The role of the CMC is primarily linked to the other key statutory duty of the Governors - to represent the views of their members. It does not, therefore, fit naturally into the alignment principle and should stand alone.

The Charitable Funds Committee reports independently into the Board and the Governors receive a report from the Chair, Gill Gibb, at Full Council meetings which provides proper governance.

#### 5. Meeting Schedule 2016/17

As requested at the AGC meeting on 18 February, annexes B to F set out meeting dates and options for meeting schedules if committees are aligned. In the options annexes (D – F) wherever possible existing meeting dates are preserved. The Nominations and Remuneration Committee is not include as both the CoG and BoD versions of these Committees meet on an ad hoc basis.

Annex B existing meeting dates for the Board and Council of Governors meetings

Annex C existing dates for CMC – it is proposed that these do not need to change if it is accepted that the committee stands alone.

Annex D existing meeting dates for BoD and CoG Committees and option – to meet on the same day

Annex E option – CoG to meet after the aligned BoD meeting

Annex F option – CoG to meet before the aligned BoD meeting

## **6. Agenda Setting and Annual Schedule**

It is suggested that the Chairs of CoG Committees join the Lead Governor, the Trust Secretary and the Trust Chairman in agenda setting meetings for the Council of Governors' meetings. In this way all the agendas for Council of Governor meetings will be linked. Inclusion of the Assistant Trust Secretary in the meeting will ensure that the BoD Committee agendas will also be linked in. In addition, it is suggested that CoG Chair liaise with the NED Chair of the aligned BoD Committee before confirming their agenda.

Annex G provides an example of annual planner for agenda items which can be developed to ensure that Governors can meet their statutory duties. This is indicative only and not intended to be exhaustive.

Annex H provides a list of those duties, as set out in the Monitor document:

Your Statutory duties – a reference guide for NHS Foundation Trust Governors, August 2013

and the additional responsibilities that the EKHUFT Council of Governors have accepted. This was included in the proposal paper provided to the AGC meeting on 18 February and indicates which of the 'new' CoG committees would focus on the duty/responsibility.

## **7. Template for terms of reference**

At the AGC February meeting it was agreed that the first action of the newly formed Committees would be to review their draft terms of reference and agree or amend these.

Annex I suggests a template for the terms of reference to provide consistency of presentation and content while allowing flexibility for individual committees to adjust to their needs.

## **8. Membership and Chairs**

As requested, the CoG Nominations and Remuneration Committee met to consider the outcome of the Governors Skills Audit and to propose membership and Chairs for the Committees under the aligned structure.

The members discussed how to undertake this task and decided to first agree the principles to be applied:

- each Committee would have a set number of formal members – proposed at eight;
- this would mean the majority of Governors would be asked to sit on two committees;
- all meetings to be open to non-member Governors to attend and contribute to discussion, however, only members to hold voting rights;

- Governors should only chair one CoG meeting;
- a chair to be nominated by the CoG for the first meeting of the Committee and the chair to then be agreed by the members of the Committee at that meeting;
- quorum to be decided by the committee itself;
- all chairs of Committees to be invited to sit on the AGC

A draft of the membership and chairs is currently being developed based on these principles, the outcome of the skills audit and the individual expressions of interest from Governors. It will be completed in time for presentation, discussion and agreement at the Council meeting on 24 May.

The Committee will also be asking the Council of Governors to consider whether it is appropriate for Governors to be members on other Trust Committees/Groups or whether this could be opened to the wider FT membership.

## 9. Discussion points

Given the complexities involved in reaching decisions about these proposals, the following discussion points are suggested to provide a framework for the debate; this is not intended to be restrictive or exhaustive. Where appropriate the rationale behind asking the question and a pros/cons analysis are provided.

