





# Council Of Governors Public Meeting

09 July 2020, 13:30 to 16:15

Webex

## Agenda

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- |            |   |               |
|------------|---|---------------|
| <b>1.</b>  | <b>Chair's introductions</b>  | 1 minutes     |
|            | To note   | Information   |
|            |   | Stephen Smith |
|            |  Agenda 200709 public.pdf (2 pages)          |               |
| <b>2.</b>  | <b>Apologies for Absence and Declarations of Interest</b>   | 1 minutes     |
|            | To note   | Stephen Smith |
| <b>3.</b>  | <b>Minutes from the last Council of Governors' Public meeting held on 21 May 2020</b>   | 1 minutes     |
|            | To agree  | Decision      |
|            |   | Stephen Smith |
|            |  14 Minutes 200521 unconfirmed.pdf (7 pages) |               |
| <b>4.</b>  | <b>Matters arising</b>  | 1 minutes     |
|            | To agree  | Decision      |
|            |   | Stephen Smith |
|            |  15 Action Log.pdf (1 pages)               |               |
| <b>5.</b>  | <b>Non-Executive Director appointments: recording the outcome of the virtual vote</b>   | 1 minutes     |
|            | To note   | Information   |
|            |   | Stephen Smith |
| <b>6.</b>  | <b>Chair's report</b>   | 10 minutes    |
|            | To agree  | Decision      |
|            |   | Stephen Smith |
| <b>7.</b>  | <b>Update on Council Committees</b>   | 10 minutes    |
|            | To agree  | Decision      |
|            |   | Alison Fox    |
|            |  18 CoG Committees.pdf (2 pages)           |               |
| <b>8.</b>  | <b>Trust Communication and Engagement Strategy 2020 - 2025</b>  | 10 minutes    |
|            | To note   | Information   |
|            |   | Natalie Yost  |
| <b>9.</b>  | <b>ANY OTHER BUSINESS</b>   | 5 minutes     |
|            |   | Discussion    |
|            |   | Stephen Smith |
| <b>10.</b> | <b>Date of next public meeting</b>  |               |
|            |   | Stephen Smith |

**COUNCIL OF GOVERNORS PUBLIC MEETING  
9 JULY 2020, 13.30**

**Via Webex, join via details in outlook calendar appointment**

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

People feel **cared** for as individuals

People feel **safe**, reassured and involved

People feel teamwork, trust and **respect** sit at the heart of everything we do

People feel confident we are **making a difference**

**AGENDA**

Reference 20/	Paper CoG 20/			
<b>HOUSEKEEPING</b>				
12.	Chair's introductions	To note	13.30 (05)	Stephen Smith Trust Chair
13.	Apologies for Absence and Declarations of Interest	To note		Stephen Smith Trust Chair
14.	Minutes from the last Council of Governors' Public meeting held on 21 May 2020	To agree	/14	Stephen Smith Trust Chair
15.	Matters arising	To agree	/15	Stephen Smith Trust Chair
16.	Non-Executive Director appointments: recording the outcome of the virtual vote.	To note	13.35 (05)	Stephen Smith Trust Chair
<b>BUSINESS</b>				
17.	Chair's report	To discuss	13.40 (10)	Stephen Smith Trust Chair
18.	Update on Council Committees	To agree	13.50 (10) /18	Alison Fox Group Company Secretary
19.	Trust Communication and Engagement Strategy 2020 - 2025	To note	14.00 (10)	Natalie Yost Director of Communications and Engagement
<b>CLOSE</b>				



20.	<b>ANY OTHER BUSINESS</b> Please notify Committee Secretary of matters to be raised – deadline 48 hours before the meeting.		14.10 (05)	<i>Stephen Smith Trust Chair</i>
21.	<b>DATE OF NEXT PUBLIC MEETING</b>  To be confirmed		14.15	<i>Stephen Smith Trust Chair</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 VIRTUAL COUNCIL OF GOVERNORS MEETING  
21 MAY 2020 09.30**

