Council of Governors Public meeting 21 May 2020

21 May 2020, 09:30 to 12:00
Webex

Agenda

1. Chair's introductions — 1 minutes

To note — Information

Stephen Smith

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

To note — Information

Stephen Smith

3. Minutes from the last Council of Governors' Public meeting held on 9 March 2020 — 2 minutes

To agree — Decision

Stephen Smith

03 Minutes.pdf (11 pages)

4. Matters arising — 1 minutes

To agree — Decision

Stephen Smith

04 Action Log.pdf (1 pages)

5. Chair's report — 10 minutes

To discuss — Discussion

Stephen Smith

6. Update on NED role during the crisis — 15 minutes

To discuss — Discussion

Cookson Wendy

7. Year end Financial performance — 10 minutes

To discuss — Discussion

Nigel Mansley

8. Annual Governance programme update — 10 minutes

To note — Information

Alison Fox

13 Annual Governance.pdf (3 pages)

13 Annual Governance Annex 1 timetable.docx.pdf (9 pages)

9. Council Committee membership — 5 minutes

To agree — Decision

Alison Fox

09 Committee membership.pdf (2 pages)

09 Committee membership Annex 1 tab1.pdf (1 pages)

09 Committee membership Annex 1 tab3 .pdf (1 pages)

09 Committee membership Annex 1 tab4 .pdf (2 pages)

09 Committee membership Annex 1 tab2 .pdf (1 pages)

10. ANY OTHER BUSINESS

5 minutes
Discussion

Stephen Smith

UNCONFIRMED MINUTES OF THE COUNCIL OF GOVERNORS MEETING
9 MARCH 2020 09.30
Spitfire Cricket Ground, Canterbury

PRESENT:

Stephen Smith	Trust Chair (Chairman)	StS
Sarah Andrews	Elected Governor – Dover	SAn
Julie Barker	Elected Governor – Rest of England From item 57	JBa
Jenny Chittenden	Elected Governor – Swale	JCh
John East	Elected Governor – Dover	JEa
Nick Hulme	Elected Governor – Ashford	NHu
Alex Lister	Elected Governor – Canterbury	Ali
Jane Martin	Elected Governor – Ashford	JMa
Julie Pain	Elected Governor – Staff	JPa
Carl Plummer	Elected Governor - Folkestone & Hythe	CPl
Ken Rogers	Elected Governor – Swale	KRo
Paul Schofield	Elected Governor – Thanet	PSc
Marcela Warburton	Elected Governor – Thanet	MWa
Carla Wearing	Elected Governor – Staff	CWe
Nick Wells	Partnership Governor – Volunteers	New
Sally Wilson	Elected Governor – Staff	SWi

PUBLIC

Bernie Mayall	Governor in waiting, Dover	BMa

IN ATTENDANCE:

Susan Acott	Chief Executive Officer Up to item 56	CEO
Jane Ollis	NED	JO
Nigel Mansley	NED	NM
Amanda Bedford	Committee Secretary (minutes)	AB

MINUTE NO. CoG/20/		ACTION
50	**CHAIRMAN'S WELCOME** The Chair welcomed members to the meeting noting that there were a number of significant issues to discuss, including the problems within Maternity Services. With that in mind, the Chair invited the meeting to spend a few moments of quiet reflection in acknowledgement that at the core of these discussions were families facing the devastating impact of these events.	
51	**APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST** Apologies were received from Bob Bayford, Julie Pain, Graeme Sergeant and Debra Towse.	
52	**MINUTES FROM THE LAST COUNCIL OF GOVERNORS MEETING** The minutes of the previous meeting held on 12 November were accepted as a true and accurate representation of the meeting.	

53	**MATTERS ARISING** 22a/19 Youth Forum: JEa noted that a member of trust staff who manages the apprenticeship scheme had linked with the colleges and further meetings were likely. The link to the diocese was to provide information as it arose. NM confirmed that he was happy to act as the link. Close action. 45/19 Feedback to colleges: defer to next meeting when Debra Towse available.	
54	**CHAIR'S REPORT** The Chair noted the Joint Site Visits since the last meeting. There had been a site visit to the Queen Elizabeth the Queen Mother Hospital in January. The team visited St Margaret's ward and the Discharge Lounge. The planned visit to the Intensive Therapy Unit had to be postponed as staff were dealing with a clinical emergency, and will be re-scheduled to a later date. One issue that had been identified was that the ward was being used as a thoroughfare to enter the hospital; the Director of Nursing had been on the visit and said that she would address the issue. There were also some pressures being caused by the loss of a discharge co-ordinator. In February there had been a visit to the Kent and Canterbury site when the team met with staff in the HR Recruitment team and also visited Mount McMaster ward which cares for frailty patients. Subsequently KRo and CPl, the governors on the team, had raised their concerns about issues on the ward, in particular around staffing. AB advised that the Non-Executive on the team had spoken with the Director of Nursing and Quality the same day and that she had also made contact the following day. A response had been provided to the email from KRo and CPl and an update provided to Council that morning. This included a reply sent by the Chief Nurse on 24 February and AB apologised for the delay in forwarding this to Council. JCh said that she was concerned that the Chief Nurse had said that this was not on her worry list; if the staffing levels were so poor it should have been. The recommended nursing ratio was 1:9. CPl suggested that the email be printed for Governors to consider at the at the closed session as it was on the agenda. This was agreed. NWe noted that these sessions were extremely valuable and he had not seen invitations to join visits in the future. He also suggested that consideration being given to stopping the visit programme for a time given the COvid-19 situation. AB explained that visits were now being organised one or two in advance; if they were set too far ahead diaries changed and members of the teams were regularly pulling out nearer to the day. The support team were trying to ensure that all governors had the opportunity to go on the visits. NWe asked that some longer term dates were set as some governors had very full diaries and this made it easier to plan. A balance needed to be found. It was agreed that the visits might need to be suspended until the impact of Covid-19 was fully understood. The Chair noted that the other two issues he wished the Council to receive	