### **POINT A: Does the consensus of opinion continue to support the development of a CoG committee structure which aligns to the BoD structure?**

Concerns expressed by Governors prompting the question:

- the workload on Trust staff in attending multiple meetings
- every Governor should be involved in the meetings and discussions
- the number of meetings that Governors will need to attend

Advantages from aligning the Committees

- provides time and space for developing a full understanding of issues
- allows for focussed discussion at CoG meetings as Committees will provide summaries of issues via their reports
- forms closer links with NEDs, providing opportunities for direct questioning

*NOTE: the discussions around points B and C below may contribute to the debate on this point; therefore, it may be necessary to start the discussion on Point A and if agreement is not reached move on to Points B and C. Once those discussions are completed Point A can be re-considered and a conclusion reached.*

*If the meeting decides that it no longer supports the alignment structure, members will need to decide the alternative that will be proposed to the Full Council meeting on 24 May.*

### **POINT B: Does the meeting accept the proposal that the alignment structure be adjusted so that the Communications & Membership Committee stand-alone?**

Rationale laid out in section 4.

### **POINT C: Which is the preferred option for the meeting schedule? Is the meeting frequency correct – do the CoG meetings have to follow the same frequency as the BoD meetings?**

Options:

- CoG committee before aligned BoD committee
- Cog Committee after aligned BoD committee
- Both meetings on the same day

Draft meeting schedules are at Annexes D to F; the draft for the basis of an annual agenda setting schedule may also help inform discussions on this item – Annex G.

Some of the issues which may be of relevance when considering the pros and cons of the options are:

- Issuing papers
  - in general BoD meeting dates are set at the point when it is possible to produce information papers dependent on data collection. Therefore CoG meetings before BoD meetings may not have up to date information available.
  - It will be important for Governors to strictly adhere to confidentiality rules
  - All NEDs will need to have access to information provided to BoD committees in advance of full Board meetings – this can be facilitated by the use of the new Boardpad system
- Making best use of time for Trust staff, NEDS and Governors
  - Meeting on the same day is intuitively the best option to maximise use of peoples' time.
- Debate and discussion – flow of ideas and information
  - Is it best for the Governors' views to be taken to the BoD meetings – therefore CoG meetings are held first, or
  - Is it best for the NEDs views and questions to be taken to the Co G meetings – therefore the BoD meetings should happen first
- Holding NEDs to account – which option provides the best opportunity to achieve this
- Representing members' views – which option provides the best opportunity to achieve this
- Time for BoD committees to develop new ideas/views
  - Whichever option is chosen, the BoD will need space to develop ideas and views so will need to meet in private session. Which option best facilitates this.

**POINT D:** Does the inclusion of the chairs of the CoG Committees in the agenda setting meeting for the Full Council meetings provide sufficient opportunity for Governors to influence the content of meetings?

**POINT E:** Does the meeting agree with the suggested template for the terms of reference? Is a template necessary?

The suggested draft is set out at Annex I. The discussion needs to be in the context that the detail will be debated and agreed within the individual committees at their first meetings.

**POINT F:** Does the meeting concur with the principles agreed by the Nominations and Remuneration Committee to guide the proposals for committee membership and chairs?

These are set out in Section 8.

**POINT G:** Does the Committee wish to recommend that, if accepted by the Full Council, the new structure is implemented immediately, including the preferred meetings schedule?

#### **10. Next Steps**

The proposals to be revised based on discussions at this meeting and a paper to be presented for agreement and ratification at the Council of Governors' meeting on 24 May 2016. The Council will also receive a paper from the CoG Nominations and Remuneration Committee on proposals for the Membership and Chair for the committees.

#### **11. Recommendation**

The meeting discuss the proposals laid out in this paper, using section 9 as a guide, and agree the detail of the proposal to be taken to the Council of Governors' meeting on 24 May 2016.

**ANNEX A****Recommendations from the Constitution Committee paper****RECOMMENDATIONS:**

The CoG is asked to consider the following recommendations:

