

Council of Governors 29/11/18

MEETING
29 November 2018 14:00

PUBLISHED
26 November 2018

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
Meeting Room 1	29/11/18		14:00
1. Committee Management			
1.1. Apologies		Chair	14:00
1.2. Minutes of the Previous Meetings held on 26th July 2018 and 27th September 2018		Chair	14:05
1.3. Matters Arising		Chair	14:10
1.4. Declarations of Interest		Chair	14:15
2. Board Reflection			
		All	14:20
3. Quality			
3.1. Update on Quality Accounts Audit Actions		Director of Nursing	14:30
4. Membership Development and Engagement Strategy			
4.1. Items to Note			
4.1.1. Work Programme Review		Trust Secretary	14:40
4.1.2. Questions and Answers		Trust Secretary	14:45
4.1.3. Membership Report		Trust Secretary	14:50
5. Any Other Business			
			14:55
6. Date and Time of next meeting			
6.1. 28th March 2019 - Meeting room 1 - Public Board 11am / Council of Governors 2pm			

1. Committee

2. Board Reflection

3. Quality

4. Membership

5. Any Other Business

6. Date and Time of

Contents

	<i>Page</i>
1. Committee Management	4
1.1. Apologies	
1.2. Minutes of the Previous Meetings held on 26th July 2018 and 27th September 2018	4
1.3. Matters Arising	
1.4. Declarations of Interest	
2. Board Reflection	
3. Quality	
3.1. Update on Quality Accounts Audit Actions	
4. Membership Development and Engagement Strategy	12
4.1. Items to Note	22
4.1.1. Work Programme Review	22
4.1.2. Questions and Answers	25
4.1.3. Membership Report	28
5. Any Other Business	
6. Date and Time of next meeting	
6.1. 28th March 2019 - Meeting room 1 - Public Board 11am / Council of Governors 2pm	

Frank Collins, Chairman ☎ 4358
Chairman

**COUNCIL OF GOVERNORS
26TH JULY 2018**

MINUTES OF THE MEETING

PRESENT:

Frank Collins	Chair	FC
Jan Greasley	Lead Governor/Public Governor, North Wales	JG
Colin Chapman	Public Governor, Shropshire	CC
Linda Ward	Public Governor, Powys	LW
Katrina Morphet	Public Governor, Cheshire & Merseyside	KM
Karina Wright	Governor Stakeholder, Keele University	KW
Kate Chaffey	Staff Governor	KC
Peter David	Governor Stakeholder, League of Friends	PD
Martin Coggon	Public Governor, North Wales	MC

IN ATTENDANCE:

Mark Brandreth	Chief Executive	MB
Nicki Bellinger	Deputy Director of Nursing	NB
Shelley Ramtuhul	Trust Secretary	SR
Craig Macbeth	Director of Finance	CM
Laura Peill	Director of Performance	LP
Steve White	Medical Director	SW
Hilary Pepler	Non-Executive Director	HP
David Gilbert	Non-Executive Director	DG

SECRETARY:

Gayle Murphy	PA to Trust Secretary	GM
--------------	-----------------------	----

MINUTE No	TITLE	ACTION
COMMITTEE MANAGEMENT		
1.1	<p>WELCOME & APOLOGIES</p> <p>Apologies were received from: Sue Nassar - Public Governor, Shropshire, Russell Luckock - Public Governor, West Midlands, Allen Edwards - Staff Governor, Gill Pitcher - Public Governor, Shropshire, Dr Julie Santy-Tomlinson - Public Governor, Rest of England & Wales, Karen Calder – Governor Stakeholder, Shropshire Council, Alastair Findlay - Non-Executive Director, Chris Beacock - Non-Executive Director, Harry Turner - Non-Executive Director, Kerry Robinson - Director of Strategy and Planning, Nia Jones – Director of Operations and Sarah Sheppard – Director of People.</p>	
1.2	<p>MINUTES FROM THE PREVIOUS MEETING</p> <p>The minutes from the previous meeting held on 24 May 2018 were approved as a true record.</p>	
1.3	<p>MATTERS ARISING</p> <p>There were no matters arising from the previous meeting.</p>	
1.4	<p>DECLARATIONS OF INTEREST</p> <p>FC confirmed that his interim tenure at North Bristol NHS Trust had ended at the end of June 2018.</p>	