	updates on were Maternity services and Covid-19, which were both covered in the CEO's report.	
55	**CHIEF EXECUTIVE OFFICER'S REPORT** The CEO updated Council on the following four issues. Covid-19: this was a fast-moving event and being managed with the well-rehearsed major incident plan and co-ordinated from the NHS centre. In Kent & Medway NHS organisations were working together to refresh collective knowledge and actively prepare to implement contingency plans as needed. There wereas three phases to the response: containment, delay and treatment/research. Currently we are in phase 1 focussing on containing the spread by testing individuals and tracing infection. People are encouraged to call 111 if they have symptoms and will be advised to stay at home. Testing was being undertaken at the specialist Colindale unit, though this capacity will have to increase as the numbers infected increase. The Trust had been identified as one of the additional Kent testing sites which would speed up obtaining test results, particularly useful in helping reduce the time staff may need to stay isolated if covid-19 infection was suspected. Testing pods were being created near A&E units and, in time, there would be a move to drive-in testing. Questions: • AL asked if the Trust was aware that it was not always possible to get through on the 111 number. The CEO confirmed she was aware and this was one of the reasons for increasing the number of testing pods as those unable to get through to 111 were going to their GP or the A&E department. Calls were being shared across the 111 call centres to try to balance out the call rate and relieve pressure. • Not all 111 calls related to covid-19, could there be a separate system for those callers to use. The CEO said that this was recognised nationally and there was a drive to increase the number of call handlers to address the issue. SAn commented that media had reported that morning there would be a separate number for suspected covid-19 patients to use. The Chair noted that communications in relation to covid-19 were being managed centrally. Maternity: the externally chaired governance committee had had its second meeting. This had been set up to provide Board the assurance that appropriate action was being taken and was effective. The Committee was focussing on the actions taken in response to the inquest recommendations; any outstanding actions from the Royal College report; a review and management of linked complaints, re-opening complaints where requested by families; a review of data; and prioritisation of the transformation programme. The Chair was an obstetrician from another county and had good engagement with the Trust's obstetricians. This was being supported by the Chief Midwifery support package, including a Consultant obstetrician and Chief Midwifery office from a neighbouring	

trust, two obstetricians, a paediatrician and a Director of Midwifery. The purpose of the group was to assist with the review and ensure there was independent involvement.

In terms of the regulators there had now been two single item policy review meetings where the regulators co-ordinate their questions and oversight. The CQC had visited the maternity units on both sites and remain active in terms of their physical presence.

A consultant paediatrician from another had come to the trust as interim deputy medical director until such time as the new Chief Medical Officer had had time to put her structure in place. Her plan was to put a Chief Medical officer on each site to give a clear clinical focus, although they would each have a portfolio, such as infection control, so that they would be also be working across sites. In time the senior nursing and senior management arrangements would shift to match.

The Chair noted that this was a significant change and recognised that there were specific geographic issues that needed to be taken into account while still working as a whole. The CEO commented that as the health economy moved into a more collaborative way of working this structure would support better liaison and building local relationships. The aim was to try and find the best balance between local and wider geography. KRo commented that this might also help support sharing best practice.

Questions

- ALi asked whether the Trust now accepted that things were not shared with the family and the Council that should have been.

  The Chair said that the Maternity situation covered 10 years ~~crossed a large space of time and had a number of threads~~ so it was difficult to give a generic statement in response to the question. The CEO said one of the areas where she believed the Trust was in need of improvement was communicating effectively and escalating problems. The BESST programme is central to addressing these cultural issues, especially around communication and learning.

- CWe asked about the support being provided to staff; she was aware of several incidents of staff being subjected to verbal abuse when in the community, to the extent that they were being advised not to wear their uniforms in public.

  The CEO acknowledged that this was a real challenge to maintain a balance between scrutiny and learning with supporting staff and recognising success. There was much to learn when things went well also. Morale was low in the maternity services and it was difficult in the community. Staff were being supported with counselling if needed, staff were supporting each other and security in the hospital was being reviewed. Local stakeholders were being invited to visit the unit. CWe commented that much of the response to the maternity helpline had been people commending staff on the care provided to them by staff.

  ALi commented that in his view the negative blow back on staff in the community, which was clearly unacceptable, had come from the public

perception that problems in maternity had been covered up. If the Trust was not willing to acknowledge this, then the problem would be perpetuated. He wanted to hear ownership from the Trust that things went wrong and that this included the way the situation was managed and communicated publicly.

The Chair said that the Trust had recognised and acknowledged that there had been problems in maternity going back to 2013/14. It was not fair to say that it had not. JOl said that moving forward the importance of asking the right questions needed to be recognised, and this was particularly relevant for the Non-Executive Director role. In her view, there had not been an intention to hide information. The CEO noted that the governance process around looking at the response to the maternity situation had deliberately designed to ensure openness and independence - such as the appointment of an external Chair and public representation.

KRo said that it was important to improve the public's perception of the Trust. The Chair agreed, noting that this was the process the Trust had started, although it would likely take several years to make the cultural changes necessary for success.

- JCh commented that she felt it had been misleading to publish a helpline number that went through to PALs, particularly as it was difficult to get through on this number. JCh asked why calls into the wards and maternity were not screened and recorded for staff safety reasons?

  The CEO said that the confidential nature of the conversations, particularly with respect to maternity, would preclude this as a practical option. The Chair noted that there would also be GDPR implications which may not make it possible. It was a good point and it would be raised with NHSE guidance.

- JMa asked whether the staff had been asked what type of support they wanted.
  The CEO confirmed that this had been done and a range of ideas had been put forward: counselling, additional training, after action review opportunities and Schwartz rounds. Interestingly, some had asked to be given the opportunity to come to terms with the events themselves without the additional pressure that 'helping' can sometimes bring. Staffing had also been looked at to ensure senior nursing and clinical staff were available.

- NWe commented on the sheer volume and wealth of data available and the difficulty of sifting through this to recognise the key information and warnings. He suggested that there was a piece of work to be done to decide what information Council needed in order to meet its responsibilities. The Chair concurred; the current volume of Board papers was far too high and did not help members to gain a clear picture.

  The CEO said that this was similar to an observation made by the independent chair in the maternity review, who had asked what information the Board had seen – would this have provided warning about the issues? He would be making evidence based

	recommendations for changes in the data provided to the Board which he felt would be a better indicator of quality. The Chair commented that this was a common feature of the national maternity reviews – the numbers in maternity were small statistically speaking so made it difficult to identify themes and trends. • MWa observed that when she first joined as a governor there was a good range of data and senior members of staff were available to Council for presentations and questions. This changed after the CQC report when communication with Council reduced significantly. She had the confidence now that transparency and candour was returning and the Council was more able to be pro-active. <u>Dementia Village:</u> the company were philosophically committed to make Dover the centre of a new way of supporting people with dementia – bringing the world in to provide a progressive and normalised environment. There were close links with the Universities of Lille and Kent. CQC registration had now been achieved and arrangements were now being made to offer places. The process was the same as for nursing homes. A proper formal opening would be arranged later in the year when the weather was better for an outdoor event. <u>Stroke:</u> the Judicial Review had not upheld the complaint made about the Stroke consultation so Kent and Medway was now moving forward to provide stroke services on three identified sites. Nothing would change significantly initially as there was building work to be completed. The pathway would be implemented in so far as providing specialist care initially with a return to local care subsequently. ALi asked how will the implementation of the hyper acute stroke units be impacted the wider consultation. The CEO said that the hyper acute stroke unit would ultimately move to the site where the major emergency care service was located at the end of the wider consultation. Initially siting the unit at Ashford would not compromise the outcome; building work in the NHS was designed to facilitate changes in use and the stroke unit depended more on the specialist nature of the wide range of staff involved than the environment. Some additional scanners might be needed if the unit moved to Kent and Canterbury.	
56	**BOARD OF DIRECTOR'S COMMITTEE REPORT: FINANCE AND PERFORMANCE** NM introduced the report noting that the Trust was on target to achieve the forecast of £30M deficit, despite a slight slippage on the Cost Improvement Programme (CIP) of £900K. There was sufficient contingency built into the budget to cover this. The main contributory factor to the slippage was the use of agency staff. Delivering a plan for 20/21 was going to be tough: the Trust had been regularly achieving challenging CIP targets for a number of years so further savings, particularly recurrent savings, would be very difficult make. The best solution would be to improve the level of substantive appointments, however, there was a recognised problem in recruiting to jobs in East Kent which was not limited to health care roles.	