1. To establish a CoG Audit and Governance Committee (AGC) to replace the existing Audit Working Group, Committee Chairs (Leads) meetings and Constitution Committee and **APPROVE** the draft terms of reference at Appendix 1
2. **APPROVE** the revised CoG meeting schedule shown as Appendix 3: resulting in 4 (quarterly) CoG meetings each year; an annual CoG/NED meeting for use as a development opportunity and replace the joint BoD/CoG/Annual Members meeting with the required Annual Members meeting;
3. Discuss the alignment of governors to hospital sites at the joint CoG/NED meeting on 22 February 2016;
4. Ask the CoG Nominations and Remuneration Committee to take the lead on development of a core skills audit of the CoG and to use this to make recommendation on CoG Committee membership; and
5. Authorise the AGC to develop the detail of a CoG Committee structure which will mirror the BoD committee structure and will provide for:
  - a. CoG committees to have a directly aligned NED as the main point of contact who will be the Chair from the “mirrored” BoD Committee i.e. Chair of BoD Quality Committee to be the link NED on the CoG Quality Committee;
  - b. All CoG Committees to be chaired by a Governor (recommended through CoG Nomination and Remuneration Committee);
  - c. The Chairs of the BoD and CoG committees to work together to develop the agendas for both meetings;
  - d. Exploring the feasibility of joint reporting by aligned BoD and CoG committees to CoG meetings;
  - e. Reviewing the frequency of the CoG Committees;
  - f. Reviewing the agendas of the CoG and CoG Committees to ensure that all statutory duties are reflected and given sufficient air time (see Appendix 2);
  - g. Reviewing the involvement of governors on trust wide committees and link these into the relevant CoG Committee where applicable



**ANNEX B****Existing meeting dates for Board, Council of Governors and Board meetings**

	<b>Council of Governors</b>	<b>Board of Directors</b>
<b>May</b>	24	
<b>June</b>		10
<b>July</b>	21	
<b>August</b>		
<b>September</b>	Annual Members Meeting	
		9
<b>October</b>		7
<b>November</b>	24	
<b>December</b>		9

**ANNEX C****Existing CMC Dates**

<b>June</b>	23
<b>July</b>	
<b>August</b>	15
<b>September</b>	
<b>October</b>	19
<b>November</b>	
<b>December</b>	1

**ANNEX D****Meeting Schedule for CoG and BoG Committees:****Existing meeting dates and meeting dates for holding both on the same day**

## NOTE:

- PSE dates shown for both Quality and Workforce, AGC meeting dates have not been set.
- BoD Committee dates have been used for the 'same day' dates as these are set to take into account the timing required to produce data dependent reports.

	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
<b>CoG Quality</b>	13	18	9	1	10	4	20
<b>BoD Quality</b>	<b>8</b>	<b>6</b>	<b>3</b>	<b>7</b>	<b>5</b>	<b>9</b>	<b>7</b>
<b>CoG Strategic Workforce</b>	13	18	9	1	10	4	20
<b>BoD Strategic Workforce</b>	<b>24</b>	<b>22</b>	<b>19</b>	<b>23</b>	<b>21</b>	<b>25</b>	<b>19</b>
<b>CoG Audit &amp; Governance</b>							
<b>BoD Integrated Audit &amp; Governance</b>		<b>19</b>			<b>18</b>		
<b>CoG Finance</b>	31 May		25		25		13
<b>BoD Finance</b>	<b>7</b>	<b>5</b>	<b>2</b>	<b>6</b>	<b>4</b>	<b>8</b>	<b>6</b>

**ANNEX E****Meeting Schedule for CoG and BoG Committees:****CoG meetings after aligned BoD meetings**

Based around the existing BoD meetings due to timing for producing papers, existing CoG meeting dates in bold.

	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
<b>CoG Quality</b>	<b>13</b>	<b>18</b>	<b>9</b>	14	<b>10</b>	16	<b>20</b>
<b>BoD Quality</b>	8	6	3	7	5	9	7
<b>CoG Strategic Workforce</b>	1 July	29	25	30	29	2 Oct	21
<b>BoD Strategic Workforce</b>	24	22	19	23	21	25	19
<b>CoG Audit &amp; Governance</b>		26			25		
<b>BoD Integrated Audit &amp; Governance</b>		19			18		
<b>CoG Finance Currently bi-monthly</b>	14	12 extra	9	13 extra	11	15 extra	13
<b>BoD Finance</b>	7	5	2	6	4	8	6

**ANNEX F****Meeting Schedule for CoG and BoG Committees:****CoG meetings before aligned BoD meetings**

Based around the existing BoD meetings due to timing for producing papers, existing CoG meeting dates in bold.