**PRESENT:**

Stephen Smith	Trust Chair (Chairman)	StS
Julie Barker	Elected Governor – Rest of England	JBa
Bob Bayford	Partnership Governor – Local Authorities	BBa
Jenny Chittenden	Elected Governor – Swale	JCh
John East	Elected Governor – Dover	JEa
Nick Hulme	Elected Governor – Ashford	NHu
Alex Lister	Elected Governor – Canterbury	Ali
Carl Plummer	Elected Governor - Folkestone & Hythe	CPI
Ken Rogers	Elected Governor – Swale	KRo
Paul Schofield	Elected Governor – Thanet	PSc
Graeme Sergeant	Elected Governor - Canterbury	GSe
Marcela Warburton	Elected Governor – Thanet	MWa
Carla Wearing	Elected Governor – Staff	CWe
Nick Wells	Partnership Governor – Volunteers	New
Sally Wilson	Elected Governor – Staff	SWi

**IN ATTENDANCE:**

Wendy Cookson	NED	WC
Nigel Mansley	NED	NM
Alison Fox	Trust Secretary	AF
Amanda Bedford	Committee Secretary (minutes)	AB
Jasmine Davis	Corporate Team Administrator	JD

MINUTE NO. CoG/20/		ACTION
01	<b>CHAIRMAN'S WELCOME</b> The Chairman welcomed everyone to the meeting.	
02	<b>APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST</b> Apologies were received from Jane Martin, Bernie Mayall, Debra Towes and Julie Pain.	
03	<b>MINUTES FROM THE LAST COUNCIL OF GOVERNORS MEETING</b> The minutes of the previous meeting held on 9 March 2020 were accepted as a true and accurate representation of the meeting.	
04	<b>MATTERS ARISING</b> 19/45 Student nurse issues: AB read a written update provided by DT:  In relation to the feedback mechanisms, we have an established 'alert mechanism' <u>for students</u> and <u>placement staff</u> to utilise. My expectation is that any issue identified on the Datix, will be fed directly back to the university so we have the opportunity to work with the Trust to resolve this. The student in question was supported following the event, to understand these mechanism that should have been used...  However we have SLPL roles who liaise with Trust Education Leads, who also alert us to pressure areas and we work with them to adjust student	

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	<p>loads where required.</p> <p>Item to be closed.</p> <p>CP advised the meeting that members of his Lodge had donated money to buy razors for the unit prior to the Covid-19 situation and more funding was ready to send once normal working was resumed.</p> <p>The Chair thanked them for the donation. He remarked on the generosity of the public during the crisis which had resulted in a vast array of donations to support the staff, particularly with respect to Personal Protective Equipment (PPE); AL being one of the donors of visors.</p>	
05	<p><b>CHAIR'S REPORT</b></p> <p>The Chair noted the outcome of the elections for Lead Governor and Deputy Lead Governor. The Lead governor election result was announced on 24 March: a total of 11 Governors voted: 8 for John East and 3 for Ken Rogers. The Deputy Lead Governor result was announced on 6 April: 13 votes were cast: 8 for Ken Rogers and 5 for Jane Martin. The Chair noted his disappointment that not all governors had cast votes. The Chair congratulated JE and KR and noted that they had been keeping in touch during the covid crisis.</p> <p>The Chair explained that in this public meeting he wanted to focus on governance issues and how these had been adapted to meet the challenges of the covid crisis. In the closed session he wanted to give Council a flavour of how significantly the trust had changed, and would continue to change. For example, bed occupancy would be maintained at a maximum of 85% and there were a whole range of changes being made to ensure infection control measures were robust throughout the sites. This would mean significant changes to service delivery, particularly in outpatients.</p> <p>The hospitals were currently around 30% unoccupied and around one third of ward areas were given to ITU beds with about 80% occupancy in those areas. Visiting was severely restricted and this had a noticeable effect in that corridors were not busy and the majority of movement was by clinical staff. Entrances were being manned by security and those with reason to be on site had to wear masks and would have their temperatures taken before being allowed to enter.</p> <p>ALi noted that he had been able to enter hospital sites recently without challenge. The Chair thanked him for the information and said that he would relay the details to the Executive for action to be taken.</p> <p><b>ACTION:</b> relay feedback to the executive about unchallenged access to the hospital sites.</p> <p>The Chair agreed with KRo's observation that the changes brought about as a result of the covid crisis would have a significant impact on the changes to the East Kent health services and the public consultations being planned when it started.</p> <p>NWe observed that the combination of maintaining 85% bed occupancy and the increase in the waiting lists caused by the covid crisis would need to be handled very carefully and in a collaborative fashion across the health economy. The Chair agreed, noting that most NHS organisations would not</p>	Chair

