

Council of Governors Meeting in Public


Thu 09 December 2021, 09:30 - 11:00

Teams meeting as per invite

Agenda

09:30 - 09:30 **AGENDA**

0 min

 Public agenda final.pdf (2 pages)

09:30 - 09:35 **Chair's introductions**

5 min


To note *Niall Dickson*

Apologies for Absence and Declarations of interest

To note *Niall Dickson*

33. Minutes from last Council of Governors open meeting held 15 September 2021 matters arising

To agree *Niall Dickson*

 33. Unconfirmed minutes public 15092021.pdf (8 pages)

34. Outstanding actions

To agree *Niall Dickson*

 34. Outstanding actions public.pdf (1 pages)

09:35 - 09:40 **35. Chair's report**

5 min

To discuss *Niall Dickson*

09:40 - 09:50 **36. Chief Executive Officer's report**

10 min

To discuss *Susan Acott*

09:50 - 09:55 **37. Report from SPEC Chair**

5 min

To note *Bernie Mayall*

09:55 - 10:10 **38. NEDs overview report**

15 min

To discuss *Sarah Dunnett & Stewart Baird*

 38.1. NED overview report.pdf (1 pages)

38.1a Quality & Safety Committee

Discussion Sarah Dunnett

 38.1a - QSC Chair Report 30-11-21.pdf (5 pages)

38.1b Integrated Audit & Governance Committee

Discussion

 38.1b - IAGC Chair Report Front Sheet Nov 2021.pdf (4 pages)

Strategic Workforce Committee

Discussion Stewart Baird

38.1c Finance & Performance Committee

Discussion

 38.1c - FPC Chair Report 30-11-21.pdf (4 pages)

10:10 - 10:20 39. Constitution and Policy review group recommendations

10 min

To agree Dorothy Otite

 39. Constitution and Policy Review Group (002)fv1.pdf (8 pages)

10:20 - 10:25 40. Process for responding to email enquiries

5 min

To agree Dorothy Otite

 40. Governor questions V6.pdf (5 pages)

10:25 - 10:35 41. Proposal on review of effectiveness of Council of Governors 2021/22

10 min

To agree Dorothy Otite

 41.1. Effectiveness survey CoG Dec 2021.pdf (2 pages)

 41.2. Appendix 1 - Effectiveness survey questions.pdf (1 pages)

10:35 - 10:45 42. Governor feedback on events attended

10 min

To note Bernie Mayall

10:45 - 10:50 Questions from the public

5 min

Niall Dickson

10:50 - 10:55 Any other business

5 min

Niall Dickson

10:55 - 11:00 **43. Proposed dates for meetings in 2022/23**
5 min

Neville Daw

11:00 - 11:00 **Date of next council meeting 21 April 2022**
0 min

Niall Dickson

COUNCIL OF GOVERNORS MEETING IN PUBLIC
9 December 2021, 9.30a.m.
Virtual meeting – joining details in calendar invite

This meeting will be preceded by an informal meeting of the Council, starting at 9.00am

The meeting will be conducted in line with the Trust Values below:



AGENDA

Reference Conf. 21/	Paper 21/			
OPENING MATTERS				
36.	Chair's introductions	To Note	9.30 5 mins	<i>Niall Dickson Trust Chair</i>
37.	Apologies for Absence and Declarations of Interest	To Note		<i>Niall Dickson Trust Chair</i>
38.	Minutes from the last Council of Governors' Closed meeting held on 15 September 2021 and matters arising	To Agree /33		<i>Niall Dickson Trust Chair</i>
39.	Outstanding actions	To Agree /34		<i>Niall Dickson Trust Chair</i>
40.	Chair's report	To Discuss (Verbal) /35	9.35 5 mins	<i>Niall Dickson Trust Chair</i>
41.	Chief Executive Officer's report	To Discuss	9.40 10 mins	<i>Susan Acott Chief Executive</i>



		(Verbal) /36		<i>Officer</i>
42.	Report from SPEC Chair	To Note (Verbal) /37	9.50 5 mins	<i>Bernie Mayall Co-chair, SPEC Public Governor Dover</i>
43.	NEDs overview report - Board Committee Chair Reports to Public Board: Quality & Safety Committee Integrated Audit & Governance Committee Strategic Workforce Committee (Verbal) Finance & Performance Committee	To Discuss /38; 38.1a - c	9.55 15 mins	<i>Sarah Dunnett Senior Independent Director Stewart Baird Non-Executive Director</i>
44.	Constitution and Policy Review Group recommendations	To Agree /39	10.10 10 mins	<i>Dorothy Otite Interim Group Company Secretary</i>
45.	Process for responding to email enquiries	To Agree /40	10.20 5 mins	<i>Dorothy Otite Interim Group Company Secretary</i>
46.	Proposal on Review of Effectiveness of Council of Governors 2021/22	To Agree /41	10.25 10 mins	<i>Dorothy Otite Interim Group Company Secretary</i>
47.	Governor feedback on events attended	To Note (Verbal) /42	10.35 10 mins	<i>Bernie Mayall Acting Lead Governor</i>
CLOSING MATTERS				
48.	Questions from the public		10.45 5 mins	<i>Niall Dickson Trust Chairman</i>
49.	Any other business		10.50 5 mins	<i>Niall Dickson Trust Chairman</i>
50.	Proposed dates for meetings in 2022/23	To Agree (To follow) /43	10.55 5 mins	<i>Neville Daw Governor and Membership Lead</i>
51.	DATE OF NEXT MEETING 21 April 2022, 9.30 a.m. Pre-meeting from 9.00 and session scheduled to finish at 12.30 after closed meeting		Meeting Ends 11.00	<i>Niall Dickson Trust Chairman</i>

RESOLUTION TO MOVE INTO PRIVATE SESSION

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



**UNCONFIRMED MINUTES OF THE COUNCIL OF GOVERNORS PUBLIC MEETING
WEDNESDAY 15 SEPTEMBER 2021 AT MIDDAY****PRESENT:**

Jane Ollis	Vice Chairman	Vice Chair
James Casha	Elected Governor – Staff	JCa
John Fletcher	Elected Governor – Ashford	JFI
Nick Hulme	Elected Governor – Ashford	NHu
Alex Lister	Elected Governor – Canterbury	ALi
Bernie Mayall	Elected Governor – Dover	BMa
Carl Plummer	Elected Governor - Folkestone & Hythe	CPI
Ken Rogers	Elected Governor – Swale	KRo
Paul Schofield	Elected Governor – Thanet	PSc
Debra Towse	Partnership Governor – Universities	DTo
Marcela Warburton	Elected Governor – Thanet	MWa
Sally Wilson	Elected Governor – Staff	SWi

IN ATTENDANCE:

Susan Acott	Chief Executive Officer	CEO
Tina Ivanov	Director of Quality Governance (for Minute Number 25)	DQG
Dorothy Otite	Interim Group Company Secretary	IGCS
Sarah Shingler	Chief Nursing Officer (for Minute Number 25)	CNO
Amanda Bedford	Governor and Membership Lead (minutes)	GML
Neville Daw	Governor and Membership Lead	GML

MINUTE NO. CoG/21/		ACTION
18.	<p>CHAIRMAN'S INTRODUCTIONS</p> <p>The Vice Chairman opened the meeting. She welcomed Non-Executive Director (NED), Stewart Baird, to the meeting and noted that this was the first formal meeting attended by Dorothy Otite, Interim Group Company Secretary, and Neville Daw, the new Governor and Membership Lead.</p> <p>The Vice Chair noted that this was the final formal Council meeting for Ken Rogers, who had served on the very first Council of Governors when the Foundation Trust was first formed. She thanked him for his invaluable contribution to the work of Council; his expertise would be missed. Debra Towse was also attending her last meeting of Council as the partner governor representing the Universities. Debra's knowledge and understanding had also been of great value to the Trust and the Vice Chair thanked her for her contribution. Amanda Bedford would be leaving the Trust this week and the Vice Chair thanked her for the support she had provided to Council.</p>	
19.	<p>APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST</p> <p>Apologies were received from Bob Bayford, Ross Britton and Alex Ricketts, and noted for Sophie Pettifer and Chris Pink. Paul Verrill, Linda Judd and Liz Baxter were not in attendance.</p>	
20.	<p>MINUTES FROM THE LAST COUNCIL OF GOVERNORS' MEETING HELD ON 20 MAY 2021 AND MATTERS ARISING</p>	

	The minutes of the meeting held on 20 May 2021 were agreed as a correct record.	
21.	<p>OUTSTANDING ACTIONS</p> <p>AB noted that closure of a number of the open actions (21/01 and 21/03) were pending the Chairman's return. The Vice Chair noted that the Chairman was due to return to work as planned. ALi suggested that the Council could start considering which governors should be asked to observe which of the Board Committees so that this could be implemented quickly if agreed. He asked that the terms of reference for the Board Committees be circulated to governors.</p> <p>ACTION: Circulate terms of reference of Board Committees to Governors.</p> <p>21/02: Trust's response to the white paper – GML confirmed that the Trust had sent its response for inclusion in the ICS combined reply. A copy of this would be provided to Governors. Action to remain open.</p> <p>21/04: constitution changes – the Board had agreed the recommendations made by Council and the revised Constitution would be posted to the Trust's website. Action closed.</p> <p>21/05: terms of reference for Council Committees – three committees had met and agreed their terms of reference. There was a change to the MECC terms of reference to remove the name of a past NED. The Nominations and Remuneration Committee was yet to meet. The full set of agreed terms of reference would be brought to the next Council meeting. Action to remain open.</p>	ND
22.	<p>RATIFICATION OF VIRTUAL DECISIONS VOTES SINCE THE LAST MEETING</p> <p>The results of the virtual votes held since the last meeting were noted as laid out in the paper. GML advised that the changes agreed by the Council and Board to the criteria for virtual voting had not been applied subsequent to the decision. This would be rectified moving forward. GML noted that the result had not been affected.</p>	
23.	<p>CHAIR'S REPORT</p> <p>The Vice Chair presented her report, noting that she hoped that the Council would soon be able to return to face to face meetings. The last meeting of the Trust Board had been a hybrid session and it had been good to be able to meet with colleagues again in person.</p> <p>ALi commented that while it was good to meet with people, virtual meetings were more practical for governors who were working. Not having to travel made it less time consuming and easier. In his view hybrid meetings did not work as those present in person tended to dominate the conversation.</p> <p>JFI said that he would welcome a return to face to face meetings. The virtual setting did not suit everyone and was particularly difficult when you were new and had not met any of the other governors in person.</p>	