MINUTE No	TITLE	ACTION
	<p>FC commented that this is the type of issue that is picked up through the Divisional Performance Reviews which take place monthly with the Executive Team.</p> <p>PD queried the staff turnover rate. MB informed the Council that he has commissioned a meeting in September to look at this issue. MB felt the stepped change ties in with the changes in pay and pensions, MB would gladly report back to Council on this.</p> <p>HP advised that she has discussed this with SS and agreed that the Quality and Safety Committee will have sight of this for discussion.</p> <p>ACTION: Further update on Staff Turnover to the Council of Governors</p> <p>CC queried the equipment issues at discharge and information provided to patients at discharge. NB advised that the deep dive into delayed discharges showed the delays with Sheldon Ward patients is often related to the availability of required equipment and advised they are currently looking at putting Occupational therapy back into pre-op to pre-empt the patient needs.</p> <p>CC asked about patient information at discharge and whether the pre-op process is aimed at assessing fitness for surgery. He asked whether the change in nurse practitioner roles has impacted on the patient information. SW advised that replicating that role would be good but it is not cost effective or viable so as an alternative the Trust is looking at the patient information leaflets, Joint School and patient apps to improve communication.</p> <p>JG on behalf of governors acknowledged Q1 performance.</p> <p>The Council of Governors noted the updates in Trust Board.</p>	<p>Chief Executive</p>
	<p>PRESENTATION</p>	
<p>3.0</p>	<p>RJAH CATERING SERVICES PRESENTATION</p> <p>Daniel Hoggett, Catering Manager, presented an overview of the Catering Services at RJAH. He highlighted the following:</p> <ul style="list-style-type: none"> • The key purpose of the catering team role • The process from food ordering to service • Patient menus and future plans • Patient compliments on the service provided • Hot and cold food delivery system to wards <p>CM asked about the changes in the way the food is served, Dan explained that it is no longer from a cart but individually plated and then taken to the Ward. Dan made the point that under this system the food remains hot from the first service to last.</p> <p>JG queried the availability of food in between meal times and Dan confirmed that food was always available to suit the individual patient needs, particularly if they have missed a mealtime due to their procedure.</p> <p>The trolleys have been in use for one year in which time the adult inpatient survey results had improved.</p> <p>Dan also highlighted some of the changes that have taken place in Denbigh's in terms of the environment and the branding.</p> <p>MB advised that there was a decision made in 2017 to put the prices up in Denbigh's by removing the staff subsidy to bring it in line with other Trusts in the area. CM confirmed that this did have an impact for the hot food sales and there have been some innovative marketing ideas to counter this. Dan advised that the team are currently looking at improved takeaway options to increase accessibility</p>	

MINUTE No	TITLE	ACTION
	<p>for staff.</p> <p>FC asked about out of hours hot food for staff and if this was a challenge, Dan commented that there are ready meal options but he would like to look at other options moving forward.</p> <p>KM asked if the menus make clear what the healthy options are. Dan confirmed that these are indicated.</p> <p>Dan provided a demonstration of the hot food trolleys which were paid for in part by a contribution from the League of Friends.</p> <p>The Governors sampled the patient meals and were universally appreciative of the standard.</p> <p>JG asked about microbial testing and Dan advised that cleaning audits are undertaken and he is looking to introduce swabbing.</p> <p>SW asked if the Trust has a Food Miles Policy and Dan confirmed that the Trust does have this.</p> <p>FC thanked Dan for his presentation.</p>	
	GOVERNANCE	
4.1	<p>COG SELF- ASSESSMENT (PRESENTATION)</p> <p>A presentation was delivered by SR regarding the Council of Governors Survey of Effectiveness. It was noted that the 67% response rate indicated 10 out of the 15 Governors completed the survey, which compared to 53% for 2016/17. The same questions had been used since 2013 for consistency and benchmarking.</p> <p>The key messages were the need to focus on the profile of the Governors and how this can be raised in the organisation and also the membership strategy which needs refreshing.</p> <p>FC stated the changes, both positive and negative, were small and the outcomes might be different if more of the governors had responded to the survey.</p>	
4.2	<p>ACTION: It was agreed that SR will liaise with JG regarding raising the profile of the Governors within the trust i.e. a Governor information board on the main corridor</p> <p>ACTION: Membership Strategy to be presented in the November meeting</p> <p>COG ANNUAL REPORT</p> <p>SR presented the annual report, the Council were reminded that the Annual Report will be discussed at the Annual General meeting in September and if they had anything to address they would need to inform SR before the end of August.</p> <p>The Council of Governors approved the Annual Report.</p>	<p style="text-align: center;">TRUST SECRETARY / LEAD GOVERNORS</p> <p style="text-align: center;">TRUST SECRETARY</p>
	ITEMS TO NOTE	
5.1	<p>WORK PROGRAMME REVIEW</p> <p>The Council of Governors noted the Work Programme Review.</p>	