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	<p>exceed 50% efficiency based on previous activity levels for some time, partly due to the impact of the changes needed to adhere to increased infection control requirements.</p> <p>CPI asked how the Trust would manage out patient services in the new environment. WC said that she was aware that there had already been a lot of discussions and planning at both the local level and nationally for changes which could be made to manage outpatients efficiently and keep footfall to a minimum. This included remote working.</p> <p>The complexity of the situation was immense and had to be worked through carefully and together. As a NED one of her focusses was to ensure that the changes needed centred on patient safety and reducing potential harm as much as possible. There were no answers at present and Council would have the opportunity to talk with the Executive in closed session to question and check what was happening, as the NEDs were also doing.</p> <p>The Chair noted that the changes which would be seen in the 'new' world were immense; for example, there would be no waiting rooms and no walk in Emergency Departments. More details would be provided in the closed session.</p>	
06	<p><b>UPDATE ON NED ROLE DURING THE CRISIS</b></p> <p>The Chair invited WC to update the Council on the changes made to the governance arrangements as a result of the Covid crisis. WC explained that some changes had been dictated by the centre. She had returned to clinical practice and working at the Trust, across the three main sites, had given her valuable insight. She had been impressed by the focus the staff had on both patients and their teams and the excellence in practice.</p> <p>As Chair of the Quality Committee she met regularly with the Chief Nurse and Medical Director to look at the performance figures; they would shortly be reviewing the April data. Areas of note included:</p> <ul style="list-style-type: none"> <li>• High numbers of mixed sex breaches in inpatient bays as a result of maintaining covid/covid free bays. She had witnessed the efforts made by staff to maintain single sex bays against the priority of keeping the covid pathways.</li> <li>• There was an identified risk linking to redeploying staff and using staff returners. The training given had been impressive.</li> <li>• She was expecting an increase in the number of patient falls as it was not always possible to nurse vulnerable patients, such as those with dementia, in the optimum environment for their condition when the priority had to be separating patients on the basis of covid infection.</li> <li>• Nationally there were some changes in the way patient data was being collected, which the Medical Director was fully conversant with. Moving from one system to another meant that care needed to be taken when analysing the data.</li> <li>• The Kirkup review and the Learning Review Committee had continued through the crisis and updates reported to the Board.</li> <li>• The Board were already focussed on what would be needed to support staff once the crisis receded. The experience that Sean Reynolds brought to the Board from his RAF career was very valuable in this regard.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• WC noted that she had been chairing the Trust's covid Ethics Committee which had been challenging. Their work had included looking at issues in relation to PPE use and availability. She and the Chair also sat on the Kent and Medway Ethics Committee.</li> </ul> <p>WC said that she believed that the governance systems for Quality developed through the crisis had worked well, though there would no doubt be lessons to learn and changes that could be made moving forward.</p> <p><b>Questions</b></p> <ul style="list-style-type: none"> <li>• JBa: how quickly can covid testing be turned around. WC said that everyone coming into the hospital was being tested. The turnaround had varied and this had now been resolved. The Trust was servicing other organisations as well as its own patients, which was a positive thing to do. In-patient testing was given priority so that covid bays could be maintained.</li> <li>• JBa: were patients who tested negative on admission, re-tested prior to discharge. This was particularly relevant for patients going back to care homes. WC said that the use of cohort nursing, keeping the environment clean and proper use of PPE would minimise risk to covid-negative in-patients. Any who developed symptoms before discharge would be tested and those leaving hospital should be encouraged to go for testing if they developed symptoms. Practice was changing rapidly as the situation developed and more was learnt about the disease.</li> </ul> <p>The Chair noted that there were strict national rules relating to the testing for patients being discharged to care homes. All staff had access to testing. The only restriction was the availability of the testing reagents, which was managed centrally. The Trust was recognised as one of the best performing testing centres in the country.</p> <p>SWi explained the testing regime used on the wards and this would identify any patients who became positive during their journey in hospital.</p> <ul style="list-style-type: none"> <li>• JCo: was staff testing compulsory – to be answered in the closed session by the Executive team.</li> </ul>	
07	<p><b>YEAR END FINANCIAL PERFORMANCE</b></p> <p>NM explained that the Board Committees were not meeting in full session during the crisis. There were monthly meetings involving the himself as the FPC chair and one other NED member of the Committee and he had weekly calls with the Director of Finance or his deputy. While the NED challenge role was still in place, he and his colleagues were conscious of the need to support the Executive team in these difficult times.</p> <p>The year end financial results were positive; the Trust had come in on its target, for the second year running. This was indicative of the quality of the Financial management and the team. Covid had impacted on the month 12 figures and the Government had managed this by re-imbursing Trusts for all covid related costs. For EKHUFT this amounted to £2.4M. The Trust's Cost Improvement Programme (CIP) did fall away a little in month 12.</p> <p>The Trust was now in discussion with NHSE/I on how Special Financial Measures could be lifted.</p>	