	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
<b>CoG Quality</b>	1	29 Jun	27 Jul	<b>1</b>	28 Sep	<b>4</b>	30 Nov
<b>BoD Quality</b>	8	6	3	7	5	9	7
<b>CoG Strategic Workforce</b>	17	<b>18</b>	12	16	14	18	12
<b>BoD Strategic Workforce</b>	24	22	19	23	21	25	19
<b>CoG Audit &amp; Governance</b>		12			11		
<b>BoD Integrated Audit &amp; Governance</b>		19			18		
<b>CoG Finance</b>	<b>31 May</b>	29 Jun extra	25 Jul	30 Aug extra	27 Sep	1 Nov extra	29 Sep
<b>BoD Finance</b>	7	5	2	6	4	8	6

**ANNEX G****Annual agenda planner – basic structure**

Standard items:

- Normal housekeeping such as declarations of interests, confirming minutes etc
- Agreed standard reports to receive from the BoD aligned committee papers – likely to be the high level dashboards currently under development, for purpose of holding NEDs to account.
- AOB

Pattern for annual items

	<b>C&amp;M</b>	<b>Quality</b>	<b>Finance</b>	<b>Workforce</b>	<b>AGC</b>
<b>Items which will fit into a pattern over the year</b>	Annual members meet	Quality Report	Annual Accounts	Staff Survey	Lead Governor election
	Membership strategy				
	Communication with members	Involvement in the Trust's annual planning process in relation to issues for that committee: holding NEDs to account and ensuring members views are represented			
	Annual report preparation				
	Annual report process				
<b>Regular ad hoc items</b>			Significant transactions  Non-NHS income	Amending the constitution  Appointing external auditors	Review of resolution of disputes procedure

**ANNEX H****Governors' Statutory duties and responsibilities**

<b>Statutory duty</b>	<b>Governor role</b>	<b>CoG Committee allocated</b>
<b>Holding the NEDs to account for the performance of the board</b>	Hold NEDs to account for the performance of the board of directors through performance reports to CoG Committees and Committee Chair reports to CoG	Each committee with respect to the work of their mirrored Board of Directors' (BoD) Committee
<b>Representing the interests of members and the public</b>	Provide comment based on views gathered from the members the Governors represent	Each committee with respect to the work of their mirrored BoD Committee
<b>Amending the constitution</b>	Consider any locally proposed amendments to the Constitution	Audit & Governance
<b>Approving the appointment of the Chief Executive</b>	The NEDs are responsible for appointing or removing the CE. The CoG can decide whether or not to approve the appointment	Nom & Rem
<b>Appointing and removing the Chair and other NEDs</b>	Consider and make recommendations to the CoG for the: <ul style="list-style-type: none"> <li>• appointment of the Chair and NEDs</li> <li>• re-appointment of the Chair and NEDs</li> </ul> Contribute to an annual review of the structure size and composition of the BoD Make recommendation to changes to the NED element of the BoD	Nom & Rem
<b>Decide the remuneration, allowances and other terms and conditions of the Chair and other NEDs</b>	Consider and make recommendations to the CoG for the: <ul style="list-style-type: none"> <li>• remuneration and terms of appointment of the Chair and NEDs</li> </ul>	Nom & Rem
<b>Appointing and removing the Trust's external auditors</b>	Work with the IAGC to establish the criteria for the appointment, re-appointment or removal of the trust's external auditors	Audit & Governance
<b>Receiving the Trust's annual accounts and annual report</b>	Governors must be presented with the annual accounts, any report of the auditor on them and the annual report at a general meeting of the CoG	Scrutiny at Audit & Governance and Quality before AMM
<b>Preparing the forward plan</b>	The board of directors must take account of the views of governors when preparing the forward plan	FIC, Quality, Workforce
<b>Taking decisions on significant transactions</b>	Approving significant transactions	FIC
<b>Taking decision on non-NHS income</b>	Decide whether the Trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions	FIC

**ANNEX I****Terms of Reference – draft template**

NOTE: the terms of reference for the Communications and Membership Committee will exclude items 1 & 2.