MINUTE No	TITLE	ACTION
5.2	QUESTION AND ANSWER There were no questions raised by Council members prior to the meeting.	
5.3	<p>MEMBERSHIP REPORT The SR provided an update on the membership for the Trust. The current membership total is 6040 and the Council should note that the trust membership target for 2018/19, set within the membership strategy, is 6447 and represents a 5% year on year increase since 2015.</p> <p>Membership growth in quarter one represents a 0.9% increase which is behind the 1.25% required. New ideas are being discussed by SR and JG to try and increase numbers for the future. KM noted that current members should be asked to encourage family members to join. CB pointed out that nearly two thirds of the members were women and so perhaps males should be targeted to join. FC suggested male oriented clubs such as the local rotary/roundtable associations could be approached.</p> <p>JG explained the Governors Surgeries have had an increased footfall since the position of the table was relocated in the main entrance.</p> <p>MC asked if there was any membership information that the Governors could use when encouraging new members.</p> <p>ACTION: SR to send membership information to the Governors</p> <p>The Council of Governors noted the Membership Report.</p>	TRUST SECRETARY
	ANY OTHER BUSINESS	
6.0	<p>MC requested that the Board of Directors and Council of Governors papers could have a summary sheet on which any actions taken or decisions made were noted. FC explained that each paper already had a front sheet which contained a summary and whether the committee was expected to note or agree the paper.</p> <p>LW explained to the council that she is relocating to Shrewsbury in September and therefore the September meeting would be her last as a Governor for Powys. She asked how this would affect her term moving forward.</p> <p>ACTION: SR to look into the terms regarding representation and report back to LW.</p> <p>PD asked MB if the bus shelter in front of the hospital was on the hospital premises and what the rules were regarding staff using it as a smoking shelter. MB confirmed that it was on public land, if staff used it then they had to make sure their uniform was covered. It is less used by staff than in the past and he would be happy for Governors to speak with staff members when witnessing them smoking whilst in uniform or raise it with the Trust Office team to action.</p> <p>JG informed FC that a few of the Governors had asked what business is conducted at the Private Board of Directors meeting and whether the Governors could have the agenda prior to the meeting.</p> <p>FC explained the content of the meetings can be commercially sensitive and may contain information regarding individual cases/names of staff; therefore it needed to remain in the private domain for this reason. The Board works hard to keep the agenda as tight and limited as possible.</p>	TRUST SECRETARY
7.0	Next Meeting Thursday 27th September 2018 (AGM)	

COUNCIL OF GOVERNORS - SUMMARY OF KEY ACTIONS

Ongoing Actions	Lead Responsibility	Progress
New Actions	Lead Responsibility	Progress
SR to plan at alternative room layout and look at sound options for the next meeting	Trust Secretary	Trial of Boardroom as a venue and alternative room layouts
SW to investigate whether the inpatient survey includes welsh patients	Medical Director	The survey is an NHS England survey and does not include welsh patients
Further update on turnover to the Council of Governors	Chief Executive	Covered during the Board discussion
SR will liaise with JG regarding raising the profile of the Governors within the trust i.e. a Governor information board on the main corridor	Trust Secretary	New poster on the main corridor
Membership Strategy to be presented in the November meeting	Trust Secretary	On the agenda
SR to send membership information to the Governors	Trust Secretary	Completed
SR to look into the terms regarding representation and report back to LW	Trust Secretary	Completed

Frank Collins, Chairman ☎ 4358
Chairman

**COUNCIL OF GOVERNORS
27TH SEPTEMBER 2018**

MINUTES OF THE MEETING

PRESENT:

Frank Collins	Chair	FC
Jan Greasley	Lead Governor/Public Governor, North Wales	JG
Colin Chapman	Public Governor, Shropshire	CC
Linda Ward	Public Governor, Powys	LW
Katrina Morphet	Public Governor, Cheshire & Merseyside	KM
Karina Wright	Governor Stakeholder, Keele University	KW
Russell Luckock	Public Governor, West Midlands	RL
Peter David	Governor Stakeholder, League of Friends	PD
Allen Edwards	Staff Governor	AE
Sue Nassar	Public Governor, Shropshire	SN

IN ATTENDANCE:

Mark Brandreth	Chief Executive	MB
Shelley Ramtuhul	Trust Secretary	SR


MINUTE No	TITLE	ACTION
COMMITTEE MANAGEMENT		
1.1	<p>WELCOME & APOLOGIES FC welcomed all attendees to the extra-ordinary meeting of the Council of Governors.</p> <p>Apologies were received from: Gill Pitcher - Public Governor, Shropshire, Dr Julie Santy-Tomlinson - Public Governor, Rest of England & Wales, Karen Calder – Governor Stakeholder, Shropshire Council, Kate Chaffey – Staff Governor, Martin Coggon – Public Governor, North Wales</p>	
1.2	<p>MINUTES FROM THE PREVIOUS MEETING The minutes of the previous meeting were not reviewed at this meeting and would be submitted to the meeting in November</p>	
2.0	NON EXECUTIVE APPOINTMENTS	
	<p>The Council were advised that an Appointments Committee had been held in July 2018 to discuss the fact that the terms of Hilary Pepler and David Gilbert were due to expire at the end of November. During this meeting it had been agreed that David should be considered for re-appointment subject to an appraisal of his performance.</p> <p>The Council received a report outlining the process that had been undertaken to assess David's suitability for reappointment, this specifically looked at performance, skills and qualifications and the best interests of the Trust.</p> <p>On consideration of the report the Council approved the reappointment of David Gilbert for a further three year term.</p> <p>With regard to Hilary Pepler it had been noted that she had served the maximum of two terms and as such it was agreed that the Trust should seek to appoint a new Non-Executive Director.</p>	

MINUTE No	TITLE	ACTION
	<p>FC confirmed that the Trust had advertised the role and received a very strong field of candidates. Interviews had taken place the previous day with the unanimous decision made that Professor Paul Kingston was the strongest candidate in terms of his expertise and contribution to the skill mix of the Board.</p> <p>The recommendation from the interview panel, which also constituted the Council of Governors Appointment Committee, was to proceed with the appointment of Professor Paul Kingston.</p> <p>The Council approved the appointment of Professor Paul Kingston</p> <p>Finally, FC discussed with the Council the proposal of an Associate Non Executive role or an advisory role that could provide either succession planning or provide expertise or skills on a short term basis as required by the Board. The Council considered this proposal and approved this being taken forward.</p>	
3.0	Next Meeting Thursday 29thth November 2018 2pm	