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	<p>Looking forward to 2020/21; the government had agreed that it would reimburse covid related costs for the first four months of the year. A covid Risk Register had been created and the risk of not receiving the promised reimbursement has been added. The budget setting process had been suspended in the current circumstances, thought this was expected to resume in the near future.</p> <p>The Trust was currently working to the plan presented to the Board in January. Activity was obviously very different to the original plan. NC congratulated all staff across the trust for the way that they were managing finances.</p> <p><b>Questions</b></p> <ul style="list-style-type: none"> <li>• KRo: what was the position in relation to Financial Special Measures (FSM) – would the existing deficit be wiped off by Government. NM said that the situation remained unchanged with respect to the deficit. The hope was that the Trust's good financial performance over the last two years would contribute to FSM being lifted.</li> <li>• JBa: are there financial incentives for clinical activity. NM said that nothing had been introduced to date. Trusts were being funded to break even point for the first four months of the year. The government had block booked capacity in the private sector which would be used to erode the waiting lists and mitigate the increase. He understood that the cost of this would be met centrally</li> <li>• NHu: has the Trust gone through an exercise to establish the cost of delivering excellence. NM said that that was the process that had been used for the 2019/20 planning process and had identified the £36M deficit position which was in excess of the control target proposed to the Trust. The Trust had worked to the target it felt was realistic and had delivered to that target. If the control total had been accepted, the Trust would have ended the year with around a £20M negative gap against the total.</li> <li>• WC commented that some of the infrastructure changes made in response to covid, such as creating the potential to change ward usage to an ITU model, would be of long term benefit as it had enhanced infection control systems. For example many wards now had dedicated areas for donning and doffing PPE. The changes had been thoughtfully considered.</li> </ul> <p>NC explained that the Trust had not met its capital spend target as contractors had been unable to move on site as planned during March. The capital budget in 2020/21 was going to be very tight, especially in relation to backlog maintenance. A recent survey carried out by 2gether SS had put the cost up from £70M to £120M.</p>	
08	<p><b>ANNUAL GOVERNANCE PROGRAMME UPDATE</b></p> <p>AF noted that under normal circumstances at this meeting of the Council the Annual Reports and Self Certification information would be presented. However, under national guidance the timeframes had been pushed back for at least a month for the Annual Report and Accounts. The guidance on the content required in the reports was limited mainly to statutory elements and was much reduced. The Board were meeting on 24 June to agree the sign</p>	