	Another factor for 20/21 was the move to systems working with a shared pot of money. East Kent had an advantage in that the CCGs had aligned and there was an increased sense of unity. NM commented that his experience of system working in Northern Ireland had been good and he was interested to see how the Integrated Control System was going to develop and work here. The removal of the competition element between organisations should support that co-operation and the success of the model. The Chair noted that this system meant that there was a shared responsibility for the budget across the partnership. There was some concern that this may mean a loss of focus and thereby control if there was not a clear responsibility holder. The Trust was in the top ten procurement teams and robust with respect to financial control and wanted to maintain that position. Another issue discussed by the Committee had been the national cost collection, which compared costs across the country. EKHUFT was showing figures above the average, indicating that it was efficient financially. For him this was a paradox given that the Trust was still in financial special measures and working with a deficit which was less that many of the neighbouring trusts. In addition the Market Forces Factor given to EKHUFT put it into a poor comparative position. NM noted that the Committee had agreed at the last meeting not accept the control total set for the Trust on the basis that it would not agree an unrealistic target which could not be achieved. The Committee had approved a coloscopy business case and a brief contract variation agreed. Questions • KRo asked how robust the CIP position could be given the additional pressures arising such as Maternity and Covid-19 and the size of the estates bill. NM said that the budget process was still underway and had not been completed yet. Even with setting a less challenging CIP programme in previous years it would be difficult to set and achieve a plan. The Director of Finance would be providing more details of the planning process in the closed session. • The Chair confirmed that all finance papers were public documents so the process was completely open. NM commented that this was another example where the volume of data obscured the full picture. The Board were looking at this and had started last year to focus on an agreed number of issues, which had worked. There was still some way to go in developing truly effective management information reports; these should allow the Board to understand why something had happened, rather than what had happened. • CWe confirmed that there were strong financial checks and balances in the organisation.	
57	**BOARD OF DIRECTOR'S COMMITTEE REPORT: STRATEGIC WORKFORCE COMMITTEE (SWC)** As Chair of the bi-monthly SWC, JO presented the report noting the following points:	

	• Vacancy rates are falling • Bank versus agency usage was moving in the right direction • Staff turnover remains relatively high at 14% • Nurse retention was improving although there was a noticeably high level of premature leavers in the Health Care Assistant (HCA) group – those who left within 12 months of their start date – at around 60%. The data was being analysed to understand the underlying reasons and how to address these. For example, do new HCAs have a realistic understanding of the role they will play. The team were also looking to understand what level of support was needed at the start and the maximum number this could be provided for at any one time. • Staff sickness levels were showing a consistent upwards trend which had not peaked; the Trust did not appear to be an outlier nationally although there were some recognisable care group trends. JO confirmed that the Trust had a strong apprenticeship programme. CWe noted that training new staff carried a heavy time commitment. SWi observed that the HCA programme was an ideal route for people to try nursing and sometimes it may not fit for them or they find other healthcare roles for which they were better suited. KRo recalled the Joint Site Visit to the HR team and how impressed they were with their approach and understanding of the issues. JO noted that the SWC had also discussed the results of the Staff Survey; there had been some good improvements however it was important to see these in light of the Trust's poor starting position. It had to be viewed as an onward journey. The SWC were particularly focussed on supporting good management and ensuring managers were being given time and the appropriate tools and empowerment. Questions • Have the issues in maternity impacted on staff recruitment and retention. Response: there was no indication that there had been a negative impact. Response rates to vacancies were good and staff retention in the units was very good. The Chair noted that recruitment of extra consultants was also progressing well. The meeting was halted for a break and resumed after 20 minutes.	
58	**COUNCIL OF GOVERNORS MEMBERSHIP ENGAGEMENT AND COMMUNICATION COMMITTEE** NWe presented the report, noting the inaccuracy in the attendance – ALi had not been present. The key items discussed were: • Setting up a Council task and finish to develop the Membership/Council pages on the website following through on the report provided by the support team summarising the content of these pages on the sites of Foundation Trusts across England. • The lack of interest from applicants for the Governor vacancies. The Committee had agreed that the role needed to be promoted with a positive description and clearer idea of what the Council had achieved. JBa had worked on an initial draft. • The support team were looking at the practicalities of extending meet the governor sessions to ward areas.	

	• The new membership strategy was being implemented; it was too early to see how this was progressing. • The open evenings were discussed and some suggestions made about making the sessions more appealing. The topics chosen were key and needed to have a contemporary appeal. The Committee recognised that the Governor contribution to the meetings needed to be clear. • Governor newsletter: the content had been agreed at the meeting, however, it had not been sent due to the various issues that had arisen since then. The content would need to be revised at the next meeting. ALi noted that data on the number of people accessing the newsletter could still not be collected. AB confirmed that there were complexities to be managed when collecting such data from members of the public and Natalie Yost was actively searching for the best way to achieve this. A basic test had been run with a recent newsletter by including two items inviting feedback from the public via links, one to a questionnaire. Less than 10 responses had been received which indicated a very low level of engagement with the newsletter. The Chair noted that the content needed to have clear purpose and be substantial. It was also important that the content be agreed by the whole Council. He suggested that it should be a topic for the afternoon session. CPl suggested that consideration could be given to providing this to GP surgeries and other public areas. JCh suggested including photographs of Governors would help to encourage engagement. JMa proposed that meetings could be live streamed to increase interest. It was agreed to defer this discussion to the afternoon session and to ensure that there was a clear action plan, including setting a deadline for establishing a method for collecting data on access to the newsletter. In response to a question from KRo, AB said that there were around 250 members who were on a 'post list' who had self-nominated so were known to be engaged. There were around 3500 members who had given an email address with around 7500 who had not. A trial had been carried out to contact members to ask for email addresses if they wished to continue, otherwise they would be taken off the database. Less than 10 of the 500 contacted had provided the address. At the time it had been decided not to continue with the process; AB suggested that it would be sensible to re-consider this decision and advised that other Trusts had taken this step, accepting that the result was a large decrease in numbers balanced by improved engagement.	
59	**COMMITTEE MEMBERSHIP** Item deferred pending the discussions at the Joint session with NEDs that afternoon.	
60	**LEAD GOVERNOR JOB DESCRIPTION** The Council considered the proposed changes to the Lead Governor role description as laid out in Annex 1. <u>Proposal 1:</u> To re-word the first paragraph in section **A) to meet the duties laid out in legislation**, which relates to liaison between the Lead Governor and the governing body.	