	<p>JCa agreed with the view that virtual meetings helped those who were in employment. He did not feel that it was the right time to return to face to face meetings.</p> <p>The Vice Chair noted the comments and suggested that Council meetings remain virtual for the present with a view to moving back to face to face at the right time.</p>	
24.	<p>CHIEF EXECUTIVE OFFICER'S REPORT</p> <p>The Vice Chair mentioned some of the issues raised with her during the private session. These included descriptions from staff governors on the pressures they were facing and concerns about maternity services in general and whether the closure of the home birth service meant that staff were now working in the hospital in areas that were not familiar to them.</p> <p>The CEO noted that inpatient covid cases were currently at 40 – 50 patients a day, having been rising slowly for a time. There was a high instance of incidental diagnosis of covid infections where patients were attending for other reasons. The vaccine programme did seem to be weakening the link with serious illness in those infected. There was a high footfall through the emergency departments; recently at levels higher than those that would normally be expected during the winter period. This was linked to difficulties with access to GPs as well as the effect of the lockdowns on those with existing illness – they had been deconditioned and were now frailer. Those presenting with mental health issues had also increased.</p> <p>The CEO said that this combined to make delivering care a complex issue with multiple threads to take into account. The ability to discharge patients was another factor. There were a high number of vacancies in social care provider organisations and many patients in community hospitals were awaiting placements or support in order to return to their communities. In Kent all organisations were using a single patient tracking system which was helping. There was a whole systems approach with meetings of the health organisations to plan for winter.</p> <p>While EKHUFT had maintained cancer services throughout the pandemic, there were waiting lists in other specialities, in particular ophthalmology and orthopaedics. The impact of flu and respiratory issues in children, normal during winter, was of concern.</p> <p>Action was already being taken. Staff were being moved where possible to the 'front door' in an effort to diagnose patients quickly, provide treatment and avoid admissions wherever possible. Opening the elective orthopaedic centre at Canterbury would also be of considerable help in managing patient flow through the winter. In some areas the day or week has been lengthened so more work could be undertaken.</p> <p>MWa suggested that when appointments had to be cancelled it was helpful for patients to be able to speak with someone. She was aware that PALs were providing such a service but she was receiving feedback that often people had to leave messages and that these were not answered. The CEO said that this was a good point which she would take forward.</p> <p>The CEO advised Council that there had been some issues around midwifery staffing and the community birthing programme had been suspended in</p>	

	<p>response to this. A new cohort of midwives were due to join in September and staffing pressures eased after the summer school holidays as bank midwives were then able to give more shifts. The home birth situation would be reviewed at the end of September.</p> <p>The CEO explained that the midwife led units were being visited on a daily basis, including at weekends, by senior staff. There was an interim Director of Midwifery in place and the Trust had a new Chief Nurse who were doing a gap analysis in response to the Ockenden review. This was likely to lead to a request to increase the midwifery establishment.</p> <p>In response to a question from NHu seeking confirmation that assurances given to Council that the promised elevated patient/midwife ratio was being met, SS said that the midwife staffing numbers had not been reduced at all. During the covid period there had been an increase in the acuity in women presenting for birth, the maternity journey became more complex with improved models of care.</p> <p>ALi requested confirmation that the ratio of mothers to midwives had not been changed; if there were problems then Council should be told that this was the case. SS re-iterated that the numbers had not changed; a staffing review was underway as practices were changing and it was expected that this would result in a business case being presented to increase staffing.</p> <p>The Vice Chair closed the item and said that she would keep Council updated via the one to one meetings with the Lead Governor.</p>	
25.	<p>REVIEW OF TRUST'S COMPLAINTS PROCESS</p> <p>DQG first explained how the PALS team was staffed with a Head a Deputy Head and a manager.</p> <ul style="list-style-type: none"> - Head of complaints and PALS - Deputy Head of Complaints and PALS and PALS Manager - Complaints managers (~3.5 WTE) - 3 x senior PALS officers (2 at WHH and 1 at QEQM) - 2 WTE PALS officers (1 WTE at QEQM and 1 at K&C) <p>DQG then detailed the complaints process and explained that a complaint can be either verbal or written and then how they were handled as below</p> <ul style="list-style-type: none"> - All complaints are logged with a central email, monitored by the complaints/pals team. Client sent letter recognising complaint received - It is triaged every day by at least a band 4. - Immediate high-risk issues / serious concerns are escalated on day as a 'hot complaint' (Head of Patient Experience, the Deputy Chief Nurse and the triumvirate for the care group the concern relates to) - Complaints which do not constitute a 'Hot Complaint' need to be triaged with a 30 or 45 working day response timescale: <p>The complaints process once logged in central team are</p>	

	<ul style="list-style-type: none"> - Reported in Datix with lead care group nominated (contacted) - the complaint and any info sent direct to leading care group with timescale for draft to be returned to central team - care group works through complaint, arranges meetings as required, attend meeting where requested to talk to client as part of the compliant response, complete investigation and create responses to complaint including learning and actions - Head of Nursing reviews then draft returned to central team who update Datix - Draft quality checked then sent to exec for approval - Exec either requests changes via feedback, or approves so that report is sent to client. <p>CNO added that it was clear that there was a lack of compassion and respect in the complaint responses and questions were not answered fully. The aim was to work with the care groups so that replies were not defensive and that complaints were managed at the correct level of seniority.</p> <p>MWa said that it was reassuring to hear about the work being done and that problems would be identified and training provided where needed. People needed to work together to make sure that problems do not recur.</p> <p>The Vice Chair suggested that DQG and CNO be invited back to Council in six months to give an update on progress.</p> <p>ACTION: DQG and CNO to attend Council in six months to provide an update on progress.</p>	ND
26.	<p>REPORT FROM CHAIR OF MEMBERSHIP ENGAGEMENT AND COMMUNICATION COMMITTEE (MECC)</p> <p>ALi presented the report as read and invited questions.</p> <p>MWa noted that the survey proposed by Council into cleanliness had been transferred to the Staff and Patient Experience Group (SPEC).</p> <p>ALi raised the issue of the Governors' commentary on the Trust's Quality Report saying that, in his view, this should be managed by the Audit and Governance Committee rather than SPEC as had happened for the 2020/21 report. ALi said that this might have been detailed in a previous paper and signed off but if Council was changing the way it was working this deserved a detailed discussion.</p> <p>He invited KRo to comment. KRo confirmed that in his view the SPEC was the right group to be looking at patient and staff surveys.</p>	
27.	<p>PROCESS FOR RESPONDING TO EMAILED ENQUIRIES</p> <p>IGCS presented the report as read and invited questions.</p> <p>ALi said that he found it incomprehensible that there should be any suggestion that an email addressed to governors was not forwarded to governors and suggested that the process needed to be re-thought.</p>	

	<p>GML said that the one of the key principles behind the process was that all emails would be shared with governors and apologised if that had not been made clear in the paper.</p> <p>ALi said that it was important that the response came from a governor otherwise governors were not engaging with their constituents, but with a Trust Officer.</p> <p>NHu said that the SLAs in the document were good, though he shared ALi's view that the document gave the impression that the governors were not key to the process but an afterthought. He added that he felt very strongly that governors should be able to use their own email addresses rather than the contact information provided to members being a generic email address. He believed that this would increase the number of people who would engage with governors. When he reached out on Facebook he was using his own name and Facebook account so he struggled to see the difference between this and using a direct email address.</p> <p>NHu suggested that the process could be trialled and adjusted to make sure that the governors are central to the response and not undermined.</p> <p>The Vice Chair agreed that the process could be managed in a different way so that responses were personal to governors; it would need some maturing. She suggested that support team worked with NHu and ALi to review the process and circulate a revised version to Council.</p> <p>ACTION: GML, NHu and ALi to review the process and provide Council with a revised version.</p>	ND
28.	<p>ANNUAL MEMBERS MEETING – UPDATE</p> <p>IGCS provided an update to Council on the plans for the AMM. This would be held on 21 September via webex with support from the Trust's IT team. Invitations had been sent to members who had provided an email address and to a range of stakeholders. At present 46 had signed up to attend. The Vice Chair noted that the aim was to hold the event face to face the following year.</p>	
29.	<p>NEDs OVERVIEW REPORT:</p> <p>The Vice Chair apologised that there was not a finance report in the papers; she hoped that the Director of Finance and Performance would be able to join the meeting later and provide a quick presentation. She opened the item to questions.</p> <p>KRo asked SB for his view on whether the data being presented to the Board was indicating that there were any general trends.</p> <p>SB said that looking across the range of metrics it seemed that the Trust was moving in the right direction but had been hit by a higher than expected wave of activity in August. In particular, footfall through the emergency departments was at unprecedented levels. Some areas that were showing green on the metrics had moved to red but were on track to recover. SB commented that rolling out the We Care methodology would be the single most critical factor to improving in the mid to long term.</p>	

	<p>KRo commented that there were some good metrics, such as staff turnover, but others remained a worry – such as the cancer figures.</p> <p>The CEO commented that the organisation was still getting used to the new performance score card based around the We Care methodology. She reminded the meeting that this was based on identifying the areas where the greatest gains could be made and once the objectives in these areas had been reached to either raise the bar or move to another area. This meant that the score card would always be predominantly red. It was also important to take into account the complexities when interpreting the data. For example, while staff retention was showing an improvement it was possible that this could be a side effect of the lockdown and once the pandemic impact eased staff would start moving again. The final impact of covid would not be clear for some time, though new elements were revealing themselves constantly; such as the increase in patient frailty due to reduction in therapy and medical support during lockdown.</p> <p>The CEO re-iterated that pressures on the emergency departments across the Kent region were unprecedented. She suggested that Council might wish to speak with Sarah Collins to learn more about how cancer services had come out of the pandemic stronger than before. That said, waiting times in some specialities had increased a lot and this had to be kept in sight. KRo commented that having spent years speaking out about long waits for cancer services, he had seen amazing improvements happening.</p> <p>NHu said that from a financial services point of view, he would like to see some forward-looking metrics to get a sense of what is happening. He was also very puzzled why maternity figures were not prominent in the score card; given the well-publicised problems surely maternity services should be seen as one of the key areas for improvement.</p> <p>The CEO noted that some of the metrics in the scorecard did include data from maternity, such as those around the deteriorating patient. Maternity services were the focus of an immense amount of work in the Trust and overseen by the Maternity Oversight Committee There was a separate range of metrics measuring maternity and she suggested that it would be useful for the Council to see this data from time to time.</p> <p>The Vice Chair noted the point about having some forward-looking metrics.</p>	
30.	<p>REPORT FROM CO-CHAIR OF STAFF AND PATIENT EXPERIENCE COMMITTEE (SPEC) BMa presented the report, taken as read.</p> <p>She said that the site visit she had gone to had given her the opportunity to meet with some good contacts in the HR department who she hoped would help develop the Real Time Feedback idea so that it dovetailed with the other staff and patient experience work being undertaken in the Trust. She would follow through on this with RBr.</p> <p>BMa commented that she had had the same thoughts as ALi about the governor commentary (see item 26). However, after some consideration she believed that the responsibility correctly lay with SPEC, though she was open to conversation.</p>	

