COUNCIL OF GOVERNORS PUBLIC MEETING

14 August 2020, 13:50 to 16:30
Webex

Agenda

1. Chair's introductions — 1 minutes

To note — Stephen Smith

Agenda Public 200814.pdf (2 pages)

2. Apologies for Absence and Declarations of Interest — 1 minutes

To note — Stephen Smith

3. Minutes from the last Council of Governors' Public meeting held on 9 July 2020 and matters arising — 2 minutes

To agree — Discussion

Stephen Smith

24 Minutes of previous meeting.pdf (7 pages)

4. Outstanding actions — 1 minutes

To agree — Decision

Stephen Smith

25 Action Log.pdf (1 pages)

5. Chair's report — 10 minutes

To discuss — Discussion

Stephen Smith

6. Chair report from AGC — 5 minutes

Bernie Mayall

27 AGC update.pdf (2 pages)

7. Update from Governors who attended NHSP event — 10 minutes

Alison Fox

28 NHS P event Annex A.pdf (20 pages)

28 NHS P event Annex B1.pdf (4 pages)

28 NHS P event Annex B2.pdf (3 pages)

28 NHSP Event.pdf (3 pages)

8. ANY OTHER BUSINESS — 5 minutes

Stephen Smith

9. QUESTIONS FROM THE PUBLIC

Stephen Smith

East Kent Hospitals University NHS Foundation Trust

COUNCIL OF GOVERNORS PUBLIC MEETING
14 AUGUST 2020 13.50, Webex

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

AGENDA

This meeting will be preceded by an informal meeting of the Council, starting at 13.30.

Reference 20/ **Paper CoG 20/**

HOUSEKEEPING				
22.	Chair's introductions	To note	13.50 (05)	*Stephen Smith Trust Chair*
23.	Apologies for Absence and Declarations of Interest	To note		*Stephen Smith Trust Chair*
24.	Minutes from the last Council of Governors' Public meeting held on 9 July 2020 and matters arising	To agree	/024	*Stephen Smith Trust Chair*
25.	Outstanding actions	To agree	/025	*Stephen Smith Trust Chair*
BUSINESS				
26.	Chair's report:	To discuss	13.55 (10)	*Stephen Smith Trust Chair*
27.	Chair report from AGC		14.05 (05) /027	*Bernie Mayall Chair, AGC Public Governor*
28.	Update from Governors who attended NHSP event		14.10 (10) /028	*Nick Hulme Paul Schofield Carl Plummer Public Governors*

CLOSE				
29.	**ANY OTHER BUSINESS** Please notify Committee Secretary of matters to be raised – deadline 48 hours before the meeting.		14.20 (05)	*Stephen Smith* *Trust Chair*
30.	**QUESTIONS FROM THE PUBLIC**			*Stephen Smith* *Trust Chair*
31.	**DATE OF NEXT PUBLIC MEETING**			*Stephen Smith* *Trust Chair*

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 MEETING
9 July 2020 13.30 - Webex meeting

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
Bernie Mayall	Elected Governor – Dover	BMa
Jane Martin	Elected Governor – Ashford	JMa
Carl Plummer	Elected Governor - Folkestone & Hythe	CPl
Ken Rogers	Elected Governor – Swale	KRo
Paul Schofield	Elected Governor – Thanet	PSc
Debra Towse	Partner Governor – Universities From item 19, apologies given.	DTo
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:

Alison Fox	Trust Secretary	AF
Natalie Yost	Director of Communications and Engagement For item 19	NY
Amanda Bedford	Committee Secretary (minutes)	AB

MINUTE NO. CoG/20/		ACTION
12.	**CHAIRMAN'S WELCOME** The Chair welcomed members to the meeting.	
13.	**APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST** Apologies were received from Julie Pain and Graeme Sergeant.	
14.	**MINUTES FROM THE LAST COUNCIL OF GOVERNORS MEETING** The minutes of the previous meeting held on 21 May 2020 were accepted as a true and accurate representation of the meeting. The Chair invited JCo to raise an issue relating to the minutes which she had requested be added to the agenda. JCo said that she had been disappointed that her issue had not been added as a distinct item on the agenda; it had not been appropriate for a response to be given to the issue she had raised and for it to be included within another item. JCo said that it was important for the minutes to be clear and capture all the decisions made by Council. She believed that there should be more formal voting on decisions and that these should be reflected in the minutes; JCo	

Chair's initials ……..

	cited the creation of the Deputy Lead Governor post as an example as she did not believe that the decision had been taken properly. The minutes were a legally binding document and governors should have the opportunity to question the content before they were confirmed. Matters arising should be taken before the minutes were approved. Actions were not properly followed through and answers provided, as was the case for the concerns raised around Pelham House. AF advised that, in line with the standing orders, the Council works by consensus and it would not be practice to hold a vote when a decision was taken where there had been discussion and there was no dissention. The discussions would be noted in the minutes so it was clear what was said, along with the decision reached. When confirming those minutes at the next meeting the Chair would ask if governors agreed they were a proper reflection of the meeting. This was the governors' opportunity to raise any issues before the minutes became a legally binding document. If no-one dissented this would be seen as approval. A vote would be needed if there was dissention and consensus could not be reached. JCh commented that in her view it was important that when decisions were taken there should be a vote and numbers recorded so the process was clear in the record. AF confirmed that, moving forward, when Council was required to give approval then it would be recorded that this was carried unanimously or, if there was dissention, a vote would be taken and the outcome recorded. The Chair commented that this would provide the greater rigor and clarity around Council decision which he believed JCo was seeking. JCo agreed with the proposed way forward, noting that the matter could be raised again if needed. **ACTION: when Council is required to give approval it will be recorded that this was carried unanimously or, if there is dissention, a vote will be taken and the outcome recorded.**	AB
	AF said that in recognition of the length of time between formal meetings, in future draft minutes would be circulated further in advance of the next meeting. This would give governors the opportunity to review them while the memory was fresh and to request changes. Meetings were recorded to assist with drafting the minutes and the suggested changes would be checked against that record for accuracy. If the suggested change was not considered to properly reflect the meeting, or there was no material difference, the change would be proposed at the next meeting of Council for a decision to be taken as to whether that should be accepted. AF noted that the recording of the meeting was held in the secretariat until the minutes were formally approved, after which it was deleted. In response to a question from JMa, AF advised that the Standing Orders did not specify a time in which minutes should be circulated, other than by the next meeting, although it did state that this should be within the Council's wishes. She proposed that the secretariat would aim to circulate the draft minutes within two weeks of the meeting and hoped that Council would find this to be satisfactory. **ACTION: drafts of the minutes of formal meetings of Council would be**	AB