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	<p>off the drafts.</p> <p>Delivery of the Quality Report had been pushed back to at least the end of December. This was the report that the Council provides a commentary against and decide on a quality indicator for audit. The Government has advised that the indicator audits would not be required for this year. JEa commented as Chair of the CoG Audit, noting that work had already started on drafting the Governor commentary prior to the covid crisis and this could be resumed as soon as the draft document was prepared.</p> <p>Assurance was provided in response to a concern raised by JCo that no decision had been taken on behalf of Council, the work done had been around the practicalities of producing the draft. Emails had been sent to Council updating them on the expected timeframes of the work. The Chair confirmed that the Trust had followed guidance from the centre in relation to what was required for Board and Councils during the covid crisis.</p> <p>The timetable letter had been included in the report.</p> <p>The Board's Integrated Audit and Governance Committee (IAGC) met in April and the auditors reviewed the Annual Governance Statement to ensure all significant issues through the year and they were content that the statement was properly representative. Feedback had been provided from the centre as to the reference to be made to Covid-19. As this had begun in March, the instruction was that it should be referenced only briefly to highlight the impact would be seen moving forward into the following year.</p> <p>The report also referred to the Statutory Declarations. At the time of the IAGC report there was no clarity from the centre; as they were due for reporting by 31 May the decision was taken to take this through the Committee and this had been reported to the Board and would be submitted. The Centre had now advised that trusts would not be held accountable if the declarations were not submitted.</p> <p>AF noted that the documents would be shared with Council as soon as possible. In normal circumstances these would be laid before Parliament before the summer recess, which was unlikely this year. They remained strictly confidential until that action had been taken. Electronic signatures to the document would be allowed this year to facilitate proper social distancing.</p>	
09	<p><b>COUNCIL COMMITTEE MEMBERSHIP</b></p> <p>AB presented the paper and explained the criteria used to draft the first cut proposal for membership of the three Council Committees for governors to use as a starting point for discussion. The draft proposal was read out and AB noted that she had not had any response from governors about the proposal. For eight members on each committee, some governors would sit on two committees. In response to a query from KRo, NWe confirmed that he had chosen not to sit on the MECC.</p> <p>The second part of the paper noted the process for agreeing the chair of the committee, by committee members, from the members who volunteered to take the role. Once the chairs were decided, meetings would be set up as quickly as possible.</p> <p>The Council <b>AGREED</b> the proposed membership and the arrangements for</p>	

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	deciding the Chairs.	
10	<b>ANY OTHER BUSINESS</b> There was no further business	
11	<b>DATE OF NEXT PUBLIC MEETING</b> 17 September 2020	

Signed \_\_\_\_\_

Date \_\_\_\_\_

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CoG 20/15

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

Action No.	Date of Meeting	Min No.	Item	Action	Target date	Action owner	Progress Note (to include the date of the meeting the action was closed)
5	21-May-20	5	5	Relay feedback to the executive about unchallenged access to the hospital sites.	Immediate	Chair	9.07.20: Details provided by ALi, and other governors subsequent to the meeting, were relayed to the Director of Operations. <b>Action completed</b>

<b>REPORT TO:</b>	<b>COUNCIL OF GOVERNORS</b>
<b>DATE:</b>	<b>9 JULY 2020</b>
<b>REPORT TITLE:</b>	<b>CoG COMMITTEES</b>
<b>BOARD SPONSOR:</b>	<b>GROUP COMPANY SECRETARY</b>
<b>PAPER AUTHOR:</b>	<b>GROUP COMPANY SECRETARY</b>
<b>PURPOSE:</b>	<b>TO AGREE</b>
<b>APPENDICES</b>	<b>NONE</b>

### **BACKGROUND AND EXECUTIVE SUMMARY**

The membership of the CoG Committees was agreed at the last meeting of Council on 21 May 2020. This paper updates the Council on the current position with each Committee.