**COUNCIL OF GOVERNORS'**  
**NAME OF COMMITTEE**  
**TERMS OF REFERENCE**

**Purpose:**

The Committee is responsible to the Council of Governors for the following:

1. To seek assurance from the Chair of the Board of Directors' **Name of Aligned Committee** that the NED members are effectively supporting the delivery of the key elements of that Committee's purpose and in a way which manages Trust financial and staff resources to deliver best value:

Extract from the BoD Committee terms of Reference as applicable

2. To ensure that the interests of members and the public are represented and taken into account by the **Name of Aligned Committee**.
3. **Add in items which are specific to the statutory duties relevant to the work of the CoG committee ie Audit and Governance to receive the reports from Auditors.**

**Membership**

Name (Chair)

Name 7 Governor members

**Quorum:**

The Committee shall be quorate when **details to be decided at the first meeting of the Committee** .

**Structure and Frequency of Meetings:**

**TBC**

The Committee will be supported administratively by the Corporate Secretariat and receive professional advice from the Trust Secretary.

These first two tables provide existing dates which it is not proposed will be altered. The figures in red are dates for Governor meetings.

Existing meetings for Full Council and Board, no proposal to change							
	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Full Council		21		5		24	
Board	10			9	7		9

Existing meeting dates for CoG committees, no proposal to change							
	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Communications & Membership	23		15		19		1
Nominations and Remuneration	Add Hoc						

The two tables below present possible schedules under two options, please note that the NED availability has not been confirmed for these dates so some slight changes may be needed once the Council reach a decision.

Option 1: CoG meetings held after the BoD							
	Jun	Jul	Aug	Sept	Oct	Nov	Dec
CoG Quality			10			16	
BoD Quality	8	6	3	7	5	9	7
CoG Strategic Workforce			26				2
BoD Strategic Workforce	24	22	19	23	21	25	19
CoG Audit & Governance		26			25		
BoD Integrated Audit & Governance		19			18		
CoG Finance			9			25	
BoD Finance	7	5	2	6	4	8	6

Option 2: meetings held on the same day CoG meetings to follow BoD meetings with a shared lunch meeting							
	Jun	Jul	Aug	Sept	Oct	Nov	Dec
CoG Quality			3			9	
BoD Quality	8	6		7	5		7
CoG Strategic Workforce			19			25	
BoD Strategic Workforce	24	22		23	21		19
CoG Audit & Governance		19			18		
BoD Integrated Audit & Governance							
CoG Finance			2			8	
BoD Finance	7	5		6	4		6

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO:	<b>COUNCIL OF GOVERNORS MEETING 24 MAY 2016</b>
SUBJECT:	<b>CoG NOMINATIONS AND REMUNERATION COMMITTEE</b>
REPORT FROM:	<b>PHILIP WELLS, ELECTED PUBLIC GOVERNOR, CHAIR</b>
PURPOSE:	<b>APPROVAL</b>

**CONTEXT / REVIEW HISTORY**

The Committee has met on two occasions since the last meeting of the Council: 18 February and 20 April; this paper summarises the business undertaken.

**SUMMARY OF KEY MESSAGES FROM THE REPORT:**

The main order of business for the Committee was to consider the outcome of the Governors' Skills audit and to make a recommendation for membership of the CoG Committees under the new structure.

The Committee also discussed NED appraisal and the forthcoming NED vacancy.

**COUNCIL OF GOVERNOR' ACTION REQUIRED:**

To discuss and agree the proposal for membership and chairmanship of the Council of Governors' Committees.

**5****SUMMARY OF COMMITTEE ACTIVITY**18 February 2016

At this meeting the Committee considered the following items.

**Board's internal assessment**

The Committee was presented with the outcome of the review of the Trust Board carried out by external facilitator, David Amos. Key points noted were:

- Monitor had received and commented on the report.
- The review would be repeated in May or June when the Board had had time to develop as a team, and would be focussed on performance against the well-led framework.
- Richard Earland provided his response to the report and his understanding of the way the Board was now operating.

**Review Of Richard Earland's Term End And Timetable For Recruitment**



The meeting considered the proposal that Mr Earland be offered a third term of office as a Non-Executive Director of the Trust for one year. This was agreed as it was considered that Mr Earland's knowledge and experience would be of great value during a time of significant change of Board members. Members felt that the current situation constituted exceptional circumstances and it was therefore appropriate to offer a third term. Mr Earland was not present for this item.