Chair's initials …………..

	circulated to governors within two weeks of the meeting. AF clarified that the 'matters arising' item on the agenda allowed for information to be recorded about pertinent developments which happened after the meeting with respect to matters within the draft minutes. Thus the subsequent developments would be recorded in the minutes of the following meeting under matters arising. Again, those minutes would be confirmed at the following meeting. AF acknowledged that matters arising and meeting actions were often used interchangeably in agendas and that this was incorrect. In future matters arising and the action table update would be clear and separate items on the agenda. **ACTION: Matters arising and Action table updates to be distinct on future agendas and correctly used.** The Chair sought Council approval of the actions arising from this discussion. JEa, CPl and JBa gave verbal agreement and there were no dissentions.	AB
15.	**MATTERS ARISING** The Chair clarified that this item was intended to cover updates on outstanding actions. <u>5. Chair's report</u> The Chair confirmed that observations provided by a number of governors at the last meeting had been passed to the Chief Operating Office, Lee Martin. These had been that they had been able to gain entry into Trust Hospitals without being challenged, their temperature taken or being asked to wear masks. These security measures were now routinely in place, which he could personally attest to as he had been challenged and refused entry when he had not had his ID with him. CPl confirmed that he had also found that the checks were now in place. JBa asked whether the staff manning the check points had been properly trained to take temperatures; she had heard a report of an occasion when the temperature recorded was outside of a reasonable range and the operator had not understood this. The Chair said that the process had been made more rigorous and he understood that this included full training.	
16.	**NON-EXECUTIVE DIRECTOR APPOINTMENTS** AF referred to the correspondence that had been exchanged in relation to the process followed for making appointments to the vacancies which arose when Non-Executives Jane Ollis and Nigel Mansley reached the end of their first terms of office. She accepted that an error had been made in not starting the process on time and that this had been acknowledged as soon as it was realised. She advised that in terms of any timescale breaches the Chair had agreed to waive the Standing Orders. AF said that she had reviewed the Board minutes for the period between the end dates of the NEDs' contracts with the Trust and the Council's approval of the recommendation to offer a second term of office to both NEDs and their acceptance. She could confirm that no decisions had been taken by the Board during that time where the votes of those NEDs would have had an impacted. The process had been reviewed by the Trust's solicitors who have confirmed that there had been no	

	governance breaches. The outcome of the virtual vote on the recommendations made by the Council of Governors' Nominations and Remuneration Committee to offer Jane Ollis and Nigel Mansley a second three year term of office as a NED was recorded: Jane Ollis: 15 governors voted – 10 voted for and 5 abstained. Nigel Mansley: 15 Governors voted – 10 voted for, one voted against and 4 abstained.	
17.	**CHAIR'S REPORT** The Chair confirmed that the Kirkup enquiry into Maternal death had started and that there would be full co-operation from the Trust. Fiona Wise had been appointed as the Trust's Executive Maternity Services Strategic Director and that she had been invited to speak to Council at the closed Session. The Chair explained that Fiona had been the Improvement Director at Morcombe Bay, and involved in the Kirkup enquiry there, as well as working with Nottingham Forrest and North West London Trusts which had both experienced high levels of maternal deaths. The Chair advised that the report from the Learning and Review Committee report would be presented to the Board in July; this had been delayed by about three months due to the covid crisis. The integrated action plan arising from the report would be shared with Governors and the public. The review had been very detailed and included looking at the reports from: the Coroner; the 2016 Royal College of Obstetricians and Gynaecologists; and the CQC. The Chair reminded the Council of the timeframe of the reports issued in relation to maternal deaths, noting that the recommendations from the RCOG report had been integrated into CCG Maternity Safety Support reporting from there into the Quality Surveillance Group mechanism which involved NHSE, the CQC, Healthwatch, Health Education England, the CCGs and the local Authorities. Monthly meetings of this group had taken place up to the middle of 2019. The Maternity Transformation programme had began towards the end of 2017. The Richford enquiry reported in 2020 and alluded to events in the trust up to November 2017 and some matters afterwards. The Chair said that the most important element now was to ensure that the transformation programme was properly completed and all recommendations implemented, with the changes sustained. The Trust was now in the action phase and it was important for all to be held to account to make the Trust's maternity services outstanding. The Chair noted that he would return to the Maternity Services in the closed session and also update Governors on the Trust's position with respect to Coroner Virus.	
18.	**UPDATE ON COUNCIL COMMITTEES** AF reminded Council that their Audit and Governance Committee (AGC) did not yet have a Chair appointed. There was not precedence for this situation and in her paper she had proposed that Council consider opening the	