#### **Membership Engagement and Communication Committee (MECC)**

Alex Lister volunteered to take the Chair of this Committee and this was agreed by the members. The date for the first meeting has been set for 21 July 2020. As the informal Council sessions this morning focussed on communication issues, the date was set to follow this Council meeting as it was anticipated that the Committee would be tasked by Council to take forward actions arising from the session.

#### **Nominations and Remuneration Committee (NRC)**

A ballot took place to agree the Chair for this Committee between Debra Towse and Ken Rogers, with the former being appointed. The NRC met to consider the vacancies on the Board due to Non-Executive Directors Jane Ollis and Nigel Mansley reaching the end of their first terms of office. As noted by the Chair earlier this meeting, Council approved the recommendation made by the NRC that both be offered a second term of office and both have accepted.

The Trust acknowledges that the process to manage the vacancies should have started in January, in accordance with plans made by the NRC in May 2019. Unfortunately the oversight was not recognised before the disruptions in staffing caused by the covid crisis came into effect in March. Concerns have been raised by two governors that there had been procedural errors in the process for managing these vacancies. These concerns were answered by myself and the Chair of the NRC and shared with Council.

The next Governor scheduled to reach the end of a term of office is Barry Wilding in May next year. The NRC will next meet to undertake the annual review of NED remuneration unless an unexpected NED vacancy arises.

#### **Audit and Governance Committee (AGC)**

The Chair of this committee remains vacant, which is an unprecedented situation so there is no agreed procedure to follow. It is suggested that, following this meeting, volunteers are invited, via email, to take the chair from governors who are not members of the Committee. Should there be more than one volunteer a ballot of the members of the AGC should be held.

Membership of the three committees can then be adjusted so that that governor becomes a member of the AGC. The eighth member of the AGC is the person who will take the vacant

position in the Folkestone and Hythe Constituency, who can become a member of the Committee the AGC Chair has moved from.

Once the Chair of the AGC is agreed, a meeting of the Committee will be arranged as quickly as possible. The Committee will need to consider the timescale and process for drafting the Governor Commentary on the Quality Report, work it has already been tasked by Council to complete. It is also suggested that Council request the Committee to consider the Trust's response to the National In-Patient Survey and report to the next meeting of Council.

The report will be considered by the Board at their meeting on 16 July, which governors are able to attend and ask questions. Governors were directed to this report via an email from Natalie Yost, dated 2 July and it can be found at:

<https://www.cqc.org.uk/provider/RVV/survey/3#undefined>.

#### LINKS TO STRATEGIC OBJECTIVES:

- **Getting to good:** Improve quality, safety and experience, resulting in **Good** and then **Outstanding** care.
- **Higher standards for patients:** Improve the **quality and experience** of the care we offer, so patients are **treated in a timely way** and **access the best care** at all times.
- **A great place to work:** Making the Trust a **Great Place to Work** for our current and future staff.
- **Delivering our future: Transforming** the way we provide services across east Kent, enabling the whole system to offer **excellent integrated services**.
- **Right skills right time right place:** Developing teams with the **right skills** to provide care at the **right time**, in the **right place** and achieve the **best outcomes for patients**.
- **Healthy finances:** Having Healthy Finances by providing better, **more effective patient care** that makes resources go further.

#### RECOMMENDATIONS AND ACTION REQUIRED:

The Council of Governors is asked to:

- note the current positions of the three CoG Committees;
- agree the proposal for establishing the Chair for the AGC; and
- request the AGC to consider the Trust's response to the National Outpatient Survey and report to the next meeting of Council.