	There were no questions.	
31.	CONSTITUTION AND POLICY REVIEW GROUP RECOMMENDATIONS Item deferred to the next meeting.	
32.	<p>GOVERNOR FEEDBACK ON EVENTS ATTENDED</p> <p>The Vice Chair noted that she and BMa had visited Harmonia village and that she had seen the report that BMa circulated afterwards. She invited SB to comment on the visit he had undertaken with GML and BMa the day before and to give his impressions as a new NED.</p> <p>SB said that it had been good to meet with one of the governors. There were a lot of new members on both Board and Council and with GML taking over as the Governor and Membership Lead a good opportunity to see a lot of change. He looked forward to going on more joint visits with governors and would encourage everyone to participate in the programme.</p> <p>GML advised that he would be circulating a programme soon and hoped to organise two visits a month, covid allowing, inviting volunteers to take part.</p> <p>ACTION: Circulate a forward programme of Joint visits to the Governors.</p>	ND
33.	QUESTIONS FROM THE PUBLIC There were no members of the public in attendance.	
34.	<p>ANY OTHER BUSINESS</p> <p>MWa asked what the plans were for NEDs to attend Council meetings in the future. She understood that governors could attend public Board meetings in order to observe NED performance, but not all governors had the time available to do this. It was appreciated when NEDs took the time to attend Council meetings.</p> <p>The Vice Chair said that she understood the point raised and knew that her NED colleagues did wish to attend Council meetings.</p>	
35.	DATE OF NEXT PUBLIC MEETING: 9 December 2021, 9.30 am venue to be confirmed.	

CoG 21/34							
Action No.	Date of Meeting	Min No.	Item	Action	Target date	Action owner	Progress Note (to include the date of the meeting the action was closed)
21 01	20.05.21	8	Chairman's report	The Board to be asked to consider agreeing to a Governor observer attending closed Board sessions and Board Committee meetings and a NED to be a member of the Staff and Patient Experience Committee.		Chairman	15.09.21: for update on Chairman's return
21 02	20.05.21	9	CEO report	Share with Council the comments made by the Trust to the government white paper.		CEO	15.09.21: Trust submitted comments for a combined response by the ICS - to be shared. 03.12.21: ND to follow up on 07.12.21
21 03	20.05.21	11	Constitution Review Group Report	Discuss the issue of changing removing the maximum term of office rule for Governors with the Board and with the Lead Governor and seek to reach a compromise solution.		Chairman	15.09.21: for update on Chairman's return
21 04	20.05.21	11	Constitution Review Group Report	Recommendations agreed relating to the Constitution Review to be taken to the next Board meeting for discussion and feedback to the Council.		ND	15.09.21: Changes have been agreed by the Board and the revised Consitution to be posted to the website. 03.12.21: Revised constitution to be posted to the website by 15.12.21. Link to revised constitution on website to be circulated to Governors once posted.
21 05	20.05.21	13	Committee membership	Terms of reference to be reviewed at each Committee and brought to the next Council meeting for ratification.		ND	15.09.21: Nominations and Remuneration Committee have yet to meet. Full set of Terms of Reference will be brought to the December meeting. AGC and SPEC are unchanged from those presented to May Council; MECC have been updated to remove named reference to a NED.
21 06	15.09.21	21	Outstanding actions	Circulate terms of reference of Board Committees to Governors.		ND	03.12.21: ND to circulate on 07.12.21
21 07	15.09.21	25	Review of Trust's Complaints process	DQC and TI to attend Council in six months to provide an update on progress.		ND	03.12.21: To be added to forward planner Recommended for closure
21 08	15.09.21	27	Process for responding to emailed enquiries	GML, NHu and ALi to review the process and provide Council with a revised version.		ND	03.12.21: Completed and on agenda for discussion - 09.12.21 Recommended for closure
21 09	15.09.21	32	Governor feedback on events attended	Circulate a forward programme of Joint visits to the Governors.		ND	03.12.21: Forward programme for 2021/22 circulated to Governors . Recommended for closure

REPORT TO:	COUNCIL OF GOVERNORS
DATE:	9 DECEMBER 2021
REPORT TITLE:	NON-EXECUTIVE DIRECTORS (NEDs) OVERVIEW REPORT
PAPER AUTHOR:	GROUP COMPANY SECRETARY (INTERIM)
PURPOSE:	TO DISCUSS
APPENDICES	APPENDIX A: Q&SC CHAIR REPORT APPENDIX B: IAGC CHAIR REPORT APPENDIX C: FPC CHAIR REPORT

BACKGROUND AND EXECUTIVE SUMMARY

This report provides the Council of Governors (CoG) with the Board Committee Chair reports presented to the Public Board on 2 December 2021 (attached as Appendices A, B & C). Each report gives a summary of the work undertaken by the Board Committees prior to the Public Board. The aim of this item is to provide the CoG with an opportunity to raise with the NEDs any areas of specific concern and to gain assurance that the NEDs are assured about the performance of the Board; is aware of potential risks and taking appropriate action.

The timings of Board and Board Committee means the SWC report was not published before the Public Board on 2 December 2021. A verbal update will be provided by the Chair of SWC at the meeting of the CoG.

LINKS TO STRATEGIC OBJECTIVES:

We care about...

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

RECOMMENDATIONS AND ACTION REQUIRED:

The Council of Governors is asked to note and discuss the content of this paper.

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	2 DECEMBER 2021
SUBJECT:	CHAIR REPORT FROM THE QUALITY AND SAFETY COMMITTEE (Q&SC)
BOARD SPONSOR:	SARAH DUNNETT, NON-EXECUTIVE DIRECTOR/CHAIR Q&SC
PAPER AUTHOR:	INTERIM DEPUTY TRUST SECRETARY
PURPOSE:	APPROVAL
APPENDICES:	NONE

BACKGROUND AND EXECUTIVE SUMMARY

The Committee is responsible for providing the Board with assurance on all aspects of quality, including strategy, delivery, governance, clinical risk management, clinical audit; and the regulatory standards relevant to quality and safety.

This report presented reflects Committee activity for the 30 November 2021 meeting.

1. INTEGRATED PERFORMANCE REPORT (IPR)

- 1.1. The Committee discussed the IPR report and the following were highlighted:
- 1.1.1. In October 2021 the data demonstrates that patient falls has returned to being the greatest contributor to harm events (36.4%), closely followed by medication errors medications errors (31.8%). The total harm events for October 2021 was 390 against a target of 314.
 - 1.1.2. Falls improvement interventions continue with a second wave of wards supporting delivery of the breakthrough objective; a 13% reduction in falls is anticipated over the next six months.
 - 1.1.3. Accident and Emergency performance – 22% above planned activity equating to an additional 26,000 patients compared to plan. Actions are in place to ensure the comfort and dignity of patients.
 - 1.1.4. 52 week wait – working in collaboration with the community and Independent Sector Providers (ISPs) to reduce waiting times.

2. INFECTION PREVENTION AND CONTROL (IPC) MONTHLY REPORT

- 2.1. The Committee recognised that October 2021 had been challenging due to the increase in Covid-19 within the community and the operational pressures the Trust was experiencing. The following update was received and noted:
- 2.1.1. To the end of October 2021, 8169 Covid-19 cases had been diagnosed by the Trust with 877 (10.7%) identified as probable or definite healthcare associated infections.
 - 2.1.2. During October 2021, there had been 88 Covid-19 admissions.
 - 2.1.3. Three Covid-19 outbreaks were declared in October 2021 and investigations are ongoing.
- 2.2. Reassurance was provided that Klebsiella and Pseudomonas trajectories are closely monitored and a Trust Priority Improvement Project was planned.

3. UPDATE ON THE QUALITY STRATEGY

- 3.1. It was confirmed that the Quality Strategy was being aligned with We Care and an updated draft would be available for review by March 2022.
- 3.2. The groups reporting to the Quality and Safety Committee were reviewing Terms of Reference in line with the revised governance framework. It was advised that the Patient Safety Committee Terms of Reference will align with the National Patient Safety Strategy requirements.