	AB noted that the statutory duty of the Lead Governor was to liaise with regulatory body, currently the CQC, so would advise that the final sentence in the proposed paragraph was removed. It was the role of the CQC to liaise with the Department of Health. The Chair noted that governors could approach these organisations as individuals, but not as governors or as the Lead Governor. The change to the paragraph was agreed with removal of the final sentence. Proposal 2: changes to the wording of Sections 2.1.3 and 3.6 of Annex 7 of the Constitution. AB noted that these changes would require a change to the constitution. It was agreed to add this to the Constitution review due to take place early in the year. Proposal 3: To add under duty B - .. and canvassing Governors on items for Governor formal meeting agendas. The change was agreed with the substitution of the word 'liaising' for 'canvassing'. Proposal 4: To add a further duty to the role, C: To be a member of the Council of Governors Nominations and Remuneration Committee. This was agreed. Proposal 5: To add a further duty to the role, D - To attend all public Board meetings or arrange for the Deputy Lead Governor to deputise when needed and if possible. The Council first considered whether to introduce the role of a Deputy Lead Governor. It was noted that the Lead Governor role had a heavy workload and it would be helpful for this to be shared. KRo commented that when he had been Lead Governor in a previous Trust there had been two deputies, one of whom was a staff governor. This had facilitated flow of information into the Council from the staff. It was agreed to create the role of Deputy Lead Governor, using the same role description as the Lead Governor given that the Deputy Lead Governor would be deputising for the Lead Governor. The election for the Deputy Lead Governor would follow the Lead Governor election. It was agreed that either the Lead Governor or the Deputy Lead Governor would attend Public Board meetings whenever possible. Proposal 6: To add to the list of desirable features - g. To be free of significant past personal or professional links with both Executive and Non-Executive Directors. JBa explained that she had suggested this change to avoid there being conflicts of interest for the incumbent. In order for the holder to be impartial, they should have no connections with the organisation.	

Chair's initials ……..

	The following points were made in the ensuing discussion: • It would be difficult to define 'significant' and how this could be judged on a practical basis. • Not all governors agreed that such links prevented a person from being objective. • As many governors had a working background in health and social care, this criteria would limit the applicant field considerably and expertise would be lost to the role. • Such links could be advantageous to Council. • The criteria would mitigate against any appearance or accusation of nepotism or partiality. • As an elected post those voting would be able to take into consideration their own views of the candidate's ability to be impartial and objective. • Candidates could be asked to declare any links/friendship. • Governors are required to conform to principles of good governance. • It was suggested that the wording could be altered to emphasise that the Lead Governor needed to be independent. KRo noted that there had been an occasion in another Trust where an ex-Director became the Lead Governor and the role of Council in holding NEDs to account was clearly seen to be compromised. It was agreed that this change would not be adopted at this point. JMa requested that having time to commit to the roles be removed as this would be difficult to judge what that might be. This was not agreed. The Council agreed to extend the term of office of the current Lead Governor, Sarah Andrews, until the conclusion of the 2020 election which would be no longer than the end of March. The Council thanked Sarah Andrews for her work as a governor and Lead Governor over many years.	
61	**ANY OTHER BUSINESS** There was no further business.	
62	**QUESTIONS FROM THE PUBLIC** There were no members of the public present.	
63	**DATE OF NEXT PUBLIC MEETING** 21 May 2020, morning.	

Signed _____

Date _____

Chair's initials ……..

CoG 20/04
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)
45	12.11.19	45	Audit and Governance Committte report	Provide confirmation that feedback is provided to training organisations as appropriate.		AB	09.03.20: the trusts Datix system automatically notifies the relevant leads within the Trust. This is to be extended to include nursing and AHP students. There are trust leads for medical education, student nurses and AHPs who link with the universities. Further work to be done to close this action.

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**COUNCIL OF GOVERNORS**
DATE:	**21 MAY 2020**
REPORT TITLE:	**ANNUAL GOVERNANCE UPDATE**
BOARD SPONSOR:	**GROUP COMPANY SECRETARY**
PAPER AUTHOR:	**GROUP COMPANY SECRETARY**
PURPOSE:	**NOTE**
APPENDICES	**APPENDIX 1: NHSE/I TIMETABLE LETTER FOR SUBMISSION OF ANNUAL DOCUMENTS**

BACKGROUND AND EXECUTIVE SUMMARY

Annual Report and Accounts

In light of pressures caused by the public sector response to COVID-19, some annual report requirements have been changed for 2019/20. In many areas changes to the *FT ARM* are constrained by the extent of changes being made to *The Government Financial Reporting Manual* by HM Treasury.

In summary the changes are:

- The annual report is no longer required to include a performance analysis section within the performance report. This is optional.
- The annual report is no longer required to include a quality report. This is optional.
- The staff sickness disclosure in the staff report can be replaced with a link to where the information will be available online.
- The model annual governance statement is updated to reflect the change to preparation of quality reports.

The timetable for delivery of the Annual Report and Accounts is attached as appendix 1. For reference the usual submission date is around the end of May and this has been extended until the end of June. The Board will be holding a private meeting on 24 June to approve the documents.

It should be noted that the documents remain confidential until laid before Parliament and it has been confirmed that trusts will not be laying their reports before the summer recess. This also impacts on the holding of the Annual Members' Meeting and Annual General Meeting (which are usually held together in September) as this cannot be held until the documents are made public. We are awaiting further guidance from NHS England / Improvement.

Quality Account

Governors will be aware of the usual requirement to prepare and submit a Quality Account. However, the following guidance has been provided due to the current situation.

"While primary legislation continues to require providers of NHS services to prepare a quality account for each financial year, the amended regulations mean there is no fixed deadline by

which providers must publish their 2019/20 quality account. NHS England and NHS Improvement recommends for NHS providers that a revised deadline of 15 December 2020 would be appropriate, in light of pressures caused by COVID-19. Draft quality accounts should be provided to stakeholders (for 'document assurance' as required by the quality accounts regulations) in good time to allow scrutiny and comment. For finalising quality accounts by 15 December, a date of 15 October would be reasonable for this; each trust should agree this with their relevant stakeholders".

The Trust will be following this guidance.

Statutory Annual Declarations

All trusts are expected to undertake an annual review of compliance with the Provider Licence but so far this year no new guidance has been issued. The Trust took the decision to follows last years' guidance and the compliance document was submitted to the Integrated Audit and Governance Committee on 30 April 2020 and the Board will sign off the declaration on 19 May 2020.