It was agreed to seek virtual ratification by all Council Members of this recommendation. However, Mr Earland subsequently decided to decline the offer and the matter was re-considered at the next meeting of the Committee.

### **NED Appraisal Process**

The Trust Chairman explained that she was proposing to conduct the process around the date of NED's appointment and to include 360° feedback with contributions from one or two representatives from the Governors, NEDs and EDs. It was suggested that the contributing Governors should be chosen from members of the CoG committee aligned to the Committees on which the NED served. Members present supported the plans. Members also provided some feedback for the current round of appraisals of the NEDs.

### **NED Remuneration**

The Trust Chair shared with the Committee a paper from NHS Providers summarising the results of their 2015 NED Remuneration Survey and a paper summarising the current commitments of the Trust's NEDs.

### **Scoping core skills audit for Governors**

The Committee was invited to consider whether to undertake a similar process to the skills audit which had been conducted via the Board of Directors Nominations Committee to determine Board members' skills and to identify any gaps. There was a wide ranging discussion with the following key points noted:

- finding the balance between deciding membership based on Governors' skills while allowing for the voluntary nature of the role and making best use of Governors' interests and passions;
- Governor training should be supported;
- there was a need for some consistency across the committees but regimentation should be avoided;
- the time commitment and the need to keep meetings to a reasonable length; and
- it was important for the chairmanship of the meeting to be strong.

The meeting agreed to undertake a simple skills audit of Governors.

### **20 April 2016**

This meeting was held primarily to consider the outcome of Governors' Skills Audit and to develop a proposal for the Full Council to consider with relation to the Chairmanship and membership of the CoG Committees under the new structure.

The response to the skills audit by elected Governors was excellent with 20 of the 22 governors responding. The meeting first discussed how to undertake the task of proposing membership and chairmanship for the committees. The following principles were agreed:

- each Committee would have a set number of formal members – proposed at eight;

- this would mean the majority of Governors would be asked to sit on two committees;
- all meetings to be open to non-member Governors to attend and contribute to discussion, however, only members to hold voting rights;
- Governors should only chair one CoG meeting;
- a chair to be nominated by the CoG for the first meeting of the Committee and the chair to then be agreed by the members of the Committee at that meeting;
- quorum to be decided by the committee itself; and
- all chairs of Committees to be invited to sit on the AGC.

The Committee then attempted to draw up a proposal for membership, however it soon became apparent that this would be difficult to achieve in the time available. It was therefore agreed that Amanda would take away the task of producing a first cut, based on the agreed principles and taking into account the discussions at the meeting. This would then be circulated virtually to members of the Committee for agreement as a proposal.

In the event, a further step was necessary as, in order to complete a first cut, some Governors needed to be asked whether they would be happy to sit on a Committee for which they had not expressed a preference. In addition, the Chairs of the Committees could not be identified on the basis of 'volunteers' via the skills audit process. It is therefore suggested that the 5<sup>th</sup> bullet point above is amended to a proposal that the membership of each CoG Committee is agreed by the Full Council as per Annex A and that those members subsequently agree the Chair for that Committee. It is further suggested that this process is managed virtually so that the Chair is identified prior to the first meeting which will give them time to prepare.

The final document is attached at Annex A and is presented to the Full Council for discussion and agreement.

The Committee also considered the following items:

#### **NED appointment renewal**

The Committee were advised that Mr Earland had decided not to accept the offer of a third term as a NED at the Trust; this would have meant being in post for a further 18 months and he felt that it would be better if he moved on at the end of this year.

The Committee had a brief discussion about the appointment process and timetable and it was agreed that a draft timetable would be provided by the Trust Secretary as soon as possible so that the Committee could take the process forward.

#### **Appraisal Process for NEDs and Trust Chair**

The Trust Chairman explained to the Committee her plans for developing the NED appraisal process, including 360 degree appraisal. The Committee noted that it was important that views be canvassed from Governors outside of open meetings.

#### **SUMMARY OF COMMITTEE'S FORWARD PLANS:**

The Committee will next meet to consider the timetable for the appointment to the forthcoming NED vacancy.



## EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

### SKILLS AUDIT OUTCOME

#### Summary

This provides a proposal for the membership of the Committees based on a membership of 8 per committee with each Governor on two Committees,

It is suggested that each Committee agree which member should be asked to be Chair either at, or by virtual agreement before, their first meeting.