4. CARE GROUP GOVERNANCE REPORTS

- 4.1. The Care Groups were challenged to review how to achieve improvements in Duty of Candour compliance and adherence to the investigation timescales for serious incidents and complaints.
- 4.2. The General and Specialist Medicine report was noted.
- 4.3. The Committee discussed and noted the following:
- 4.3.1. **Cancer, Clinical Haematology and Haemophilia** - the Trust compliance with Venous Thromboembolism (VTE) risk assessment was not achieved - 89% for October 2021 against a national target of 95%. It was confirmed that the Thrombosis Group was developing a Trust Priority Improvement Plan reporting into the Patient Safety Committee. A Patient Safety Officer role is under consideration to support VTE and Cancer Compliance Trust wide. Reassurance was provided that focussed work supporting areas of lower compliance was underway.
- 4.3.2. **Child Health** - international recruitment of Child Health nurses had commenced and a registered mental health nurse had been appointed to support the Care Group.
- 4.3.3. **Women's Health** – the maternity safe staffing driver deteriorated in month due to shift vacancies. Recruitment remains a strong focus, however sickness and maternity leave has peaked currently at 9.4% against funded establishment. An escalation process was embedded and the care group continued to source shifts with NHS Professionals (NHSP) / agency. An update on training compliance provided reassurance of monitoring and improvement actions in place in relation to Level 3 safeguarding, Fetal monitoring, Neonatal Life Support, PROMPT. It was confirmed that an Interim Governance Matron was now in post and an additional post focused on culture improvement was being appointed to. It was confirmed that Uterine Artery Dopplers will be available in January 2022. The Homebirth service remained closed.
- 4.3.4. **Clinical Support Services** - the Radiology Action plan completion was progressing and it was confirmed that 23 patients resolved with no harm and 23 patients continue to be tracked. The Standard Operating Procedure for generic email accounts was awaiting approval. Testing on Soliton of a flag for incidental findings of probable cancer was underway.
- 4.3.5. **Upper Surgery – Head and Neck, Breast and Dermatology** - assurance was provided that on review of Getting It Right First Time (GIRFT) data, theatre utilisation by the Care Group was good and there are plans to further improve this.
- 4.3.6. **Surgery and Anaesthetics** - A Business Case was under review regarding Safe Staffing in Theatres. The improvement from 77 lost theatre sessions last month to 17 lost sessions in October 2021 was noted. The weekly review of utilisation of sessions and reducing Referral to Treatment (RTT) continued.
- 4.3.7. **Urgent and Emergency Care** - it was reported that the Emergency Departments (EDs) remain under extreme pressure, with continuous escalated OPEL status to support flow and safety. Reassurance was provided that the staffing situation is very closely monitored and managed. The Care Group have improved retention of doctors through flexible working opportunities and an established Certificate of Eligibility for Specialist Registration (CESR) programme.

5. INTEGRATED CLAIMS/INCIDENTS/PATIENT EXPERIENCE QUARTER 2 2021/22 REPORT

- 5.1. The Committee discussed the report and noted:
- 5.1.1. The Trust is a high reporter of incidents and Serious Incidents (SIs) and this was reflective of a positive reporting culture.
- 5.1.2. One Never Event was reported in Quarter 2021/22.
- 5.1.3. The support for the Serious Incident process had been strengthened by site based review and declaration panels that facilitated timely response to incidents, Health Care Safety Investigation Branch (HSIB) Patient Safety Investigation training and the imminent re-introduction of Executive oversight of approval of SI investigation reports and improvement plans.
- 5.1.4. Further work was required to understand the increase in inquest activity.

6. MORTALITY / LEARNING FROM DEATHS QUARTER 2 2021/22 REPORT

- 6.1. The Committee discussed the report and noted:

- 6.1.1. The Hospital Standardised Mortality Ratio (HSMR) of 94.5 (against a national HSMR of 95.4) with a downward monthly trend for six months. EKHUFT has a low HSMR.
- 6.1.2. The improvement plans in place regarding mortality alerts related to sepsis, perinatal conditions and complications of pregnancy and was monitored via the Maternity and Neonatal Assurance Group.
- 6.1.3. Sepsis improvement was being driven through the breakthrough objective workstreams.
- 6.1.4. The We Care approach had been adopted to improve Structured Judgement Review (SJR) completion and review at Mortality and Morbidity meetings. Success had been achieved in the Stroke Speciality which was now 100% compliant with SJRs and Mortality and Morbidity meeting review of cases.
- 6.1.5. The Learning from Deaths panel was well supported by consultants and embedded within the Trust.

7. PATIENT SAFETY COMMITTEE CHAIR'S REPORT

- 7.1. The report was noted and the following highlighted:
 - 7.1.1. Pressure Ulcer Steering Group monitoring and focused support in place for wards where audit compliance dropped below expected standards;
 - 7.1.2. A positive Medication Safety Link Worker training event held in October 2021;
 - 7.1.3. The Rapid Tranquilisation Policy was due for review at the Drugs and Therapeutics Group this month; and
 - 7.1.4. The Central Alerting System (CAS) Alerts policy was progressing.

8. FUNDAMENTALS OF CARE COMMITTEE CHAIR'S REPORT

- 8.1. The report was noted and the following highlighted:
 - 8.1.1. The disappointing national inpatient survey results – the findings were being analysed for a detailed report and recommendations next month.
 - 8.1.2. General and Specialist Medicine success in staff completion of fundamentals of care training - 134 Registered Nurse and 86 Healthcare Support Workers; and ward managers attendance at the Leadership Programme. Reassurance was provided that these interventions were having a positive impact within the Care Group and a programme is planned for other Care Groups.

9. NICE/CLINICAL AUDIT AND EFFECTIVENESS COMMITTEE CHAIR'S REPORT

- 9.1. The report was noted and the following highlighted:
 - 9.1.1. 80% of audits are on trajectory with steady improvement in cross Care Group audits.
 - 9.1.2. The Clinical Audit half day – Getting to Outstanding on 14 December 2021.

10. SAFE SYSTEMS FOR CONTROLLED DRUGS – ANNUAL REPORT

- 10.1. The Committee discussed the report and noted the progress against the actions:
 - 10.1.1. Inclusion of required audits within the Trust annual audit programme;
 - 10.1.2. Plan on improving ward storage of medicines had been submitted to the Trust strategy team;
 - 10.1.3. Approval to progress the development of Standard Operating Procedures for controlled drugs.

11. ZGETHER SUPPORT SOLUTIONS QUARTERLY UPDATE

- 11.1. The Committee noted the reported compliance with Health and Safety requirements.
- 11.2. It was reported that there had been three non-covid Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORS).
- 11.3. The Committee was reassured that authorising engineers had been appointed to provide third party assurance in technical areas.
- 11.4. It was noted that a new contractor had been appointed and there was good compliance with water safety requirements.
- 11.5. Assurance was provided that Fire Safety Risk Assessments were on target and monitored through the Fire Safety Group.

12. CARE GROUP LOCUM REVIEW AUDIT RESULTS

- 12.1. The Committee heard that the recruitment of locums, including safer recruitment checks, was delegated to the Care Groups. Following identification of gaps in compliance and assurance the following mitigations had been put in place:
- 12.1.1. Updated process for onboarding Locums;
 - 12.1.2. Establishment of a Temporary Workforce Team to improve oversight of the process;
 - 12.1.3. Review to ensure appropriate development opportunities are available to Locums (e.g. CESR). It was highlighted that further support from the Medical School may be available to support this work.

13. SAFE STAFFING

- 13.1. The report highlighted:
- 13.1.1. The vacancy rate for registered nurses had increased by 1.8% to 10.3% in October 2021.
 - 13.1.2. There were circa 300 Healthcare Assistant (HCA) vacancies with focused recruitment across Urgent and Emergency Care and General and Specialist Medicine.
 - 13.1.3. The external review of education and training had been completed with 22 recommendations made.
 - 13.1.4. A meeting will be convened by the Chief Nursing Officer with the Chief Operating Officer, Chief Medical Officer and Director of Human Resources and Organisational Development regarding the risk of the current nurse staffing position and mitigations required.
- 13.2. The Committee was assured that the safe staffing improvement plan was on track.

14. CORPORATE PRINCIPAL MITIGATED QUALITY RISKS

- 14.1. Board Assurance Framework (BAF)
- 14.1.1. There were no new risks for escalation and no changes to scoring on the BAF.
 - 14.1.2. There were no extreme risks.
 - 14.1.3. The Committee noted the four high risks on the BAF.
- 14.2. Corporate Risk Register (CRR)
- 14.2.1. The Committee approved the new risk and mitigations in place relating to security within the mortuaries.
 - 14.2.2. There was one extreme risk related to insufficient capacity for Tier 4 Children and Young People's Mental Health Services.
 - 14.2.3. The Committee noted nine high risks on the CRR.

15. CARE QUALITY COMMISSION (CQC) UPDATE

- 15.1. The Committee noted the report including that the proposed CQC Assurance Plan would be reviewed at the Trust Board on 2 December 2021.

16. COMPLAINTS PROCESS REVIEW

- 16.1. The Committee noted the report and plan to undertake a full review of the Patient Advice and Liaison Service (PALS) and Complaints process to ensure a more patient centred and responsive approach.
- 16.2. It was confirmed that an Interim Complaints Consultant had commenced to support the review.

17. PATIENT VOICE AND INVOLVEMENT STRATEGY

- 17.1. The Committee commended the Patient Voice and Involvement Strategy; noting the coproduction with staff, patients, carers and voluntary sector colleagues.
- 17.2. The following were highlighted:
- 17.2.1. Introduction of a Patient Voice and Involvement Team;
 - 17.2.2. A new model to capture feedback from patients whilst on site to drive improvements;
 - 17.2.3. A new digital platform enabling analysis of feedback from multiple sources;
 - 17.2.4. Improving the relationship with the voluntary sector; and

17.2.5. Ensuring patients and the voluntary sector are represented at key Trust Committees.

17.3. It was noted that this strategy will be discussed at the Trust Board on 2 December 2021.

RECOMMENDATIONS AND ACTION REQUIRED:

The Board of Directors is asked to discuss and **APPROVE** the Quality and Safety Committee Chair's report.