	position to governors who were not members of the AGC and adjusting committee membership accordingly. In the private sector this would be managed by agreeing the chair at each meeting, however this was not helpful for consistency. JBa said that she had offered to chair the Committee; she had had previous experience on audit committees and would be happy to be supported by colleagues who had been on the committee before. JBa said that she would like to remain on the Membership Engagement and Communication Committee. She would be happy to step aside if anyone else would like to take the role and they should be comfortable that the proper support and mentorship would be provided. She suggested that the role description should be simplified so that it was not intimidating. JEa confirmed that he was happy to support the Chair, especially with the production of the Governors commentary on the It was **AGREED** unanimously that volunteers for the role would be invited by email which would include a simplified role description. **ACTION: circulate a simplified job description and invite volunteers to come forward for the role being clear about the support available.** KRo noted that there were errors in the report: Barry Wilding had been referred to as a Governor and Stephen Smith's end of term of office was before Barry Wilding's so his was the next NED vacancy to be considered and the process should begin promptly. KRo noted the technical point that if the paper had simply been agreed the Council was agreeing incorrect information. Reading the paper carefully then considering and formally agreeing it was an important step to avoid the type of problem which he considered had occurred when the Deputy Lead Governor role had been agreed without the realisation that taking the role would preclude the holder from chairing Council Committees. The Council **NOTED** the corrections in the paper: Barry Wilding was a NED not a Governor and Stephen Smith was the next NED to reach the end of his term of office.	AB
19.	**TRUST COMMUNICATION AND ENGAGEMENT STRATEGY 2020 – 2025** NY spoke to a PowerPoint presentation, which was subsequently circulated to the Council and appended to the meeting papers. Those governors joining the call were unable to see the presentation. NY explained that the current Communications and Engagement Strategy (CES) had been developed when she first came into post in 2016 and that it was refreshed annually. Much had changed since then, particularly in recent months so it was a good opportunity, and good timing, to take an in depth look at communications and develop a new strategy. NY explained that she was talking with a range of stakeholders, and had asked to meet with the Council as part of that process and to receive feedback. She also wanted to work with governors so that the Trust's CES tied in with the Council's own Membership and Engagement Strategy. NY said that four priorities were being proposed for the strategy and asked governors for their comments on these:	

1. The Trust engages with, listens and responds to the needs of patients, service users, their families/carers and local communities
2. Staff feel informed and involved in "We Care" and its aims, vision and values
3. Communications to patients, carers, families and referrers informs, supports and improves their experience
4. Communications to staff informs, supports and involves them

JBa commented that in her view internal communications had improved significantly, however, it was not as clear what had been done in relation to external communications. NY agreed that when she had arrived in the Trust there had been little external communication and most was of an electronic nature. Her first action had been to increase the external communications by involving a wide range of stakeholders, including MPs, and to take a more varied approach, for example introducing the Your Hospitals magazine. Use of social media had also been increased.

ALi said that in his view, which he believed was shared by other governors, there were two values which seemed to be missing from the Trust's communications - transparency and integrity. He suggested that these should be included in the priorities. NY said that this was certainly within the detail of the draft strategy; it was important for the Trust to provide clear information on quality and performance, not just to the public but also the staff so that they can see where improvements were needed. NY commented that this would be a cornerstone of the Quality Improvement Programme and 'We Care' which would go down to a granular level on identifying and monitoring metrics to be clear about performance.

MWa commented that transparency and integrity needed to be evident at the forefront of the CES, not within the detail. NWe agreed that the principles of integrity and transparency were important; he suggested that it would be simple to marry these to the suggested priorities by being clear that these principles would be integral to achieving them. The way the Trust intended to communicate, ie with integrity and transparency, needed to be part of the CES. NY said that this could be added as a distinct section of the CES.

NHu suggested that the CES should reflect the Trust's intention to achieve excellence, seek views on what excellence means and show how this would be done. When seeking views this should be from a wide range of groups and demographics.

JMa said that transparency, integrity and getting to excellence could be used as the overarching keystones of the policy, showing clearly what the Trust stands for. She suggested that it would be helpful to make sure the key information was regularly passed on to Councillors so that they were equipped to communicate effectively about the Trust with their constituents. The Chair agreed that this was important, particularly with the development of the Integrated Care Partnerships.

DTo commented that the draft CES did not adequately reflect inclusivity, particularly with respect to BAME; as drafted the document came across as too white. The East Kent population was growing increasingly diverse and the document needed to be clear that this was recognised. NY said that the full strategy would include greater detail and would show the Trust was reaching out to all groups and demographics.

Chair's initials ……..

	KRo reminded the meeting that there had been a suggestion that the Council could undertake a public survey; this could be used to provide feedback to the trust on how it was viewed and also give a baseline measure. The confirmed that the survey had been discussed at one of the morning sessions and this would be taken forward by the Membership Engagement and Communications Committee. JEa noted that it was essential that the CES included methods for reaching those who did not have access to electronic communication; both young and old. The draft lacked clear timeframes for action. NY explained that the CES was used fundamentally to inform the work and priorities for her team. The new strategy was designed to completely update that work and to encapsulate the objectives for the team. NY confirmed that the draft CES would be taken to the Board for agreement in two months' time. JEa re-iterated that the CES needed to include clear timelines for action to be taken and these needed to be aggressive in order to get things done.	
20.	**ANY OTHER BUSINESS** There was no further business.	
21.	**DATE OF NEXT PUBLIC MEETING** The next meeting of the Council to take place in August on a date to be confirmed.	

The meeting closed at 14.30

Signed _____

Date _____

Chair's initials ……..

CoG 20/25
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)
6	09-Jul-20	14	Minutes of the previous meeting	When Council is required to give approval it will be recorded that this was carried unanimously or, if there is dissention, a vote will be taken and the outcome recorded.	Immediate	AB	14.08.20: noted and will be implemented. Propose: close action
7	09-Jul-20	14	Minutes of the previous meeting	Drafts of the minutes of formal meetings of Council would be circulated to governors within two weeks of the meeting.	Immediate	AB	14.08.20: noted and will be implemented. Propose: close action
8	09-Jul-20	14	Minutes of the previous meeting	Matters arising and Action table updates to be distinct on future agendas and correctly used.	Immediate	AB	14.08.20: noted and implemented in this and all CoG meetings since. Propose: close action
9	09-Jul-20	18	Update on Council C	Circulate a simplified job description for the AGC Chair role and invite volunteers to come forward for the role being clear about the support available.	Immediate	AB	14.08.20: Bernie Mayall stepped forward to take the Chair role. As she is a member of the Committee this action was not taken forward. Propose: close action

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**COUNCIL OF GOVERNORS**
DATE:	**14 AUGUST 2020**
REPORT TITLE:	**AUDIT AND GOVERNANCE COMMITTEE (AGC) UPDATE**
SPONSOR	**CHAIR, AGC**
PAPER AUTHOR:	**GOVERNOR & MEMBERSHIP LEAD**
PURPOSE:	**TO NOTE**
APPENDICES	**NONE**

BACKGROUND AND EXECUTIVE SUMMARY

This report provides Council with an update on the work of the Audit and Governance Committee (AGC).