Subsequent to taking this decision, NHSE/I has made it clear that trusts should prioritise their Covid-19 work and that they would not penalise for failure to complete and publish these. However, given the Trust has completed its submissions it will publish these on its website in line with the usually reporting timescales.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	None identified
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.
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	As outlined above.
RESOURCE IMPLICATIONS:	None
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	Board's IAGC
SUBSIDIARY IMPLICATIONS:	None identified

East Kent Hospitals University NHS Foundation Trust

PRIVACY IMPACT ASSESSMENT: *No*	**EQUALITY IMPACT ASSESSMENT:** *No*

RECOMMENDATIONS AND ACTION REQUIRED:

The Council of Governors is asked to NOTE the report.

NHS England and NHS Improvement
Skipton House
80 London Road
London SE1 6LH

E: enquiries@improvement.nhs.uk
W: improvement.nhs.uk

23 March 2020
(amended 27 March to add in agreement of balances agreement thresholds)
(amended 15 April to add in 'option 1B' for 27 April in detailed provider annex)

Dear Colleague

Updates to NHS accounts timetable and year-end arrangements – with provider annex

Given the current and estimated impact of COVID-19 we have worked with the Department of Health and Social Care (DHSC) to amend arrangements for year-end accounts for 2019/20.

Summary of key points for 2019/20:

- The implementation of IFRS 16 is being deferred until 2021/22.
- Draft accounts are now due on 27 April, but provider organisations can extend this to 11 May if they wish.
- There are associated amendments to ledger close for commissioners, key data for providers, and agreement of balances process dates.
- Audited accounts are now due on 25 June.
- Quality accounts: DHSC is working to amend Regulations which specify these arrangements. We do not expect providers will be subject to the 30 June deadline.
- Auditor assurance work on quality accounts and quality reports should cease for 2019/20.
- Provider organisations will no longer be required to submit any hard copy documents to NHS Improvement for the annual report and accounts.

Basis for change

The NHS is under considerable pressure, with new and changing working arrangements affecting finance teams in organisations to varying degrees. We have talked to many provider and commissioner finance teams over the past week: you have told us you need certainty but also flexibility. Many organisations told us they want to continue with 2019/20 accounts and complete them sooner rather than later. Other organisations expect to need more time.

While the agreement of balances exercise can cause burden, most organisations rely on it for the completion and audit of their accounts. This exercise and others such as key data collections for providers to support Provider Sustainability Fund (PSF) allocations only work when the system operates together. We need to put processes in place that allow these functions for the wider NHS to continue, while lessening the impact for organisations that need more time.

Revised accounts deadlines 2019/20

We are grateful for the support of the local audit firms, DHSC and the National Audit Office in working with us to develop the changes set out below.

- For providers, the 'key data' submission is now due on 20 April. This will be after COVID-19 income information is given to providers and commissioners on 16 April.
- For CCGs, the ledger close for 'AP12' is now 20 April.
- CCGs will submit draft accounts on 27 April.
- Providers will make a submission on 27 April, which is either full draft accounts, or can just be an agreement of balances submission. We encourage providers to submit draft accounts where they can: this will assist local auditors in managing their workloads over the period. Providers do not need to tell us in advance which submission they are making.
- The extended deadline for providers' draft accounts (if required) is 11 May. For those who submitted draft accounts on 27 April, this will be an agreement of balances submission.
- For providers and commissioners, audited accounts are due by 25 June.

A detailed year end timetable is provided in the annex to this letter.

IFRS 16 deferral

Last week HM Treasury, in conjunction with the Financial Reporting Advisory Board (FRAB), decided in light of current pressures that IFRS 16 will be deferred in the public sector for a further year, to 2021/22. The work already completed by organisations will still be of considerable value in bringing leased assets on to the statement of financial position a year later than expected.

Agreement of balances – updated 27 March

We have worked with DHSC to review the thresholds above which entities are expected to reach agreement on agreement of balances statements. Guidance on the issuing of statements is unchanged. The new thresholds for agreement for 2019/20 month 12 are:

- Receivables statements above £500,000 (previously £100,000) and
- Income statements above £5 million (previously £2 million).

These thresholds will be reviewed again for the 2020/21 year. We are due to discuss these revised thresholds with local auditors.

Annual report requirements

We are working with DHSC and HM Treasury on whether some annual report requirements can be streamlined for 2019/20.

Quality accounts and quality reports 2019/20

Quality accounts preparation: the deadline of 30 June is specified in Regulations. DHSC is now seeking approval from Ministers to amend the Regulations and we do not expect that providers will be subject to the 30 June deadline. We will update providers as soon as more information is available.

Quality reports preparation for NHS foundation trusts: given the expectation of change

for quality accounts, there is no longer a requirement for a quality report to be included in the annual report. NHS foundation trusts are encouraged to include the additional quality report content in their quality account.

Assurance work on quality accounts and quality reports should cease, and no limited assurance opinions are expected to be issued in 2019/20. Where auditors have completed interim work or early testing on indicators, auditors should consider whether value can be derived from work already completed, such as a narrative report being provided to the trust, or governors at a NHS foundation trust. For NHS foundation trusts, there is no formal requirement for a limited assurance opinion or governors' report.

Other matters for providers

Hard copies: We will no longer require any documents to be sent to NHS Improvement in hard copy in connection with the annual report and accounts. Electronic documents containing electronic signatures will be sufficient. Chief executives' responsibilities under the accounting/accountable officer memorandum continue to apply. Please note your auditor may still need to see hard copy signed documents: please discuss this with your auditor.

Inventory counts: With auditors conducting their work remotely, this presents challenges for auditor verification of inventory, where there are required steps in auditing standards. Providers with material inventory balances should work with their auditors to provide alternative sources of assurance wherever possible but please ensure these steps are proportionate. A 'limitation of scope' in the audit report may be necessary in some circumstances though it is hoped this could be avoided for most. This would be a qualified auditor opinion, modified only to reflect the auditor has been unable, at the time of the audit, to obtain sufficient and appropriate evidence on inventory. The remainder of the opinion would be unchanged and confirm the appropriate completion of the audit.

Next steps

For providers, the month 12 collection form will be issued on 23 or 24 March. There may be a slight delay from the planned date of 23 March while we update systems for the changed submission requirements. As ever, any queries on the 'TAC' part of the form should be addressed to Provider.Accounts@improvement.nhs.uk and queries on any other part of the month 12 form should be addressed to NHSI.sector.reporting@nhs.net or NHSI.CapitalCashQueries@nhs.net as appropriate.

For commissioners, Queries on the CCG_CSU template and any other year end related matters should be addressed to england.yearendaccounts@nhs.uk.

Our teams will continue to work with yours through this challenging period.