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	2 DECEMBER 2021
SUBJECT:	REPORT FROM THE INTEGRATED AUDIT AND GOVERNANCE COMMITTEE (IAGC) CHAIR
BOARD SPONSOR:	OLU OLASODE, IAGC CHAIR
PAPER AUTHOR:	BOARD SUPPORT SECRETARY
PURPOSE:	APPROVAL
APPENDICES:	NONE

BACKGROUND AND EXECUTIVE SUMMARY

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

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

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

MEETING HELD ON 23 NOVEMBER 2021

Item for Decision	Board Assurance Framework (BAF): Risk Register – Highest Mitigating Risks <ul style="list-style-type: none"> • The Committee discussed and approved the BAF objectives for quarter 2 2021/22, noting the risk activity and the BAF and Corporate Risk Register (CRR) had been discussed in detail at each of the relevant Board Committees. • The Committee discussed the Maternity and Neonatal Assurance Group governance and linking this to the BAF. It raised the need for assurance about the flow of information, and progress around embedding the improvement plan as business as usual. Care Groups provided assurance reports on their actions to mitigate risks to the Executive Risk Assurance Group (ERAG), which included Women's Health, along with the identification of new risks. The Committee noted there was further work to be done to improve the risk information flow. • The Committee received assurance of the risk reporting arrangements in place with the newly established ERAG.
Item for Decision	Clinical Audit – Progress Report on the Review and Approval of the 2021/22 Forward Audit Plan

	<ul style="list-style-type: none"> • The Committee discussed and approved the 2021/22 Forward Audit Plan, noting the continued risks and measures being taken to mitigate these. • The Audit Plan includes 361 audits, of which 99 are national audits, with 72 local 'must do' audits, and 190 local audits. There are 291 audits carried forward from 2019/20 and 70 newly identified audits. • Care Groups are engaged and committed to deliver their individual agreed programmes supported by the We Care quality improvement programme. • Clinical Audit half day 'Getting to outstanding' event to be held on 14 December to promote and encourage engagement in clinical audit by all Trust staff. • The Committee received assurance that the Clinical Audit team monitor progress against the audits and action plans, review evidence of the completion of actions and that learning has been embedded.
Item for Decision	<p>Subsidiary Governance Review</p> <ul style="list-style-type: none"> • The Committee received and approved the review of the Trust's subsidiary governance arrangements, noting a full report will be presented to the next Committee meeting and Board following a further review/benchmark of operating models of other NHS subsidiaries. • The Committee discussed for escalation to the Board the appropriate Board Committee to oversee Compliance including Health & Safety Compliance matters..
Item for Decision	<p>Regulatory Compliance Group (RCG) Chair's Report</p> <ul style="list-style-type: none"> • The Committee discussed a report from the RCG Chair and approved the revised RCG ToR that had been strengthened around it receiving evidence of regulatory compliance with standards that apply to the Trust. • The Committee noted: <ul style="list-style-type: none"> • Update on progress of the implementation of the Regulatory Tracker. The system has been developed and is currently being refined. • Partial assurance of Freedom of Information (FOI) compliance due to sickness absence in the team. A review of the FOI process will be undertaken to identify the level of resources required to manage this function and whether there was a need for additional resources; • Update on the activity of the Policy Authorisation Group. The Committee requested future reports include details of policies out of date, those soon to be out of date, and those that had been recently updated. An update on the current position regarding policies was circulated to Committee members.
Item for Decision	<p>Executive Risk Assurance Group (ERAG) Chair's Report</p>

	<ul style="list-style-type: none"> The Committee discussed the ERAG Chair report and approved the ERAG ToR, and approved the Risk Management Policy recommending this for approval by the Board. ERAG is a newly established Executive Group replacing the former Risk Group. This Group ensures executive oversight of risk management activity across the Trust, and a strategic forum for calibration and challenge of risks on Care Group, Corporate and BAF risk registers. The Group has received 8 Care group risk register reports during the reporting period and agreed that the Care Groups had further work to do to strengthen Care Group risk registers.
Item for Assurance	<p>NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Report</p> <ul style="list-style-type: none"> The Committee received and discussed an annual EPRR report, noting: <ul style="list-style-type: none"> The Trust's substantial compliance, it was expected to achieve full compliance in 2022 and a deep dive will be undertaken to ensure this was achieved; Significant work had been undertaken in EPRR over the last six months, as well as investment with the provision of additional staff resources in the EPRR team; The Trust was working with 2gether Support Solutions (2gether) on their Business Continuity Plans (BCPs); The Trust's annual assurance self-assessment and evidence was reviewed and validated by the Clinical Commissioning Group (CCG).
Item for Assurance	<p>Data Security and Protection Toolkit (DSPT) Submission 2021/22 – Progress Update</p> <ul style="list-style-type: none"> The Committee received a progress report on the preparation of the Trust's 2021/22 submission providing assurance of compliance and data security embedded throughout the organisation. It was noted this was on track to achieve compliance for 2021/22 and the submission of evidence against this. The Committee noted the challenge as in previous years remained demonstrating 95% of staff had undertaken their mandatory annual Information Governance (IG) training. An action plan was in place to ensure this percentage was achieved with 'pester pop-ups' generated for staff who were non-compliant. The Committee noted the positive achievement of the Trust's compliance with 'Cyber Essentials Plus' meaning the current Trust DSPT status 'Standards Exceeded'.
Item for Assurance	<p>Cost Improvement Programme (CIP)</p> <ul style="list-style-type: none"> The Committee received a verbal report about the short-term suspension of the CIP programme due to the Covid-19 pandemic. The Committee agreed a deep dive report to be presented at its next meeting in February 2022 about agency and temporary staff savings.

Item for Assurance	<p>East Kent Hospitals Charity – Annual Accounts and Annual Report 2021/22</p> <ul style="list-style-type: none"> The Committee received a verbal report noting the annual audit would be completed at the end of November, and presented for approval at the meeting of the Charitable Funds Committee on 7 December. Following approval this will be circulated virtually to the IAGC and Board for approval, ahead of the submission deadline of 31 January 2022.
Item for Assurance	<p>External Audit</p> <ul style="list-style-type: none"> The Committee received and discussed an External Audit Progress and Sector Update Report, noting the timeline for the completion of the 2021/22 external audit plan.
Item for Assurance	<p>Internal Audit</p> <ul style="list-style-type: none"> The Committee received, discussed and noted an Internal Audit Progress Report. It was noted the November Quality & Safety Committee would receive a report from the Chief Medical Officer on the Care Group locum review audit results and assurance around the processes for locums was being adhered to.
Item for Assurance	<p>Local Counter Fraud Specialist (LCFS)</p> <ul style="list-style-type: none"> The Committee received and discussed a LCFS Progress Report, noting: <ul style="list-style-type: none"> an update on investigations; the activities of LCFS that included reviewing Trust policies and the provision of fraud and bribery awareness sessions for staff.
Item for Assurance	<p>IAGC Annual Work Programme</p> <ul style="list-style-type: none"> The Committee received and noted the IAGC Annual Work Programme for 2022, detailing the items for presentation the following year.
Other items of business	<ul style="list-style-type: none"> The Committee received, discussed and noted: <ul style="list-style-type: none"> Six monthly Losses and Special Payments Report. The Trust continued focussed work to minimise losses; Six monthly Single Tender Waiver (STW) Report. Improvement in reducing the number of STWs, a benchmarking exercise will be undertaken by Internal Audit to review the numbers of STWs against other trusts, and this will be included in the Annual Audit Plan for next year to include the Group subsidiaries.

RECOMMENDATIONS AND ACTION REQUIRED:

The Board of Directors is asked to **APPROVE** the:

- IAGC Chair report; and
- Risk Management Policy.

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	2 DECEMBER 2021
SUBJECT:	CHAIR REPORT FROM THE FINANCE AND PERFORMANCE COMMITTEE (FPC)
BOARD SPONSOR:	NIGEL MANSLEY, NON-EXECUTIVE DIRECTOR/FPC CHAIR
PAPER AUTHOR:	INTERIM DEPUTY TRUST SECRETARY
PURPOSE:	APPROVAL
APPENDICES:	NONE

BACKGROUND AND EXECUTIVE SUMMARY

The purpose of the Committee is to maintain a detailed overview of the Trust's assets and resources in relation to the achievement of financial targets and business objectives and the financial stability of the Trust. This will include:

- Overseeing the development and maintenance of the Trust's Financial Recovery Plan (FRP), delivery of any financial undertakings to NHS Improvement (NHSI) in place, and medium and long-term financial strategy.
- Reviewing and monitoring financial plans and their link to operational performance, overseeing financial risk evaluation, measurement and management.
- Scrutiny and approval of business cases and the capital plan. Approval limits:
 - Revenue: £2.5m over 5 years;
 - Capital up to £2.5m.
- Maintaining oversight of the finance function, key financial policies and other financial issues that may arise.

This report presented reflects Committee activity for the 30 November 2021 meeting.

Matters arising:

The Committee identified that a strategic review of the Group Structure should be scheduled for discussion at the Trust Board early in 2022.

1. MONTH 7 FINANCE REPORT

1.1. The Committee discussed and noted:

- 1.1.1. The Trust delivered a £1.5m deficit position in October 2021, which brought the year to date (YTD) position to £1.5m deficit following the breakeven position delivered in the first half of the year.
- 1.1.2. The expenditure on Covid-19 was £2m in month which brings the YTD total to £12m. This included £1.6m of 'out of envelope' Covid-19 costs which are funded separately by NHSE/I.
- 1.1.3. The Elective Recovery Funding (ERF) methodology has changed for H2, and is now based on monthly Referral to Treat (RTT) completed pathway submissions instead of elective activity levels. For October 2021 £0.4m has been included, which is consistent with the expectations within our refreshed H2 plan to be submitted in November 2021 aiming for a breakeven position.
- 1.1.4. The Trust's cash balance at the end of October 2021 was £13m which was £6m above the plan.
- 1.1.5. Total capital expenditure at the end of October 2021 was £16m which was £5m below our internal Trust plan. The capital plan has been re-phased and is actively managed.

2. MONTH 7 SAVINGS AND EFFICIENCIES UPDATE

- 2.1. The Committee noted that recent guidance had been released indicating that the Trust was required to report efficiencies of approximately £1.2m for H1. The Trust booked efficiencies of £0.3m in month 7 versus the original plan of £0.2m.
- 2.2. The Year to Date (YTD) efficiencies are £1.2m versus a plan of £1.3m as Care Groups continue to focus on recovering elective activity.
- 2.3. In H2, the Trust has submitted a plan of £10m consisting of Covid spend reductions of £5m, a reduction in Vanguard theatre rentals of £0.3m, and 2gether Support Solutions efficiencies of £0.8m, with £2.2m still to be identified. Reassurance of 85% confidence was given over the plan and the remainder if undelivered would be bridged by non-recurrent benefits.
- 2.4. It was noted that there was a risk around Efficiency schemes for 2022/23 given the current operational situation.

3. H2 PLANNING UPDATE

- 3.1. The Committee noted that the Trust had delivered a breakeven position in line with plan for H1. The Trust had submitted a breakeven plan, required for all NHS providers, for H2 2021/2022 and therefore for the Full Year 2021/22.
- 3.2. The plan was discussed and the key risks were identified as:
 - 3.2.1. Covid and Winter pressures impacting on elective activity;
 - 3.2.2. ERF of £5m based on assumptions around the increase in the Elective Orthopaedic Centre (ELOC);
 - 3.2.3. efficiencies of £10m are high risk (see 2.3 above); and
 - 3.2.4. faster operationalising recruitment Business Cases could lead to a significant cost pressure.
- 3.3. The Committee noted that the plan had been reviewed and authorised by the Director of Finance and Performance, Chair of FPC and the Chief Executive.