The next meeting of the Committee is scheduled for 2 September, via webex, starting at 2pm. Wendy Cookson will attend as Chair of the Board's Quality Committee to provide an update on their work. Darren Wells from the Trust's external Auditors, Grant Thornton, will also attend to talk about the Auditors opinion for 2019/20 and work plan.

Other substantive items planned for the agenda are:

- the process and timeline for drafting the Governors'' commentary on the Trust's Quality Report, which is now scheduled for publication at the end of the year;
- planning for a review of the Trust's constitution; and
- the Committee's regular review of Quality issues.

Members of this committee are myself as Chair, Nick Hulme, John, Ken, Marcella, Sally, Nick Wells and Liz Baxter, the new governor for Folkestone and Hythe. All governors are welcome to join the meeting.

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.**

East Kent Hospitals University NHS Foundation Trust

	• **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 this report

STRATEGIC POLICY UPDATE: COVID-19

GOVERNORS

What we will cover

- COVID-19
- Latest on NHS performance, finance and workforce
- What next?
- NHS Providers activity

What we will cover

- **COVID-19**
- Latest on NHS performance, finance and workforce
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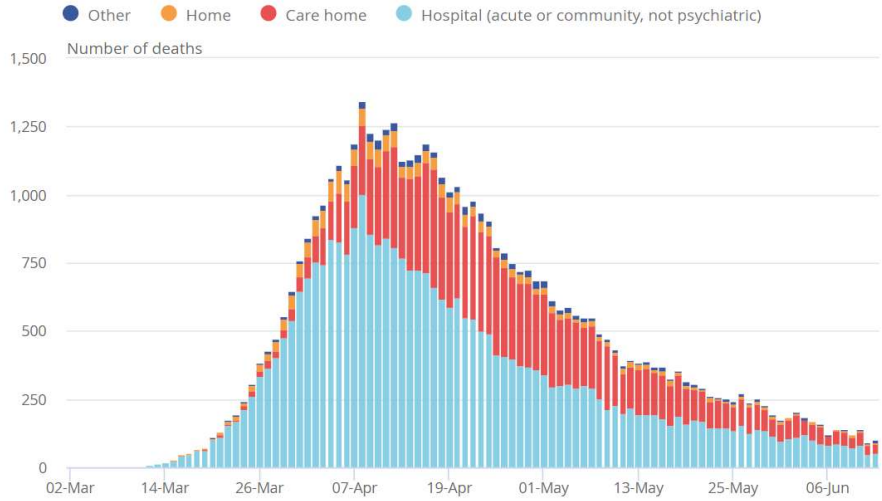
COVID-19 – what the data tells us

- 25,000 people currently have coronavirus (0.04% of the population), with 25,000 new COVID-19 infections occurring per week in England. 5.4% of sample tested positive for antibodies. (3 Jul)
- Around 286,000 confirmed positive cases (8 Jul)
- 50,000+ COVID-19 deaths. 63.5% of deaths occurred in hospital, 29.7% in care homes, 4.5% in private homes and 1% in hospices (7 Jul)
- People living in more deprived areas (ONS data) and people from BAME groups (IFS study/ONS data) are disproportionately impacted by COVID-19

Number of deaths by actual date of death registered up to 20 June 2020, by the place the death occurred and per day, England and Wales



Source: Office for National Statistics – Deaths registered weekly in England and Wales

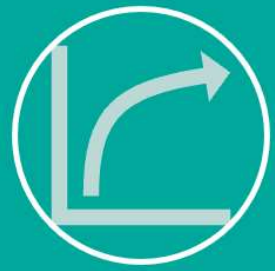
NHS response to COVID-19: current state of play

NHS Providers

Politics / external Government strategy 'contain' then 'delay' and now 'recovery', £6.6bn NHS and £1.6bn social care, 'test and trace' system

NHS operational response: Phase one and two complete, expansion of hospital rapid discharge to assess, flexibility of workforce

Social care: crisis in care homes, high numbers of excess deaths and slow access to PPE/testing, need long-term funding and reform urgently



Demand: NHS navigated initial peak, but issues with PPE and testing. Regional variation and demand on primary & community care

Planning: 'Phase two' focus on recovering non COVID urgent care and planned care. Phases three and four in the pipeline. Winter around the corner

The four-phase NHS response to COVID-19

NHS Providers

Phase 1: April 2020

- Freeing up acute beds
- Expansion of ICU capacity
- Non-critical work stopped
- Block contracts introduced
- Suspension of CCG powers by NHSE

Phase 2: May – July 2020

- Resuming critical services
- Beginning elective work
- Increasing diagnostic activity

Phase 3: August 2020 – March 31 2021

- Establish capacity for ongoing COVID demand plus winter pressures
- Restart full range of, and start to tackle backlog of, critical services
- Rigorous infection control
- Start to recover elective activity levels
- Lock in "positive changes"
- Changes to block contract regime
- Possible major steps towards 'system by default'

Phase 4: 2021/22 and beyond…

- Links to expected autumn 2020 CSR / LTP re-plan?
- Focus on transformation

What has the NHS achieved? Who would have believed it?