Yours sincerely

A Snarr

Adrian Snarr
Director of Financial Control

Annex: Detailed year-end timetable

Provider Annex: Updated accounts and reporting timetable for 2019/20

Organisations should note the following definitions:

- **Receivable organisation** - this is the organisation sending the invoice/is carrying the trade receivable/is receiving the income i.e. the supplier or provider
- **Payable organisation** – this is the organisation receiving the invoice/carrying the trade payable/recording expenditure i.e. the purchaser or commissioner.

We have colour-coded rows in this table as follows:

White row	Agreement of balances process
Blue row	'Key data' submission
Green row	TAC / accounts / agreement of balances submission to NHS Improvement
Red row	Other process
Grey row	Month 12 form release by NHS Improvement

Date (by end of day unless stated)	Detail
Monday 23rd March 2020	Final date for sending March dated invoices (email where possible). These invoices relate to activity and services up to and including February and should include estimates for March activity and services where possible. **Please note statements are not to be sent until 27th March 2020.**
Monday 23rd / Tuesday 24th March 2020	**NHS Improvement issues month 12 PFR form (including TAC schedules)** Month 12 forms will be issued to providers together with completion instructions. The form will be issued via the Portal inbox and accompanied by an email from Provider Accounts (Provider.Accounts@improvement.nhs.uk).
Tuesday 24th March 2020	Final date for despatch of payments to DHSC group bodies for 2019/20. This means that there should be no payments made after 24th March 2020 without prior agreement.
Friday 27th March 2020	Date for Receivable organisations to e-mail Payable organisations a receivables statement detailing outstanding invoices dated and invoiced by 23rd March 2020. Payments received up to and including 24th March 2020 must also be included. Please note: • Only one statement must be sent to each Payable organisation • A statement must be sent to each Payable organisation even if the balance is under £500,000 but need not be sent if the balance is less than £2,500.
Monday 30th March – Weds 1st April 2020	If a receivables statement has not been received the Payable organisation is to inform the Receivable organisation. In such cases, the Receivable organisation must email a statement immediately.
Tuesday 7th April 2020	Final date for agreement of outstanding Receivables/Payables dated up to 23rd March 2020 and **above £500,000**. (This was updated on 27 March 2020.)
Tuesday 7th April 2020	Final date for Receivables organisations to email a statement of Accruals to the Payable organisations, listing all 2019/20 liabilities not invoiced by 23rd March 2020.
Tuesday 7th April 2020	Final date for Receivable organisations to e-mail Payable organisations an income statement detailing income invoiced/received to 23rd March 2020. The statement will include income that has been invoiced and income received without an invoice e.g. Grants, R&D etc. Only one statement must be sent to each Payable organisation. **An income statement must be sent to each Payable organisation for balances over £2m.** Receivable organisations may issue statements below this level if they wish.

Date (by end of day unless stated)	Detail
Thursday 16th April 2020	Providers will be notified by NHS England and NHS Improvement regional teams of additional income for COVID-19 to be included in 2019/20 accounts. This should be recorded as patient care income from NHS England.
Friday 17th April 2020	Deadline for agreement of income/expenditure **above £5 million** balance. (This was updated on 27 March 2020.) Complete discussions regarding accruals for inclusion in 2019/20 accounts.
Monday 20th April 2020 (noon)	**Submission of month 12 'key data' return to NHS Improvement** Template to be uploaded to the NHS Improvement Portal outbox. Please note 'Key Data' submissions are to allow early view of high-level figures and importantly to calculate indicative PSF / FRF values. We would therefore not expect any material changes to these key figures unless this has been agreed with your NHS England / NHS Improvement regional contact first.
Monday 27th April 2020 (noon)	**Option 1 – full PFR form with draft accounts** **NHS providers submit month 12 PFR form (including unaudited TACs) and draft accounts** This submission is of: • Month 12 PFR form (including unaudited TACs) • Draft accounts The TACs will include income/expenditure and receivables/payables WGA data. **PFR form** uploaded to the NHS Improvement Portal (outbox). **Please ensure that '27 April - Draft accounts' is selected on the cover of the PFR file before uploading.** There should be no validation errors in this submission. **Draft accounts** uploaded to the NHS Improvement Portal outbox and submitted as: • Financial year: FY2019-20 • Activity: In Year Returns • Template Type: Accounts submissions • Period: M12 Any financial commentary that accompanies the template should be uploaded to the NHS Improvement Portal outbox with activity type 'In Year Returns', template type 'Finance Commentary' and period M12. **Option 1B – full PFR form on 27 April with draft accounts by Friday 1 May** As a variant of option 1, the PFR form can be submitted as detailed above, with draft accounts submitted by Friday 1 May. You must discuss and agree this with your auditor before taking this approach as it would affect the availability of draft accounts to audit. The draft accounts must be consistent with the PFR form (with TAC schedules) submitted on 27 April. **Option 2 – WGA (agreement of balances) data only** **NHS providers submit month 12 PFR form with agreement of balances data to NHS Improvement** This submission is made by submitting the month 12 PFR file. You should submit the whole form, but only the WGA information (TAC61 – TAC64) will be utilised from this submission. The accounts and in-year monitoring information will not be used and can be submitted in any partially completed state. The cover of the PFR form will list the validations to be passed if this option is taken. PFR form uploaded to the NHS Improvement Portal outbox. **Please ensure that '27 April - Agreement of balances only' is selected on the cover of PFR file before uploading.**

Date (by end of day unless stated)	Detail
Wednesday 29th April 2020	**NHS Improvement issues provider to provider mismatch reports** This report will give earlier sight of provider to provider mismatches in advance of DHSC group mismatch reports being issued.
Friday 1st May 2020	**NHS Improvement distributes DHSC group mismatch schedules to NHS providers**
Monday 11th May 2020 (noon)	**Option 1 – Updated WGA (agreement of balances) only, if full PFR form was submitted on 27 April** **NHS providers re-submit TACs to provide updated WGA (agreement of balances) information to NHS Improvement** This submission is made by resubmitting the month 12 PFR file. You should submit the whole form, but only the WGA information will be utilised from this submission. The accounts and in-year monitoring information will not be used and need not be updated. Validation errors can be ignored in this submission, except for the specific agreement of balances validations referred to on the 'Cover' sheet of the form. **Please note that a submission is required from all providers, even if no AoB data has changed.** Template to be uploaded to the NHS Improvement Portal outbox. **Please ensure that '11 May - Agreement of balances only' is selected on the cover of the PFR file before uploading.** Any changes to the accounts must be agreed with your auditors and should form part of the audited submission of the accounts and PFR form on 26th June. **Option 2 – full PFR form and draft accounts** **Submission of month 12 PFR form (including unaudited TACs) and draft accounts to NHS Improvement** This submission is of: • Month 12 PFR form (including unaudited TACs) • Draft accounts • Updated WGA balances and transactions data in relevant TAC tabs **PFR form** uploaded to the NHS Improvement Portal (outbox). **Please ensure that '11 May - Draft accounts' is selected on the cover of the PFR file before uploading.** There should be no validation errors in this submission. **Draft accounts** uploaded to the NHS Improvement Portal outbox and submitted as: • Financial year: FY2019-20 • Activity: In Year Returns • Template Type: Accounts submissions • Period: M12 Any financial commentary that accompanies the template should be uploaded to the NHS Improvement Portal outbox with activity type 'In Year Returns', template type 'Finance Commentary' and period M12.
Wednesday 13th May 2020	**NHS Improvement issues provider to provider mismatch reports** This report will give earlier sight of provider to provider mismatches in advance of DHSC group mismatch reports being issued.
Friday 15th May 2020	**NHS Improvement distributes DHSC group mismatch schedules to NHS providers**