4. FINANCIAL RECOVERY PLAN (FRP) UPDATE

- 4.1. The Committee discussed the update on the Trust progress toward exiting from the Financial element of the Recovery Support Programme (RSP). A financial recovery plan with an evidence base had been developed which balanced financial recovery with operational requirements and demonstrated good governance and effective system working.
- 4.2. The Committee concurred with and noted the proposed next steps to:
 - 4.2.1. Finalise the medium term financial model working with the Integrated Care System (ICS) and national leads;
 - 4.2.2. Develop the Diagnosis/Scenario modelling/Interdependencies section of the Financial Recovery Plan (FRP) for Review;
 - 4.2.3. Re-establish Cost Improvement Programme (CIP) Project Management Office (PMO) and mitigate, as far as possible, the risks outlined;
 - 4.2.4. Establish a number of efficiency saving workstreams as part of the FRP and relaunch as an organisational priority;
 - 4.2.5. Continue work with NHSE/I, Kent & Medway (K&M) system leads and Medway FT to develop and refine our financial model and FRP;
 - 4.2.6. Present the draft FRP and summary financial model to the January 2022 FPC and Trust Board.

5. WE CARE INTEGRATED PERFORMANCE REPORT

- 5.1. The Committee discussed the report, noting the updates on the True Norths and Breakthrough objectives. The following were highlighted:
 - 5.1.1. The challenges in allocating beds on Decision to Admit (DTA). The Emergency Department (ED) attendance was 22% above plan for October 2021. Mitigations in place include: senior review on DTA, a focus on early discharge, delivery of the community winter plan schemes.
 - 5.1.2. Theatre utilisation had improved in month.
 - 5.1.3. DM01 demonstrates an improved position.

6. FINANCIAL AND OPERATIONAL RISKS REVIEW

- 6.1. Board Assurance Framework – the Committee noted that:
- 6.1.1. There had been no new risks requested for escalation and no changes to scoring on the Board Assurance Framework.
 - 6.1.2. There were no extreme risks identified.
 - 6.1.3. There were two high risks identified related to:
 - Implementation of strategic change required to address service delivery, workforce and estate condition.
 - Delivery of the financial breakeven position of the Trust.
- 6.2. Corporate Risk Register – the Committee noted that:
- 6.2.1. A new risk, controls and mitigation were identified in relation to: Failure to ensure adequate controls and safeguarding arrangements are in place at mortuaries increases the risk of distress to families and exposes the Trust to legal challenge and reputational damage. An internal audit of mortuary processes was undertaken in 2021 giving reasonable assurance that the controls are suitably designed, consistently applied and effective. The annual risk assessment of security in the mortuary was completed in August 2021 and found that all possible control measures had been implemented. As an immediate response to recent media coverage an action plan has been developed regarding security in the mortuaries. CCTV for Kent & Canterbury Hospital (K&CH) has been ordered and two staff members will be working together at all times until this is installed. The action plan is due to be completed by 15 December 2021.
 - 6.2.2. There were no extreme risks identified.
 - 6.2.3. There was one high risk identified related to the allocation of revenue and capital to support the Trust's statutory compliance and backlog maintenance.
 - 6.2.4. The Director of Finance and Performance will consider including a risk around the achievement of the challenging H2 plan for break even.

7. UPDATE ON RECOVERY (STAFF), RESET, RESTORE AND RECOVERY (SERVICES FOR FUTURE PROGRAMME (4RS))

- 7.1. The Committee discussed the report noting the updates on the Emergency Recovery and Elective Recovery programmes.
- 7.2. The following were highlighted:
- 7.2.1. The A3 action plan regarding Criteria to Reside will be completed in the next two weeks.
 - 7.2.2. The ED improvement plan actions were primarily for completion within three months. Reassurance was provided that some actions had already been completed and others were progressing to plan.
 - 7.2.3. The updated on Referral to Treatment (RTT) and Vanguard were noted.
 - 7.2.4. The 4R programme led by the Chief Operating Officer were monitoring implementation of approved business cases to support recovery.

8. CAPITAL PROGRAMME MONTH 7

- 8.1. The Committee noted the following:
- 8.1.1. The approved Final Capital Plan for 2021/22 is now £52.2m. This is an increase of £11.9m from the original Capital Plan submitted to NHSE/I in April 2021. The increase is due to the approval additional funding for Community Diagnostic hubs, additional Support Capital Public Dividend Capital (PDC), Diagnostics Digital Capability, Diagnostic Imaging Funding, and Ultrasound Simulator Equipment.
 - 8.1.2. The YTD spend to the end of Month 7 is £16m, against an internal capital rephrased plan YTD of £21.2m, therefore resulting in a £5.2m underspend.
- 8.2. The Committee noted that the Trust had gone at risk on £1.5m capital to deliver Targeted Investment Fund (TIF) funded schemes directly attributable to the Trust.

9. H2 SUMMARY OF APPROVED BUSINESS CASES

- 9.1. The Committee noted the most recent status of Business Cases either approved, in the process at various stages in the Trust governance process or not started and expected in H2.
- 9.2. Reassurance was received that in similar business cases, there is no risk that the benefits are being double counted.

10. 2GETHER SUPPORT SOLUTIONS (2GETHER) CONTRACT – TRANSFER PRICING MARGIN 2022-23 FINANCIAL YEAR

- 10.1. The Committee recognised that the:
- 10.1.1. Trust has two subsidiaries, 2gether and Spencer Private Hospitals; and
- 10.1.2. Group is required to comply with Transfer Pricing Rules (TPR) to demonstrate to HMRC that the subsidiaries are operating as “arms length” subsidiaries of the Trust.
- 10.2. The Committee **APPROVED** the following recommendations:
- 10.2.1. The 2.8% margin will be used for the 2gether Support Solutions contract and related party transactions to meet TPR requirements for the 2022-23 and 2023-24 financial years (2023-24 subject to final review) and consideration is given to undertake a revised benchmarking exercise in 2023-24 to inform the transfer pricing margin for 2024-25.
- 10.2.2. A report will be brought back to the February 2022 Finance Committee proposing the approach and methodology to be used to ensure TPR compliance for the Spencer Private Hospitals contracts and related party transactions.

11. HARMONIA VILLAGE UPDATE

- 11.1. The Committee noted the update on the option to find a partner to manage the Harmonia Village. The invitation to tender had been sent out and tenders are due toward the end of December 2021. It was anticipated that the preferred partner would commence management of the facility by late January/early February 2022 with the first residents accommodated by April 2022.

12. Other Reports

- 12.1. The Committee received and noted the following reports:
- 12.1.1. Strategic Investment Group (SIG) Chair’s report and minutes.
- 12.1.2. Financial Improvement Oversight Group (FIOG) Chair’s report and minutes.

RECOMMENDATIONS AND ACTION REQUIRED:

The Board of Directors is asked to discuss and **APPROVE** the FPC Chair’s report.

REPORT TO:	COUNCIL OF GOVERNORS
DATE:	9 DECEMBER 2021
REPORT TITLE:	CONSTITUTION AND POLICY REVIEW GROUP REPORT
PAPER AUTHOR:	GOVERNOR AND MEMBERSHIP LEAD
PURPOSE:	TO AGREE
APPENDICES	APPENDIX 1: RECOMMENDATIONS FOR CHANGE

BACKGROUND AND EXECUTIVE SUMMARY

This report contains the recommendations from the Constitution and Policy Review Group (C&PRG) with regard to the review of Council policies and guidance.

The group comprised:

- Governors Alex Lister (Chair), Carl Plummer, Bernie Mayall, Ross Britton and Ken Rogers
- Non-Executive Director, Nigel Mansley
- Group Company Secretary, Alison Fox

At the May 2021 meeting of Council recommendations were brought with respect to changes in the Constitution and it was noted that with respect to the policies and guidance significantly more time would be needed to complete the work. The review, which has now been completed, looked at the following documents:

1. Appraisal Chair and NEDs guidance
2. Governor Code of Conduct comprising:
 - a. The Main Code
 - b. Governor Role summary
 - c. Media Policy
 - d. Nolan Principles
3. Recruitment Guidance
4. Dispute Resolution
5. Travel and expenses policy
6. Managing allegation of a breach of the code of conduct
7. Fit and Proper persons policy

Ownership of the documents varies: some are owned by the Trust, some by Council and some are owned jointly.

To make the workload more manageable, a lead/leads was assigned to each document and they presented their assessment at a meeting held on 22 July 2021.

Annex 1 provides the outcome of that work. Changes suggested to amend out of date information which did not materially affect the content, or to correct grammar, have not been separately listed. As these are effectively 'housekeeping' changes they will be made automatically.

The Group noted that all the documents would benefit from the use of plain English. It was recognised that to amend the text in this way would take a significant amount of work and time; resources were not available to do so at present. It is recommended that this is taken into account when each document is next reviewed.

LINKS TO STRATEGIC OBJECTIVES:	We care about... <ul style="list-style-type: none">• Our patients;• Our people;• Our future;• Our sustainability;• Our quality and safety.
RECOMMENDATIONS AND ACTION REQUIRED: The Council of Governors is asked to consider and AGREE to the recommendations made at Appendix 1.	

Annex 1: review outcomes and recommendations to Council

Recommendation

Overarching all documents: where reference is made to the original regulatory body Monitor, replace with the current regulator 'NHSEI' and add a note at the start of the document that Monitor remains the legal entity.

1. PROCESS FOR THE APPRAISAL OF THE TRUST CHAIRMAN AND NON-EXECUTIVE DIRECTORS

Owned by Council. Lead reviewer: Ken Rogers

Recommendation 1.1

Page 2: Existing text:

Some adjustments have been made to allow for the specific and specialised role and accountability held by NEDs and the additional responsibilities of the Trust Chair. The process reflects EKHUFT Guidance on the Statutory Duties of Governors.

Comment: The difference is that NEDs do not have the same terms or conditions of employed staff, and have no contract or rights over redundancy or termination.

Recommendation: add the following to the end of the paragraph:

While acknowledging that NEDs do not have the same terms or conditions of employed staff, and have no contract or rights over redundancy or termination.