Created **33,000 bed capacity** = 53 DGHs, 7 Nightingale hospitals, Seacole hospital, reconfigured hot/cold sites, successful partnership with independent sector

Local deals with manufacturers for **PPE** and innovation on reuse of PPE. NHS lab **testing** capacity scaled up and created drive-through swabbing centres

Collaborated with social care, VCSE sector and primary care to **support the most vulnerable** e.g. shielded patients and care home residents

Ambulance services scaled up provision by refitting non-emergency response vehicles and expanding NHS 111 services

Community providers reprioritised services and redeployed staff, implemented discharge to assess. Now caring for patients with more complex needs e.g. COVID-19 rehab

Mental health providers created 24/7 crisis lines, alternative A&Es, shifted services towards digital and home-based care

What do we want to keep?

WORKFORCE

- Easier working across boundaries, clinical specialties
- Less duplicative bureaucracy and induction
- More flexibility: skills mix, new roles & training needed
- Contributions from students and returning staff

DIGITAL

- Amazingly rapid shift to virtual consultation platforms
- Now need to ensure consolidation and consistency of digital services
- Remote working: a hybrid model will be needed

BENEFICIAL CHANGES ACROSS THE SECTOR
"We're never going back"

INTEGRATION

- Keep 'discharge to assess' model and lose divisive financial approaches e.g. fines
- Reconsider role of CCGs and relationship to providers
- Banking closer relationship with primary care and social care and going on to the next stage
- Building on role of systems as convenors and facilitators

CULTURE AND REGULATION

- Centre sets clear objective and empowers local to deliver
- From top down performance management against old style targets to proportionate, risk-based regulation enabling better outcomes and reduced health inequalities
- Continue framework encouraging/accelerating integration

What we will cover

COVID-19

Latest on NHS performance, finance and workforce

What next?

NHS Providers activity

Resuming services: balancing COVID/non-COVID care

Top line messages: more demand; much reduced capacity due to COVID-19, especially in hospitals; trusts going as fast as they can; but restarting services and finding the new "right long term pace" normal will take a lot longer than most think. Major risks to manage here.

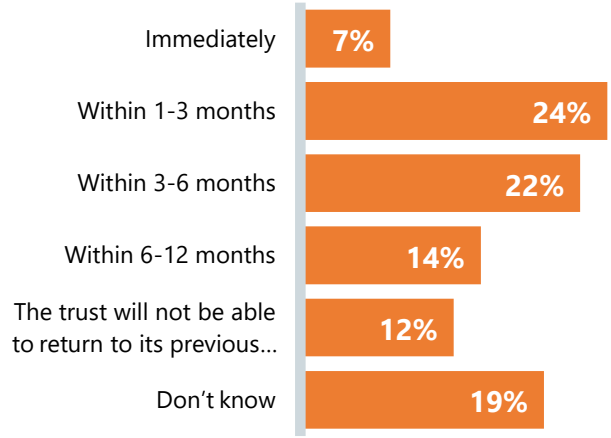
Challenges

- 55% confident they are ready to return to meeting all patients' needs
- 89% experiencing a backlog in people waiting for care
- 92% say social distancing reduces available capacity
- 80% say there is an unpredictable level of need and surge capacity

How are trusts managing these challenges?

- Social distancing
- Increased collaboration in systems
- Use of remote and digital forms of care
- Workforce redeployment and flexible roles
- Regular testing of staff and patients

How quickly will your trust be able to return to meeting the needs of all the patients and service users that require services?



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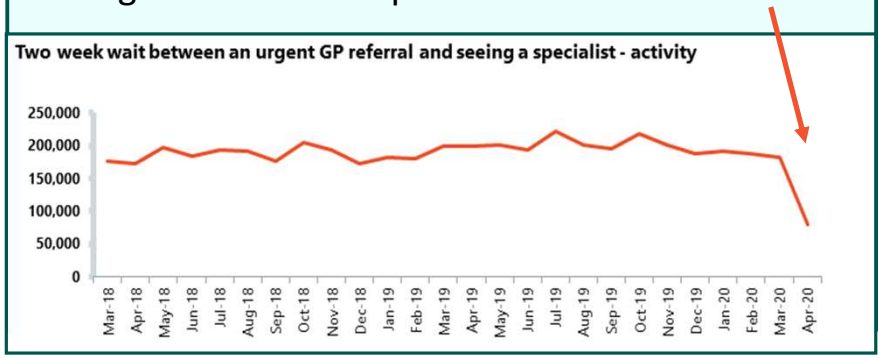
https://nhsproviders.org/recovery-position-what-next-for-the-nhs

Performance and financial overview

Performance: large falls in non-COVID activity

- Impact of pandemic on non-COVID services largely unknown and unpredictable
- U&E care – A&E attendances down but starting to pick up in May/June, ambulance performance good
- Elective care waiting list not ballooning yet, but huge increase in those waiting over 18 weeks
- Activity more than halved in cancer referrals and diagnostic tests in April



Finance: before going into covid-19

- At month 10 in 2019/20, the provider sector deficit was £805m
- This was £523m over plan but £181m lower than same point last year
- Figures for 2019/20 Q4 have not been released
- Unknown impact of temporary block and top-up payments in 2020/21

Additional financial support during pandemic

- Total of £6.6bn allocated at end of April to support health and social care
  - £1.3bn to support discharge of patients from hospital
- Remaining funding allocations are unclear
- On 30 June, the Prime Minister announced additional £1.5bn capital spend for 2020/21

Workforce – key current issues

Wellbeing – extra support has been provided for staff, e.g. hotline and bereavement scheme, but impact clearly a concern. 50% report deteriorating mental health, reports of burnout and more staff speaking up.

Staffing levels – encouraging vacancy reduction from >105,000 to 88,000 in March but numbers could be a mirage. Students and returners bolstering workforce but deployment issues remain.

Recognition and reward – Appreciation of key workers & NHS staff clear theme of pandemic. Widespread calls for effort recognition. Report on annual pay rises (DDRB/PRB) due soon , though indications are awards won't be much more generous than usual.

Immigration – Immigration Bill and points-based system may affect international recruitment (certainly care staff). Major slowdown expected from COVID, with current numbers coming in very low. Visa extensions have helped some but not all migrant staff, while office closures causing issues.