The proposal will need to be worked through; as it stands some Governors are being suggested for Committees for which they did not indicate an interest on the skills audit. In addition, it has been suggested that Committee Chairs should sit on the Audit and Governance Committee; this could not be taken into account when drafting the proposal.

#### Sections:

##### 1. Proposals

Suggested membership for the Committees showing in yellow highlight Governors who have volunteered to chair that Committee.

##### 2. Skills audit outcome

Collated data from the analysis showing the proposed membership, as above.  
Key:

Key	
<b>CH</b>	Willing to be chair
<b>Y</b>	Would like to be a member
<b>YA</b>	Yes, as adviser
<b>M</b>	Yes, depending on time commitment / if needed
<b>N</b>	Response indicates that this Governor would not wish to sit on this Committee
<b>S</b>	Some
<b>L</b>	Little
<b>√</b>	Has the skill
<b>√</b>	General reply that all skills met for that meeting , did not tick individual skills
<b>Name</b>	No return
<b>ADDED</b>	skill not listed in the original audit form

##### 3. Additional Information

Information include in the skills audit not represented in section 2 above.

<b>COMMITTEE</b>	<b>Proposals for Membership</b>			<b>volunteered for chair</b>				
<b>Audit and Governance</b>	PHILIP WELLS	MICHELE	JUNETTA	ROY	MARGO	DAVID	JANE MARTIN	CHRIS
<b>Finance</b>	REYNAGH	CHRIS	PAUL B	JOHN SEWELL	ROY	MANDY	DAVID	MICHELLE
<b>Quality</b>	MARCELLA	PHILIP BULL	JUNETTA	EUNICE	JOHN R	GERAINT	ALAN	SARAH
<b>Workforce</b>	PAUL D	ALAN	SARAH	CAROLE	BOB	JOHN R	DEBRA	JANE B
<b>Communications &amp; Membership</b>	MARCELLA	PAUL D	CAROLE	JOHN SEWELL	EUNICE	BOB	PHILIP BULL	MATT
<b>Nominations and Remuneration</b>	MATT	REYNAGH	JANE BURNETT	CAROLE	MARGO	MANDY	MICHAEL	PHIIP WELLS



Additional Information	
Carole	No Chair, end of term in 2017 72 then not start something can't finish
Sarah	25 years experience at Board level in the NHS, Charity Trustee, CHAI, QC Chair PCT Hospice
Paul B	Works for Bank of New York Mellon as head of agricultural Finance involves financial modelling and business planning Fellow of the Institute of Chartered Accountants in England and Wales. Chartered Tax Advisor. Member of the Australian Institute of Director and a member of the Institute of Directors of New Zealand
Jane B	Not experienced in the NHS so no to chairing
Marcella	Skills ticked gained via professional experience
Philip W	BSc Physics, MSc Medical Electroics, Triained auditor, Qulaified in Organisational Audit, complted course in Ethics of Research, Managed EKHUFT Medical Physics and Nuclear Med 18 yrs, Chaired consultant interview panel, previous Raditation Protection adviser, Univesity Under grad lecturer, Previous INdependent Radiation Expert Dungeness power station
Reynagh	Lawyer Director of Purchsing for an international Pharmaceutical and Chemical Company. Skills: Budget and stock control Capital investmentand forward planning Contract negotiations Has had interviewing skills training Budget control - multi million Board representative in Trade union negotiations
Alan	CEO and resonsible for financial viability of £8M business Treasurer of CPRE Kent and managed £5M legacy Chair of Mid Surrey Health AuthorityCHC for 16 yrs
John Rampton	Prefer to be a member of just one Committee while currently in full time employment