Recommendation 1.2

Page 2: Under appraisal toolkit section, replace:

Any queries about the appraisal should be raised with the Governors and membership lead.

With:

Any queries about the appraisal should be raised with the Governors' Nominations and Remuneration Committee, who if necessary seek professional help.

Recommendation 1.2

Page 3 Under NED Appraisal process, replace:

The NEDs are appraised by the Trust Chair. The Trust Chair appraised by the Senior Independent Director (SID).

With:

The NEDs are appraised by the Trust Chair in consultation with the Council of Governors. The Trust Chair appraisal is carried out for the Council of Governors, and in consultation with the Board, by the Senior Independent Director (SID).

Recommendation 1.3

Page 3, 5 and 8: remove all reference in the guidance to carrying out a mid-year review.

Recommendation 1.4

Page 3 Under NED Appraisal process, replace:

When a new Chair or NED joins the Trust initial objectives will be agreed within eight weeks of the joining date. For NEDs these will be agreed with the Trust Chair, for a new Trust Chair these will be agreed with the SID.

With:

When a new Chair or NED joins the Trust initial objectives will be agreed with the Council of Governors, in consultation with the Board; in the case of NEDs by the chair, or for the Chair through the SID, within eight weeks of the joining date.

Recommendation 1.5

Page 5: to the list of prompts to give Governors when requesting feedback on NED performance add:

- Do you have any recommendations for individual NED objectives to be set for the coming year.

Recommendation 1.6

Page 5: where it states that the Lead Governor will co-ordinate feedback from governors, amend it to read, 'the Lead Governor or their deputy'.

Recommendation 1.7

Page 6: to the list of prompts to give Governors when requesting feedback on the Chair's performance add:

- Do you feel that the chair keeps you informed of issues in the performance of the Trust?
- Are there any objectives that you feel should be added for the forthcoming year?

Recommendation 1.8

Page 6: replace

If the NED being appraised has any concerns about the process these should be reported to the Trust Secretary.

With:

If the NED being appraised has any concerns about the process these should be reported to the Lead or Deputy Lead Governor who will seek advice from HR or the Group Company Secretary.

2. GOVERNOR CODE OF CONDUCT

Trust Owned. Lead reviewer: Alex Lister

2a Main document

Recommendation 2a.

Add the Lead Governor to Paragraph 1.8:

Should any individual member of the Council become concerned about an aspect of the Trust's activities or that of the Council they should discuss this in the first instance with the Chair, **Lead Governor** or the Trust Secretary

Recommendation 2a.1

As with Recommendation 6.1 below, Section 3.2 relating to the disqualification of a governor should be updated to reflect changes in other documents, including the Constitution:

3.1 Governors will also be disqualified if they cease to meet the eligibility criteria, (mandatory or otherwise) for becoming governors, or if, through changing circumstances, they fall into the category of those who are excluded from becoming governors. Failure to meet the mandatory requirements under paragraph 17.1 of the Trust's Constitution will result in automatic termination. In circumstances where disqualification is under consideration for the non mandatory reasons set out in Annex 6 of the Trust's Constitution, three weeks notice of the resolution must be given to the Council of Governors, and termination as a governor will require the approval of three quarters of those members of the Council of Governors present and voting at the meeting.

Recommendation 2a.2

Section 5 Personal conduct: 5.1.1 Governors are to act in the best interests of the Trust.

This should be replaced by the definition given in the roles and responsibilities document:

Governors must act in the best interests of the NHS Foundation Trust and are not expected to undertake the duties assigned to Directors or to be responsible for the operations and, ultimately, performance of the FT.

2b Governor roles summary

No changes recommended.

2c Media Policy

Consideration of this document prompted the most discussion by the group and was perhaps the most difficult to address. The purpose of the policy was seen to be providing clarity on what governors can and cannot say in public, particularly in a context of expressing a personal opinion. It was noted that Non-Executive Colleagues had similar challenges.

Alex Lister suggested that the policy should be prefaced with a statement to the effect that the role of governors was to promote engagement, foster communications and create dialogue with constituents.

The Group Company Secretary reminded the Group that constitutionally, governors cannot speak as individuals; as a governor they are a member of Council and must express the view of Council.

The following specific recommendations are suggested as a way for governors to be able to express personal views while still recognising that when speaking as a governor the view of Council must be given.

Recommendation 2c.1

Point 2 to be re-drafted so that it is clear that governors can give personal opinions as long as it is made clear that this is the case and that that will be reflected in any media coverage of the statement. Suggested addition in bold:

2. The Trust recognises that the Council has an appropriate role in providing information to the Trust's membership and wider public. However to ensure such messages reflect

the opinion of the whole Council and are consistent with other statements made by the Trust any statements by members of the Council of Governors must be issued through the Trust's Communications Department. **Governors may express their personal view as long as it is made clear that this is the case and that that will be reflected in any media coverage of the statement.**

Section 5 below to be amended accordingly.

5. With regard to communication to Governors from the press and media these must be immediately directed to the Communications Department on 01227 866384 who will take responsibility for providing and delivering a response. **Governors may express their personal view direct as long as it is made clear that this is the case and that that will be reflected in any media coverage of the statement.**

Recommendation 2c.2

It was suggested that section 6 be deleted from the policy.

6. Under no circumstances should an individual member of the Council of Governors discuss, publish or otherwise distribute information on matters pertaining to the Trust or their role as a member of the Council without the knowledge and agreement of the Chair of Governors and the Trust.

The Group Company Secretary said that this statement properly reflected the situation that when speaking as a governor it was important that view expressed must be one agreed by Council. She suggested that the section could be amended as above to caveat that personal opinions can be given if it is made clear that it was a personal opinion and not given as a governor.

Recommendation 2c.3

An addition to be made to the policy to stress that there is a responsibility on governors to make sure that information they provide is factually correct.

2d Nolan Principles

These are a nationally recognised set of principles – a reference document; not open for change.

3. GUIDANCE ON RECRUITMENT

Council owned. Lead Reviewer: Ross Britton

Recommendation 3.1

In Section 3: Recruitment Process Summary, add the following paragraph – where the Committee refers to the Council's Nomination and Recruitment Committee:

The Committee should consider whether to request the assistance of an external Executive Recruitment Agency and to oversee the appointment of said agency if needed.

This also requires a change in Section 4.1 to expand the sentence:

The Trust may arrange for addition support from specialist consultants ...

To:

If the Governors decide it necessary, the Trust may arrange for additional support from specialist consultants..

Recommendation 3.2

Add a sentence to the penultimate paragraph in section 4.4 stating:

Inform candidates they will be advised of a decision within two weeks.

Recommendation 3.3

The Process Flow Chart, Annex B, to be revised to clarify that the offer of a further one year term, once a NED has served two full terms, could occur up to three times.

4. DISPUTE RESOLUTION

Owned jointly. Lead reviewers: Ross Britton and Alex Lister

Recommendation 4.1

Paragraph 2.2: remove 'on agreement' from the following sentence.

The recommendations arising from the external review will be binding on all parties, on agreement.

Recommendation 4.2

Paragraph 4.5 to be re-written to reflect modern technology – reference to 'tapes, discs' etc to be covered by 'all information'.

Recommendation 4.3

Paragraph 4.7: change:

If parties reach agreement on the resolution of the dispute that agreement shall be **reduced to writing** and shall be binding upon the relevant parties.

To:

If parties reach agreement on the resolution of the dispute that agreement shall be **put in writing** and shall be binding upon the relevant parties.

5. TRAVEL AND EXPENSES POLICY

Trust owned. Lead reviewer: Amanda Bedford

No changes recommended.

6. MANAGING ALLEGATIONS OF A BREACH IN THE CODE OF CONDUCT

Owned jointly. Lead reviewers: Ross Britton and Alex Lister

Recommendation 6.1

Section 3.2 of the Governor Code is referenced in Section A of this document. This should be revised so that the process for virtual voting is made clear and is consistent with the Constitution as required.

Recommendation 6.2

Section B – Process. As drafted the initial review of the allegation is undertaken by the Trust Chair and the Group Company Secretary. The recommendation is that the Lead Governor should also be involved in this stage of the review. If the complaint is against the Lead

Governor, then the Deputy Lead Governor should be involved. Document to be amended accordingly.

Recommendation 6.3

Amend the document so that it is clear that allegations of a breach can be made by the public and staff.

Recommendation 6.4

The Trust to be asked to explore with NHSE/I whether they would agree to adjudicate in any case where there is a failure to reach an agreed outcome.

Recommendation 6.5

Annex B – examples of potential breaches to be removed.

7. FIT AND PROPER PERSONS POLICY
Trust owned. Lead Reviewer: Alison Fox

No changes recommended.

REPORT TO:	COUNCIL OF GOVERNORS
DATE:	9 DECEMBER 2021
REPORT TITLE:	PROCESS FOR RESPONDING TO EMAILED ENQUIRIES
PAPER AUTHOR:	GOVERNOR AND MEMBERSHIP LEAD
PURPOSE:	TO AGREE
APPENDICES	Appendix 1: Categories of enquiries and actions

BACKGROUND AND EXECUTIVE SUMMARY

This report is a discussion document for the Council of Governors around protocols for responding to emails to the dedicated governor email addresses.

This paper went to Council in September and following discussions with the Lead and Deputy Lead Governors some key changes have been made:

- The process under Annex A section 3a - The Lead Governor, Deputy Lead Governor and Constituent Governor were added to the process.
- The review period was moved from 6 months to 12 months

There are two email addresses available for use by FT members and the public:

- foundationtrust@nhs.net – for contact with the Membership office
- governorsquestions@nhs.net – for contact with Governors/Council

The basic premise is that emails addressed to governors are shared with Council immediately and the email acknowledged; which is straightforward to do. However, the wide range of enquiries that are raised through the governor emails has necessitated developing a set of protocols for the action to take to ensure transparency and consistency.

The principles applied in drafting the protocols are:

- to ensure a definitive response is provided in a timely manner;
- that the content of the response is decided and agreed by Council; and
- that the response is factually correct.

Enquiries received should usually fall under one of the following categories, though this is not an exhaustive list:

1. Requests for general information of a factual nature i.e. how to become a member.
2. Enquiries from members about their membership.
3. Complaints about:
 - a. individual patient care; or
 - b. from staff or ex-staff about their employment
4. Complaints about a named person, not falling into category 3:
 - a. Member of staff;
 - b. Non-Executive Director (NED); or
 - c. Governor;
5. Concerns about specific departments, including suggested changes to those services.
6. Enquiries specifically linked to public consultations.