<table>
<tr><th>Date
(by end of day unless stated)</th><th>Detail</th></tr>
<tr><td>Thursday 25th June 2020 (noon)</td><td>
NHS providers submit month 12 PFR form (including audited TACs) and audited accounts
<table>
<tr><th></th><th></th><th>Electronic (Portal)</th><th>Electronic (Portal) scan (pdf) of a signed document. In all cases, electronic signature(s) included in pdf are acceptable.</th></tr>
<tr><td>1</td><td>Audited accounts</td><td>✓ (Any reasonable file type)</td><td></td></tr>
<tr><td>2</td><td>Audited accounts: signed Statement of Financial Position (balance sheet)</td><td></td><td>✓</td></tr>
<tr><td>3</td><td>Audited accounts: signed Statement of Accounting / Accountable Officer's Responsibilities</td><td></td><td>✓</td></tr>
<tr><td>4</td><td>Audited TAC schedules (submission of PFR form)</td><td>✓</td><td></td></tr>
<tr><td>5</td><td>Audited TAC schedules: Print or screenshot of the 'Confirmations' tab and signed* at the bottom by the Chief Executive as confirmation that the final audited TAC schedules have been submitted. Please ensure answer to question 3 has been updated.
*For 2019/20, typing in the Chief Executive's name in the box is sufficient. See TAC form.</td><td></td><td>✓</td></tr>
<tr><td>6</td><td>Full final text of 'audited' annual report (this does not need to have final formatting for printing, but should be the final text)</td><td>✓</td><td></td></tr>
<tr><td>7</td><td>Annual report: signed pages
For FTs: see annex 1 to chapter 1 of the FT ARM
For NHS trusts: see DHSC GAM paragraphs 3.7 and 3.8)</td><td></td><td>✓ No need to upload separately if the file in (6) is a pdf containing signatures.</td></tr>
<tr><td>8</td><td>Auditor ISA 260 report</td><td>✓</td><td></td></tr>
<tr><td>9</td><td>Signed audit report (audit opinion) on the accounts</td><td></td><td>✓ For avoidance of doubt - Electronic signature included in pdf is acceptable here as well</td></tr>
<tr><td>10</td><td>Signed chief executive and finance director certificate on the summarisation schedules (TAC schedules)
Templates available here</td><td></td><td>✓</td></tr>
<tr><td>11</td><td>Auditor report on the summarisation schedules (TAC schedules)</td><td></td><td>✓</td></tr>
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</td></tr>
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Date (by end of day unless stated)	Detail
	The TACs will include income/expenditure and receivables/payables WGA data. **PFR form** uploaded to the NHS Improvement Portal (outbox). **Please ensure that '25 June - Audited accounts' is selected on the cover of the PFR file before uploading.** There should be no validation errors in this submission. **All other electronic submissions in table above** uploaded to the NHS Improvement Portal outbox and submitted as: • Financial year: FY2019-20 • Activity: In Year Returns • Template Type: Accounts submissions • Period: M12 Note for NHS foundation trusts: if for your trust your auditor is able to issue some form of report to governors on interim findings from quality reports assurance work already completed, this is not required to be provided to NHS Improvement in 2019/20.
To be confirmed The deadline for FT accounts to be laid will not be in advance of the summer recess.	**FOR NHS FOUNDATION TRUSTS ONLY** **Parliament step 1: Send PDF for checking in preparation for laying before Parliament** You must check that the format of your annual report and accounts is acceptable before printing the final copies of the report. The format should be checked with the DHSC Parliamentary Office to ensure it can be laid before Parliament. Refer to the DHSC GAM supplement for full details. This is the final deadline for this – but we recommend sending the PDF for checking earlier; this will mean there is more time available for printing and sending the documents to the Parliamentary Clerk by the deadline below.
To be confirmed The deadline for FT accounts to be laid will not be in advance of the summer recess.	**FOR NHS FOUNDATION TRUSTS ONLY** **Parliament step 2: NHS foundation trusts submit accounts to DHSC Parliamentary Office to be laid before Parliament** Hard copies must arrive at the Parliamentary Clerk's office for lying before parliament no later than this date. **NHS foundation trusts should pay careful attention to the format published alongside in the DHSC GAM** and note the requirement to send the draft document to the Parliamentary Clerk for approval prior to printing (see supplement to DHSC GAM for more details: https://www.gov.uk/government/publications/department-of-health-guidance-on-laying-accounts-in-parliament). This should be the full annual report and full statutory accounts (as one document) **Four hard copies** should be **posted** to the Parliamentary Clerk's office to **arrive on or before TBC.** **Final PDF** of annual report and accounts document to be sent to **mb-si@dhsc.gov.uk**. Postal address: The Parliamentary Clerk, Department of Health and Social Care, Parliamentary Unit, 8th Floor, 39 Victoria Street, London SW1H 0EU Please clearly state your organisation name (not MARS ID) on the package label. NHS foundation trusts are reminded that hard copies should not have plastic covers and whilst comb binding is accepted, saddle stitching or perfect binding is strongly preferred for ease of archiving by the Journal Office. **Once laid before Parliament the NHS foundation trust must make the annual report and accounts publicly available.** It is recommended that this is via the trust's website. If an NHS foundation trust chooses to publish a 'performance report: overview with supplementary material' (see FT ARM) on its website, this must include a statement on how the user can obtain the full annual report and accounts.

Date (by end of day unless stated)	Detail
To be confirmed	**FOR ALL NHS PROVIDERS** **NHS providers reply to NHS Improvement's letter regarding events after the reporting date**.
To be confirmed	**FOR ALL NHS PROVIDERS: NHS providers submit final full annual report including full statutory accounts to NHS Improvement** This should be a single PDF document containing both the annual report ~~(including quality report and quality report limited assurance opinion for NHS foundation trusts)~~ and full statutory accounts including audit report (opinion). Uploaded to the NHS Improvement Portal outbox: • Financial year: FY2019-20 • Activity: In Year Returns • Template Type: Accounts submissions • Period: M12
To be confirmed	**FOR NHS TRUSTS ONLY: NHS trusts to publish Annual Report and accounts** Each NHS trust should make its 2019/20 annual report and accounts available on its website. As guided by the DHSC GAM, an NHS trust may choose to additionally publish a "performance report overview and supplementary material". If this document is published on the trust's website, it must include a statement on how the user can obtain the full annual report and accounts. In either case, NHS Improvement will consider NHS trusts' accounts data to be in the public domain after Date TBC.