Trust liabilities – NHS is likely to face increase in claims after COVID. Issues around clinical negligence, PPE, infection control. Local/centre alignment on response needed.

Race inequality and supporting our BAME staff

Racial inequality and supporting our BAME staff

- Major concern from trust leaders and urgency to respond with purpose to issues facing BAME staff and communities. A key priority increasing in focus following BAME COVID deaths and BLM protests.

- Three key themes that we feel we have heard:
  - This is a once in a generation moment to address issues we have failed to address – carpe diem!
  - The time for verbal commitments has passed – we need to move to concrete action
  - This needs to be done at pace

- National actions, including Public Health England report and new commission, have underwhelmed. Clear need for proposals and action from the government.

- Trusts leaders have a large personal part to play – NHS Providers has responded through briefings and in the media, quickly convened via roundtable discussions for Chairs and CEOs as a direct response to calls for support.

- Two immediate actions trust leaders could focus on are BAME staff risk assessments and the transformative power of taking the time to really listen, and just listen, to BAME staff's lived experience

- We want to rapidly grow our work in this area, including through a piece of work on inclusive leadership

- Like NHS trusts, we are also seeking to improve our recognition of the contribution BAME colleagues make at NHS Providers, and improving our support for BAME colleagues internally

What we will cover

COVID-19

Latest on NHS performance, finance and workforce

What next?

NHS Providers activity

The big issues

NHS Providers

- Balancing restarting services and treating COVID-19 patients
- Winter planning
- Navigating a new financial landscape
- Supporting the workforce
- Race inequality and supporting BAME staff
- Brexit

Key “landscape setting” milestones coming up…

July

Comprehensive Spending Review launched – could set NHS revenue and capital envelope for rest of parliament

Autumn

NHS legislation likely with major changes to arms length bodies landscape and systems / trust relationship

Autumn/Winter?

NHS strategic reset?

Long Term Plan re-planned?

2021?

Public Inquiry into how UK handled COVID-19

System working and the NHS Long Term Plan Bill

NHS Providers

Impact of COVID-19 on systems

- COVID has accelerated the role of STPs/ICSs as convenors across systems e.g. mutual aid of PPE, demand/capacity modelling, Primary Care Networks leading support to shielded patients
- Shared purpose and clear goal facilitated system working
- Rapid decision-making - must be captured in ICS governance
- Trusts proven themselves as delivery unit
- NHSEI effectively centralised commissioning - raising questions about the future of CCGs

Long Term Plan Bill

- NHS LTP Bill likely delayed until next year
- Need to incorporate lessons learnt, including key role trusts have played and how that fits with future architecture
- Trusts want to maintain the permissive, autonomous environment that has facilitated transformation
- Competition rules well and truly suspended
- Pandemic has shown the need for a health and care system with clear lines of accountability
- Lack of clarity around ALB/government responsibilities exacerbated issues with testing, PPE and workforce

What we will cover

- COVID-19
- Latest on NHS performance, finance and workforce
- What next?
- **NHS Providers activity**

What we have been doing for members

Focusing on the priority issues:

- NHS increasing capacity and emergency preparedness
- PPE and procurement of ventialtors
- Testing
- Non-COVID care
- Stopping the blame game on discharges into care homes
- Making decisions without consulting or telling frontline

Since March:

- Over **8000** media mentions with reach of over 200m views
- Over **1500** pieces of coverage
- **23** blogs published – **9** placed in media including HSJ and Times Red Box column
- Oral evidence to the Health and Social Care Committee (twice) and the Public Services Committee
- **7** written submissions to Parliament select committees
- 3 webinars for parliamentarians on COVID-19 and mental health
- Meetings with Sir Keir Starmer, Jon Ashworth, Rachel Reeves, Dr Rosena Allin-Khan and Number 10
- **7** parliamentary briefings and 5 *Spotlight* briefings

THANK YOU

Q&A

Examples shared at virtual governor sessions 13/14 July 2020

Trust/governor communications and engagement during Covid19 pandemic

- We have had regular and informative updates from our Chair on a fortnightly basis.
- The Trust has been excellent in communicating with their Governors throughout COVID and have resumed meetings virtually.
- We get monthly updates from the chairman and get Board meeting updates following their meetings. They have arranged zoom meetings for COG and soon to have zooming for Board meetings.
- Our Trust continued with all meetings on a virtual basis, including CoG, governor briefings, Public Board and all Board Committees (on which governors sit as observers).
- Governors have received daily Covid performance data such as inpatients, ICU patients, positive and negative result and no. of deaths
- We had a great deal of communication to the Governors. My personal view is that during a crisis, we must reduce the governance function so that the Executive and Non Execs can concentrate of operational issues.
- Whilst communication on Covid 19 has been excellent, i feel less confident about getting back to the previous ability of Governors to seek assurance from the NEDs regarding previous strategy and plans, most of which were held up during the pandemic.
- I feel governors have not been kept informed before rest of community. We have tried to get local updates about changes to services in our constituency, which need to be shared more readily to staff as well as governors.
- We have had both informal and formal meetings virtually
- Training sessions are being organised for governors as we have a few new governors. As lead governor I have also been involved in recruiting a new chair along with four to five other governors joining the meetings.
- Newly formed staff governor meetings are working well and discussed ideas of engaging with staff as this was sometimes a challenging area.

- All public, service user and carer govs given tablets. Meeting with lead gov, deputy lead gov and deputy CEO and company secretary every two weeks providing opportunities for Govs to ask questions.
- We have had daily updates, Governors that observe Trust committees have been involved in virtual meetings. As Lead Governor, I have been on virtual Boards both Pt1 & 2. Our CoG meetings and Governor groups have been held virtually.
- Our trust has been very informative, with regular virtual meetings
- Our trust has had delays because of concerns that not all Governors are comfortable with virtual meetings.
- We had weekly forwarded staff emails and one meeting in May so have been communicated with, but I would have been more comfortable if we had been kept more up to speed at least monthly maybe even by one of the NED.
- I have certainly been very much involved as a lead governor and we have continued all meetings virtually. We also created a new COVID Whats App group especially used by staff governors.
- We had the daily news from the ceo and q&a sessions
- I have received weekly updates from the Company Secretary, and virtual CoG meetings have continued.