Bob	Day to day management of pathology staff and development of service manages HR issues and team building meeting requirements of external regulatory bodies involved in audit
John Sewell	Consultant Physician at EKH 1980 - 2010 Chaired CoG Strategic Committee 2010 - 201 Experienced in conducting and managing clinical audits BMA lead at EKH 2004 - 2008 EKH Staff Committee member 2003 - 2009E member 2010 - 2016
Matt Williams	Also has Public and Private Sector marcomms, strategic marcomms planning and implementation, event planning and production Charity trusteeship
Roy	MBA
Margo	Has Project management experience Member of NRC
Michèle	Professional level Governance Experience of commissining ie External auditor Analytical skills at professional level
Junetta	Kent Community Health NHS FT member Sits on Medicines Management and Governance Group Board Development Officer for the Independent Monitoring Board, HM Prisons Advancd finance training, Local Government Qualified registered general nurse & midwife Public Health specialist practitioner BA ( Hons) Social Sciences and Economic History Member and Volunteer for Kent Healthwatch



**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO: **COUNCIL OF GOVERNORS**

DATE: **24 MAY 2016**

SUBJECT: **JOHN SEWELL, ELECTED PUBLIC GOVERNOR, CHAIR**

PURPOSE: **INFORMATION**

**SUMMARY**

The Committee has met on two occasions since the last meeting of the Council of Governors: 4 February and 1 April; both meetings were opened to all Governors to attend and to vote if required. The following items were discussed at both meetings:

**Draft Operational Plan**

Nick Gerrard, Director of Finance and Performance Management provided members with an update on progress, including the challenges and risks and setting the process into the national context.

As had been explained to Governors at the Full Council meeting in January, Trust were being required to develop a one year and a five year plan. The East Kent Strategic Board had taken responsibility for coordinating the process across the Health Economy. Nationally, the Trust is part of the Kent and Medway footprint and the work was now being led by Glenn Douglas, previously the Chief Executive at Maidstone and Tunbridge Wells NHS Trust. It has been agreed that each territory within the footprint would have its own plan with joint plans created only for those services crossing areas. Thus the majority of the Trust's services will be developed within an East Kent plan.

Mr Gerrard provided members with an update on the decisions taken by the Board in relation to the offer of monies from the Sustainability Fund and summaries of the state of the Trust's negotiations with commissioners. A lot of work had been done within the Trust to ensure that there was a clear picture of the expected activity level. Mr Gerrard explained that there were operational targets which were non-negotiable, such as the 18 week target of 92%. It was also expected that payment by results contracts would be the norm.

At the April meeting it was noted that guidance required FT Governors to have seen and commented on the plan before submission on 11 April and asked how this was to be addressed. NG said that the plan would be considered at the next Board meeting on 8 April and it was not expected that the Trust would be in a position to submit the plan on the 11<sup>th</sup>. Therefore the Governors were not able to carry out their duty at the present time.

**Canterbury ECC development**

Anne Neal, Assistant Director SD & CP, attended the February meeting at short notice to advise members of the impact of a report presented to the Kent Health Overview and Scrutiny Committee (HOSC) on 29 January following a visit by a review team from the Health Education Ken Surrey and Sussex (HEKSS). Members

were updated on some immediate changes which needed to be made in response to the HEKSS visit report and the requirement to change the model of care used in the KCH Emergency Care Centre. Unless the changes were made, HEKSS would withdraw junior doctors in training from the department.

Liz Shutler, Director of SD & CP, and Anne Neal gave a full presentation to the meeting on the plans for change covering:

- Background
- Issues
- Actions
- Consequences
- Project Objectives
- Model schematic
- Top 20 patient presentation to the site
- Project phasing and incremental approach
- Progress to date
- Next steps

At both meetings, members questioned the plans seeking assurance that there was full collaboration with local health economy partners and that the changes being made to the patient pathways continued to provide patient centred, quality care.

#### **Buckland Hospital**

At the April meeting Ms Shutler was able to provide some answers to questions raised by Governors following a site visit to Buckland Hospital.

#### **SUMMARY OF COMMITTEE'S FORWARD PLANS:**

At the April meeting the Committee received a paper on draft terms of reference for the CoG Committee to be aligned to the Board of Directors Finance and Performance Committee if the new CoG structure was agreed.

Members spent some time discussing the draft and the points raised are captured in the minutes of the meeting. It is suggested that these discussions be taken into account at the first meeting of any new Committee created relating to Finance and Strategy following the Council meeting in May.

#### **COUNCIL OF GOVERNORS ACTION REQUIRED:**

To note the report.

John Sewell  
Chair CoG Strategic Committee