REPORT TO:	**COUNCIL OF GOVERNORS' MEETING**
DATE:	**21 May 2020**
SUBJECT:	**COUNCIL OF GOVERNORS COMMITTEE MEMBERSHIP ANNUAL REVIEW**
REPORT FROM:	**GROUP COMPANY SECRETARY**
PURPOSE:	**DECISION**

BACKGROUND AND EXECUTIVE SUMMARY

This report provides a proposal for Council Committee membership based on the preferences expressed by governors and the criteria set by Council.

ANNEX	Annex 1: proposed membership, previous membership, preference and skills expressed.
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 is asked to discuss this paper and to agree the:

- Committee membership for the forthcoming year; and
- proposal for appointing the Committee chair.

Background

The process for appointing membership to Council committees was discussed and agreed at the Joint meeting of Governors and Non-Executive Directors held on 15 February 2018.

In summary, governors would be asked to complete a skills proforma to indicate their preference for which Committee they would wish to serve on and the skills and experience which they could bring to the work. The Group Company Secretary and Governor &

Membership Lead would then provide a 'best fit' first proposal for the membership based on the following criteria:

- each Committee to have eight member, including one staff governor and one partner governor;
- the membership to include governors who can demonstrate the skills needed for that committee as well as governors who have a strong interest in the work of the committee; and
- for the purposes of continuity, there should be at least one Governor on the Committee who was a member the previous year.

Governors were also asked to indicate whether they would be willing to chair a committee. It was agreed that the chair would be agreed virtually by the membership of the Committee before their first meeting. Should more than one governor be prepared to chair, there would be a secret ballot to agree who should take the role. It was further agreed that a governor should only chair one Committee and that the Lead Governor should not also take on the role of a Committee Chair.

2020/21 Membership process

The skills proforma was circulated on 20 February 2020 with returns requested by 26 February and a second email was sent out on 10 March. The terms of reference were included with the circulation and the process was explained to the new governors as part of their induction. In total seven responses were received.

The preferences and skills detailed in these returns are summarised on tabs 3 and 4 of Annex 1. Tab 2 shows the committee membership for 2019/20.

Tab 1 of Annex 1 is a first cut proposal for the Council to discuss at the meeting and reach agreement on the membership for the Committees through 2020/21. This takes into account the preferences expressed and the criteria previously agreed. If Governors have any immediate, initial comments, it would be helpful if these could be made in advance of the meeting.

Given the low number of returns to the email request, it is suggested that once membership has been agreed volunteers to take the Chair are invited and secret ballot elections by the members held if there is more than one person stepping forward.

	Audit & Governance	MECC	Nom & Rem
Ashford			
Jane Martin			X
Nick Hulme	X		
Canterbury			
Graeme Sergeant		X	
Alex Lister		X P	
Dover			
Bernie Mayall	X		X
John East	X P		
Folkestone & Hythe			
Carl Plummer		X	X
Vacant	X		
Swale			
Ken Rogers	X P		X P
Jenny Chittenden		X	
Thanet			
Paul Schofield		X	
Marcella Warburton	X P		X
Rest of England/Wales			
Julie Barker		X P	
Staff			
Julie Pain			X
Sally Wilson	X		
Carla Wearing		X	
Partnership			
Bob Bayford		X	
Nick Wells	X		X
Debra Towes			X

	Audit & Governance	MECC	Nom & Rem	Serve on 2 committees?
Ashford				
Jane Martin				
Nick Hulme	1 Chr	3	2	Willing, prefer not to as work full time
Canterbury				
Graeme Sergeant				
Alex Lister				
Dover				
Bernie Mayall				
John East	1	3	2	Yes
Folkestone & Hythe				
Carl Plummer	2	1	3	
Vacant				
Swale				
Ken Rogers	Y	N	Y Chr	Yes
Jenny Chittenden				
Thanet				
Paul Schofield				
Marcella Warburton	Y		Y	Yes
Rest of England/Wales				
Julie Barker	Y	1 Y	Y	Prefer not
Staff				
Julie Pain				
Sally Wilson				
Carla Wearing				
Partnership				
Bob Bayford				
Nick Wells				
Debra Towes				

	General	Audit & Governance	MECC	Nom & Rem
John East		Clinical governance, preparing audits, processes for obtaining finance for equipment, Team player, checking staff timesheets and expensts, chairing team meetings		Chartered member CIPD (Chartered institute of personell and development), interviewing and employing staff, consutlatn to the
Ken Rogers		Sat on this committee at this and another trust	Experienced in public engagement	Have Chaired this committee before at this trust, the last time I was Governor here. Chaired this committee at
Julie Barker	Skilled at writing and research	Served last year, experienced in choosing new auditors.		
Nick Hulme		Have chaired similar at work and previuos trustee roels. 1st in financial mangagement BA Hons, distinction MBA strategic and finaicial management at Oxford University, financial strategy course Harvard, do effectivenss reviews of Audit, Risk and		As senior manager at Bank of England and FCA, reponsible for hiring, setting remunderationand performance improvement plans, good knowledge of world leading senior mangers
Marcella Warburton	All identified skills met and practised during 35 years of management roles: as Senior Nursing officer Midwifery Lewisham NHS, Royal Masonic Benevolent Institution, The Royal British Legion as Matron/Senior Matron, Nursing			

Carl Plummer	Former fincial service manager with Cannon Lincoln. Iread everything and want to help govern the Trust well with the Board.	I am keen to join this Committee as I am pasisonate about diversity and to enhance th eprofile of the trust within its members. I am a good	Passionate about the need of holding the NEDs to account. Former manager in financial services

2019/20	NRC	MECC	Audit & Governance
Ashford			
Jane Martin	X	X	
Junetta Whorwell		X	X
Canterbury			
Philip Wells	X		X
Alex Lister		X	
Dover			
Sarah Andrews			X
John East			X
Shepway			
Carl Plummer			
John Sewell			X
Swale			
Ken Rogers	X		X
Jenny Chittenden	X		
Thanet			
Roy Dexter		X	
Marcella Warburton	X	X	
Rest of England/Wales			
Julie Barker		X	
Staff			
Mandy Carliell			X
David Bogard		X	
Sharon Hatfiled-Tugwell	X		
Partnership			
Chris Wells			X
Nick Wells	X	X	
Debra Towes	X		