Positives and challenges of virtual meetings

- As Lead Gov, I am aware that the absence of face-to-face meetings has had an effect on the team spirit of the Council as a whole.
- Our virtual meetings work better with improved attendance
- Virtual meetings working well, better since I have been issued with webcam for PC desktop.
- Suggest we distinguish between the efficiency of a virtual meeting and its effectiveness. The former addresses running the meeting well. The latter is about its quality.
- The virtual CoG was an 100% attendance.
- I miss the social meetings, it gets me out of home plus it helps me socialise more. I think it is a bit more formal virtually.
- Less travel is also more environmentally friendly!
- I agree that virtual meetings are good but we must recognise that they have their own disadvantages. They do not allow too much debate and discussion.
- We have a very broad area and many of those who are further afield the benefit is quite critical and worth considering.
- The issue of using technology is definitely complex. In some ways it makes life busier as you don't have any travel time between meetings!

- Interesting the attendance at the virtual meetings is higher than previous meetings partly due to our trust being an integrated service across a wider landscape. Virtual are good but some it can stifle discussions for some more than others.
- We had virtual meetings from April/May onwards. Those were very useful and interactive
- What has been key has been the practical management of meetings - ensuring all voices have been heard/questions asked and answered.
- For our Trust, which covers a very wide geographical area, a hybrid option for future meetings, ie virtual plus face to face, is very desirable - especially to enable participation for Governors living at a distance and those who (for a variety of reasons) have limited mobility. This might also facilitate more public attendance / participation.
- I work full time which generally requires me to travel around the UK. I have struggled to keep up to date as not always available to attend meetings. currently working from home. virtual meetings have enabled me log into meetings as have had more opportunity to be flexible and to ensure i keep well informed.

Engaging with public/members

- My concern is how to maintain engagement with electronic communications. Nothing beats a physical meeting between governor staff and patients to engage a governor with a trust. This will not be maintained by staff taking their phone around a ward to make a virtual visit.
- One of the more challenging activities is face to face contact with poeple which we do through seeking local peoples views at the hospital, ward or community visits, actively attended various local groups, talking to visitors to the trust as they attend places like OPD. This element is the hardest.
- Our AGM planned for Sept will be virtual
- We record our COG and Rep Meetings for public and advertise for public questions before hand
- I sent a weekly email update to those members that I know of so that they could be given the latest information. This was 40+ people & I asked them to forward to friends & family. This was greatly welcomed as it was information from the trust which was much more factual & accurate than the London based hysterical mass media. *(Note: you are not able to access member details from the membership database, this example was based on the governor's own personal contacts)*

Holding to account and engagement with NEDs

- Our Trust used to have NED buddies. It all depends on the NED!

- We were trying to have more time with NED's to help with our role. would be interested in other Governors experiences.
- Yes we are introducing some chat time with our NEDs which is helping with relationships too
- We invite NEDs to our CoG pre-meetings. Very valuable.
- We held a virtual CoG meeting and two of the Executives circulated a video presentation for Governors to watch before the meeting
- Our trust records BOD meetings so Govs can still hold to account
- Small numbers of Governors have 'attended' virtual Board meetings. We also have a system of 'Buddying meetings', where all Public Governors meet and discuss concerns and issues with a nominated NED on a County basis.
- We have received video updates from the chair, as well as videos of the NEDs interviewing Executive Directors, which has allowed us to observe how they are holding to account. We were then given the opportunity to ask follow up questions.

Examples shared at virtual governor sessions 29/30 July 2020

Trust/governor communications and engagement during Covid19 pandemic

- There has been good communication, telephone calls from the chair, lead governor and secretary to name but a few. Online meetings have been scary, but we have 'met' monthly and there has been a good flow of information. Particularly as ours is a new trust
- communication in our trust was not good though improved. I think as with a lot about COVID it highlighted existing issues, in this case re comms and governance which has led to a review of both. so helpful in a sort of negative way!
- We have been sent daily updates on operating procedures, which really helped us keep in touch, though no numbers were included in this.
- Our new Governors appointed just as COVID-19 struck, have had a virtual induction.
- Our regular meeting between Governors and NED's took place virtually, and our CEO arranged a virtual briefing, and subsequently made a point of following up questions, specifically about people needing cancer treatments. I feel overall the Trust has tried very hard.
- We only had a very short, only positive news email most weeks. Otherwise we were cut off. Recently our deputy-chair gave a one-hour webinar but with no Q&A so no opportunity to comment. So, there is clearly some very good practice and perhaps some not so exemplary?
- within our trust the board has been incredibly proactive at moving to virtual communications and supporting those who do not have access to IT, we have continued with COG, Board meetings, briefings, running committees and recruiting into posts as well as informal welfare catch ups, interestingly much higher levels of participation and staff governors able to join virtual meetings rather than taking time out to travel to meetings
- At our trust we have received daily local COVID-19 reports. Meetings continued online, albeit slightly truncated. Comms have been good and governor business has not unduly suffered. Attendance at other meetings, e.g. board mtgs, have been made easier to attend due to being online.
- our governor group have set up a WhatsApp group - this has been successful in creating an out of meeting community. Lots of good informal information sharing and comms. Has worked well!