7. Requests to pass on:
 - a. a personal message to a named governor not related to their role;
 - b. an email to a member of staff or Board member and addressed to them; or
 - c. a communication to a named Trust department.
8. Potential FOI (Freedom of Information) request.

Not all responses will need agreement from Council; for example those in categories 2 and 7a. Some responses will be standard; for example those in category 6 would need to be referred to the organisation running the consultation.

Enquiries in Category 5 are likely to be more complex and will need direction from Council on the content, supported by information and advice from the Trust on the background detail and, in some instances, possible legal, political or reputational ramifications. These replies will need agreement from Council and confirmation from the Trust with respect to factual accuracy. This category will take the longest to respond to and be at the most risk of delay. To mitigate this risk, the draft protocol suggests that a decision is taken at the start on whether the response can be agreed by a smaller group of governors or if it needs formal agreement by Council. A record would be made of the reasons for the decisions taken.

Category 4 enquiries will need a flexible approach to find a balance between making governors aware of the concerns raised and the organisation's responsibilities to the named individual. Decisions will need to be taken on a case by case basis and a record made of the reasons for the actions taken.

For all categories the details will be logged and governors made aware of the enquiry. Quarterly summary reports would be presented to Council via the Membership Engagement and Communication Committee (MECC) and Staff and Patient Experience Committee (SPEC) to enable governors to identify themes and trends. MECC to focus on issues relating to member/public engagement and SPEC on quality issues.

The table at Annex 1 takes the categories listed above and proposes how each will be processed by the Governors' support team.

It is recommended that the protocol is reviewed after 12 months by the Council.

LINKS TO STRATEGIC OBJECTIVES:

We care about...

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

RECOMMENDATIONS AND ACTION REQUIRED:

The Council of Governors is asked to:

- discuss and agree the draft protocol for responding to enquiries made to the membership and governors email addresses.
- agree the review of the protocol after 12 months.

Appendix A

Note: all emails received will be acknowledged within two working days of receipt.
All contacts will be recorded on a concerns raised database and a quarterly summary report provided.

Governor Support Office - GSO

Category	Description	Action	Informing Council	Time frame Working days from date of receipt
1	Requests for general information of a factual nature.	GSO responds to the enquiry directly.	Enquiry and reply shared with Council when the response is sent. Included in quarterly summary report to governors under this category.	3
2	Enquiries from members about their membership	GSO responds to the enquiry directly.	Quarterly report provided to governors on the number and nature of enquiries made under this category.	3
3a	Complaints about individual patient care.	GSO provides standard response that the email has been forwarded to the PALs department. Lead and DL Governor informed. Public Governor where constituent/patient resides also informed.	Council informed about the nature of the concerns raised. Care taken not to share person identifiable information.*	Immediate
3b	Complaints from staff or ex-staff about their employment.	GSO provides standard response to enquirer that the email has been forwarded to the HR department.	Council informed about the nature of the concerns raised. Care taken not to share person identifiable information.*	Immediate
4	Complaints about a named person not falling within category 3: a. Member of staff	GSO provides standard response to enquirer that the email has	Council informed that a complaint has been received and forwarded to the HR department.	2

Category	Description	Action	Informing Council	Time frame Working days from date of receipt
		been forwarded to the HR department.		
	b. NED	GSO forwards to the Trust Chairman for decision.	Trust Chair to inform Council that a concern has been raised and the action plan for addressing the complaint.	As per plan
	c. Council member	Handle within the established procedure for investigating allegations of a Breach of the Code of Conduct.	As per the procedure.	As per the procedure.
5	Concerns about specific departments, including suggested changes to those services	Email shared with Lead Governor or Deputy and action plan agreed: <ul style="list-style-type: none"> • What information will Council require. GSO may be able to provide some background information immediately. • Who will draft the reply. • How will the draft be approved. • When will the Trust have the opportunity to agree the factual content. • Timescales 	Concern raised and action plan shared with all governors once plan is agreed.	As agreed in plan
6	Enquiries specifically linked to public consultations	GSO to forward to consultation co-ordinator and advise that this has been done.	At end of consultation, Governors advised of number of responses forwarded by GSO.	2
7	Request to pass on: a. a personal message to a named governor not related to their role	GSO to action.	Quarterly report provided to governors on the number and nature of enquiries made under this category.	2

Category	Description	Action	Informing Council	Time frame Working days from date of receipt
	b. an email to a member of staff or Board member and addressed to them			
	c. a communication to a named Trust department.			
8	Potential FOI request	GSO to action.	Quarterly report provided to governors on the number of enquiries made under this category. All FOI responses are published on the Trust's website	Immediate

* In rare cases this will mean that not all information can be included – some instances are so specific that the patient/staff involved can be identified by the nature of the events.

REPORT TO:	COUNCIL OF GOVERNORS
DATE:	9 DECEMBER 2021
REPORT TITLE:	ANNUAL COUNCIL AND COUNCIL COMMITTEE EFFECTIVENESS REVIEW – 2021/22
PAPER AUTHOR:	GROUP COMPANY SECRETARY (INTERIM)
PURPOSE:	APPROVAL
APPENDICES:	APPENDIX 1 – PROPOSED COUNCIL AND COUNCIL COMMITTEE EFFECTIVENESS SURVEY QUESTIONS

BACKGROUND AND EXECUTIVE SUMMARY

The Council undertakes an effectiveness review annually to assess how well it is performing and where improvements can be made. This paper proposes the process and timetable for the Annual Council and Council Committee Effectiveness Reviews for 2021/22. The last effectiveness review was undertaken in 2019.

PROCESS:

The process for effectiveness reviews for previous years was agreed by Council and outcomes considered at Joint meetings of the Governors and Non-Executive Directors. It had been agreed that the outcome would provide a baseline response to assist in comparison for future reviews; developing governor induction, training and agenda planning.

For this purpose, it is therefore proposed that the questions, which are set out as statements, used in the survey remain as before; these are listed at Appendix 1. The answer choices in respect of the statements made, are whether you:

- Strongly disagree
- Disagree
- Undecided
- Agree
- Strongly agree

A free form text box is available to provide comments against each statement if desired.

The Council may wish to consider if there are any additional questions which should be included in the survey.

TIMETABLE:

Date	Action
9 December 2021	Survey process discussed at Council meeting.
30 December 2021	All questions agreed
17 January 2022	Issue survey to governors
17 February 2022	Deadline for returns
April 22	Results presented at next Council meeting, including a comparison with the results from previous surveys.

LINKS TO STRATEGIC OBJECTIVES:

We care about...

	<ul style="list-style-type: none">• Our patients;• Our people;• Our future;• Our sustainability;• Our quality and safety.
<p>RECOMMENDATIONS AND ACTION REQUIRED:</p> <p>The Council is asked to discuss this paper and agree the process and timetable for the Annual Council and Council Effectiveness Review for 2021/22.</p>	

Appendix 1: Council and Council Committee Effectiveness Survey	
Section 1: Roles & Responsibilities	
No.	Statement
1	I have a clear understanding of the roles of the Governor, including those within the Health and Social Care Act 2012
2	I have a clear understanding of what it means to hold the Trust's Board of Directors to account.
3	The Council of Governors adopt a rigorous process for the appointment of new Non-Executive Directors.
4	The Council of Governors adopt a rigorous process for the appraisal of the Chair and Non-Executive Directors.
5	Overall, the Governors, via the Council or Committee meetings alongside other activities, make a valuable contribution to the Trust.
Section 2: Full Council of Governor Meetings	
No.	Statement
6	Agendas and supporting documents are circulated in sufficient time for each meeting.
7	The agendas contain an appropriate mix of items.
8	Governors have sufficient opportunity to identify 'topics of interest' to add to the Council of Governors programme/meeting planner.
9	Meeting papers contain sufficient information to allow me to participate in discussions.
10	Everyone has an opportunity to contribute to the discussion.
11	Action points are followed up in a timely fashion
12	The time allocated to Council of Governor meetings is adequate.
13	The Council of Governors meet at the most appropriate time.
14	The Council of Governors meet sufficiently regularly to discharge its duties.
15	Overall, Council of Governor meetings are productive.
Section 3: Council of Governor Committees	
No.	Statement
16	Council of Governor Committees make an effective contribution to the work of the Governors.
17	I have the opportunity to be involved in the Committees that interest me.
18	The Committees receive appropriate support from the Trust.
19	The current number and structure of Council Committees are appropriate to carry out the Council's statutory duties.
20	The Committees effectively engage with the Council of Governors as a whole in undertaking their work.
Section 4: Effectiveness of the Council of Governors	
No.	Statement
21	As a Governor I am able to effectively communicate with members.
22	Governors effectively engage with and represent the views of the Trust membership.
23	Governors are effective in communicating with the membership about the activities they undertake on its behalf.
24	The Council of Governors effectively discharges its role of holding the Board of Directors to account for the performance of the Trust.
25	The Council of Governors is able to influence the direction of the Trust's future strategy.
26	The Council of Governors is the appropriate size to effectively carry out its statutory duties.
27	I believe the role of the Lead Governor enhances the effectiveness of the Council of governors.
28	Relationships within the Council are constructive and work effectively.
29	The Council of Governors plays an active role in developing the Trust's membership strategy (recruitment and engagement).
Section 5: Working with the Trust	
No.	Statement
30	Governors can readily approach the Chair with a query or issue.
31	Governors are able to approach any Board member with a query or issue.
32	The Board of Directors is supportive of the Council of Governors.
33	Governors have sufficient contact with the Trust's Executive Directors
34	Governors have sufficient contact with the Trust's Non-Executive Directors.
35	The Trust provides Governors with sufficient information to enable them to perform their roles.
36	The Trust provides sufficient support to the Governors to enable them to effectively discharge their role.
Section 6: Skills/knowledge development for Governors	
No.	Statement
37	I have sufficient skills, knowledge and experience to make an effective contribution as a Governor.
38	Governor's specific training and development needs are identified and the appropriate training is provided.
39	External development opportunities are drawn to Governors' attention and made available.
40	The induction programme for new Governors sufficiently meets their initial familiarisation needs.
	Comments
41	Please enter any comments you have about this survey.