Positives and challenges of virtual meetings

- We have had regular virtual meetings, opportunities to take part in virtual walk throughs and opportunities to observe board meetings, we also get a Governor's Folder every Friday
- Our Trust held Chair and CEO held regular Q&A sessions on MS Teams as well as written briefs.
- Our attendance has been way higher than usual as people have found it easier to join remotely than in person, so this has been positive
- At Kettering General Hospital good flow of virtual meetings plus information. Due to not having to travel so much easier to attend more meetings.
- Our trust has run Virtual Webex, Council of Governors and subcommittee meetings (Scrutiny and Members and Development committe's) surprisingly very effectively. Importantly, relationships are already established around the 'virtual' room.
- We unfortunately had a Chairman on sick leave throughout most of the period, who is normally very proactive. But recently we have had our first Council Meeting since February, via Teams. This is not the best medium in my view, especially as there is a protocol for no video throughout.
- Virtual meetings are working well for information transfer. For quiet Governors, in the Council of Governors, they have asked questions in the chat box which might not have been voiced in person. Governors' ability to hold NEDs to account is much reduced with virtual meetings in our experience to date.
- Personally, I don't like Starleaf for meetings as you don't see individual reactions to meeting discussions which is where face to face meetings win. Zoom is better for showing individual facial reactions to debate!
- I find it very difficult to interject during virtual meetings, and that the subjects raised are not fully discussed and Trusts seem to pass things over
- We had 100% attendance at our June CoG meeting and all feedback was very positive. The one thing lacking was the opportunity for governors to interact with each other, so we need to pay attention to re-establishing our relationships.

Engaging with public/members

- The virtual walk throughs are replacing for now the visits that Governors can do. Recently took part in a virtual walk through with the Communuity Dental Service. Really interesting

Holding to account and engagement with NEDs

- We ran a NED recruitment completely virtually which required some good planning and support but worked exceptionally well resulting in a good appointment.

Contact: Name Person, Does This Job name.person@nhsproviders.org

Governor elections

- Our Trust opens nominations next Monday and the Governors have been very involved in promoting the election process to members. The issue is that we only have email address for 1000 of our 6000 members, but part of our process moving forward to is to encourage members to provide their email addresses.
- We are holding our elections now but have a gap in full number of Governors between June and the start date for Public Governors in September.
- Our trust is struggling to attract staff governor nominations, possible reluctance on part of staff as there is no protected time for staff governors in our organisation. you fit your reading and contributions into you own time. it can often take a couple of days to read and reflect upon the information that is shared with our governors.
- We had 25 people stand as public governors for 5 positions for our March election.

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**COUNCIL OF GOVERNORS**
DATE:	**14 AUGUST 2020**
REPORT TITLE:	**NHSP EVENT: VIRTUAL GOVERNOR WORKSHOP FEEDBACK**
SPONSOR:	**PUBLIC GOVERNORS** **Carl Plummer, Nick Hulme and Paul Schofield**
PAPER AUTHOR:	**GOVERNOR AND MEMBERSHIP LEAD**
PURPOSE:	**TO NOTE**
APPENDICES	Annex A: slide pack on Strategic Policy update: Covid – 19. Annex B1: comments shared at the event on 13/14 July Annex B2: comments shared at the event on 29/30 July

BACKGROUND AND EXECUTIVE SUMMARY

NHS Providers, NHSP, ran a number of virtual Governor Workshops in July; details were circulated to governors on 22 June. Carl Plummer, Nick Hulme and Paul Schofield attended the event, on different days, and this report provides some feedback.

Annex A is the slide pack on Strategic Policy update: Covid – 19.
Annex B1 is the comments shared at the event on 13/14 July
Annex B2 is the comments shared at the event on 29/30 July

These have previously been shared with Council.

Carl Plummer has provided the following written feedback

> On 29th July, I attended a virtual session with NHS Providers via Zoom
>
> I found the session informative and it was broken up into several parts with the opportunity to ask questions of the panel.
>
> There was a group of 30 Public Governors from Trusts all over the country.
>
> We were given a detailed update on the NHS response to the Covid 19 Pandemic and how it is affecting the NHS. I have attached the presentation given for Governors perusal and to examine in detail. It was obvious to all and was said, that the NHS is facing the most Critical and demanding time in its history. especially as the second peak is expected to hit during the winter months, which is what was forcast. I asked how they know how this is going to happen, and was told that the scientific evidence supports the theory and the NHS and HM Government are planning for the said event.
>
> During questions, I highlighted my concerns, re: Infection Control within Hospitals, and asked, quite frankly, what HM Government and DHSC are intending to do about improving the statistics, and what action is being taken on Trusts who do not improve. The answers, i'm afraid, were not forthcoming and I was told that the Government and NHSE/I are looking at the infection rates and are handling them on a Trust to Trust basis.

Brexit and the NHS was discussed, but the emphasis was, of course, on the Covid crisis. It was said that outcome is difficult to foresee, and what Brexit will do and what effect it will have on the retention of staff, time will tell.

It was reported that 45% of Trusts are now holding Governor Elections, but with a general lethargy and lack of interest in many Trusts. I said that EKHUFT had resumed elections from July, and at the time of the session, we did not know what response we would have.

The length of a Governor's term was discussed, with many Governors expressing a wish that terms should be increased to 4 years, instead of three. A lot of Governors said they found Virtual meetings difficult and found it increasingly hard to interject and found that things were swept over. Some Governors complained that their Trust was not transparent enough, and this was agreed by the majority, that it happens regularly in their own particular Trust.

It was agreed that more ways needs to be developed for Governors to communicate with their Constituents and FT Members. All agreed that this should be virtual, at present but most felt that they felt unapproachable by FT members and the public at large.

The session lasted about an hour and a half.

Paul Schofield provided the following

Overall it was an interesting course, however, I appreciate the different circumstances due to the COVID situation. The course went on a bit too much about this subject, where I feel more information about the role would have been beneficial.

Nick Hulme will provide a verbal feedback at the meeting.

NHSP had been planning a Conference in London in November; this has now been cancelled and will be re-imagined with a virtual format. Details will be forwarded to Governors when received.

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.

East Kent Hospitals University NHS Foundation Trust

RECOMMENDATIONS AND ACTION REQUIRED:

The Council of Governors is asked to note the content of this report.