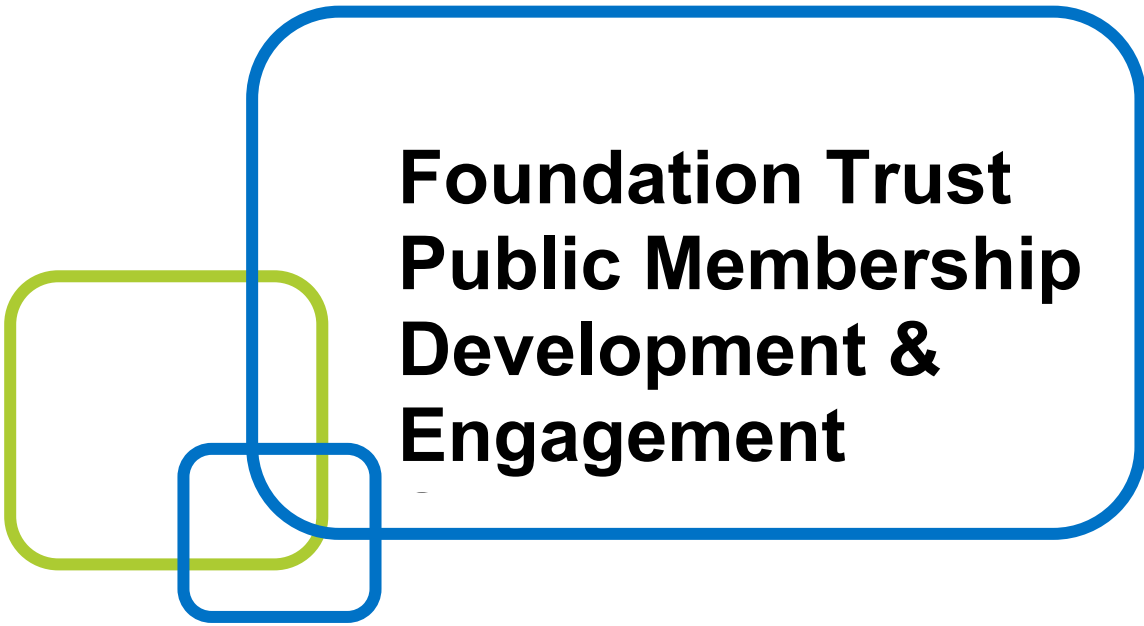
The Robert Jones and Agnes Hunt

Orthopaedic Hospital

NHS Foundation Trust

Title:	Foundation Trust Public Membership Development and Engagement Strategy		
Unique Identifier:	SGY017	Document Type:	Strategy
Version Number:	3.0	Status:	
Responsible Director:	Chief Executive		
Author:	Shelley Ramtuhul, Trust Secretary		
Scope:	Trust wide		
Replaces:	Version 2.0		
To be Read in Conjunction with the Following Documents: (list related policies)			
Keywords:	Membership, Member, Public Membership		
Considered By Executive Owner:	Chief Executive	Date Considered:	
Endorsed By:		Date Endorsed:	
Approved By:	Council of Governors	Date Approved:	
Issue Date:		Review Date:	
Security Level:	Open Access ✓	Restricted	Confidential
			

The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust



**Foundation Trust
Public Membership
Development &
Engagement**

Contents

1. Purpose	4
2. What is a Member?	4
3. Membership Community	4
3.1 Constituencies	4
3.1.1 Public Constituency	5
3.1.2 Staff Constituency	5
3.2 Category of Membership	5
3.3 Exclusions to Membership	5
3.4 Council of Governors	6
3.5 Membership Engagement Package	6
4. Current Membership	7
5. Our Membership Objectives 2018–2021	8
Objective 1: To build and maintain our membership numbers by actively recruiting and retaining members	8
Objective 2: To effectively engage and communicate with members.....	8
6. Evaluating Success	9
APPENDIX ONE: Strategy Map	10

1. Purpose

As a Foundation Trust, we are accountable to local people who can become members and governors. We place strong value on our relationship links with the local community

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust is a nationally recognised centre of excellence providing orthopaedic and related services to patients. Located in Oswestry, close to the border of England and Wales, our surrounding geographical area includes Shropshire, Wales, Cheshire & Merseyside and the Midlands. We place strong value on our relationship links with this local community, who have shown strong support of the hospital.

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust Public Membership Strategy has been developed to address the key challenges to the Trust in growing its public membership year on year and ensuring that FT members are engaged both directly and through their elected public governors, in the development of the Trusts services.

The Strategy Map, (appendix 1), provides a simple summary of the objectives and the actions agreed by the Council of Governors, and which provides the framework and focus for membership activities for the coming years.

The strategy document explains each of the areas in more detail together with background information regarding our current public membership.

2. What is a Member?

Members are local people, patients, carers, volunteers and our staff who collectively have a stake in our hospital. Legally, as a Foundation Trust, we must have a registered membership which is reflective of the communities we serve in both England and Wales.

Members can be involved at different levels and give views on our hospital and its services. They can elect and be elected as Governors, as well as applying for vacant non-executive director posts on the Board of Directors

Members are extremely important to us and have an important role to play in shaping the future provision of our services. We believe our hospital is highly regarded in the local community and is also a major source of employment for local people.

We are committed to registering members from all backgrounds and strongly encourage people to become involved to help us improve our services.

3. Membership Community

3.1 Constituencies

The Trust has two membership constituencies as detailed below:

- Public Membership.
- Staff Membership.

2.1.1 Public Constituency

Public governors, like all governors, have a primary responsibility to represent the interests of the NHS foundation trust members who elected them as well as other members of the public. Public Governors provide an important link between the hospital and the local community, enabling us to gather views from local people and to feed back what is happening within the Trust.

They reflect Members' interests and work on their behalf to improve health services for the future. By passing on ideas and suggestions Members also can help Governors carry out their role effectively.

All members of the public who are 14-years-old or over and live within the electoral areas of Shropshire, North Wales, Cheshire and Merseyside, Powys, or the West Midlands are eligible to become members. There is also a constituency for the 'Rest of England & Wales' which allows representation from people who live outside of the above areas who wish to be involved.

2.1.2 Staff Constituency

Staff governors have the same role as public and patient governors in that they are responsible for holding the non-executive directors, individually and collectively, to account for the performance of the board of directors, and for representing the members of the staff constituency, the members of the NHS foundation trust as a whole, and the public.

As employees of the trust, staff governors bring a unique understanding of the issues faced by an NHS foundation trust, which they should seek to use in representing their members' interests and holding the non-executive directors to account for the performance of the board.

All members of staff at Robert Jones and Agnes Hunt Foundation Trust are eligible to become members, if they have a permanent employment contract or who have worked for the Trust for at least 12 months.

3.2 Category of Membership

Members may only join the Membership in one category. Should a member of the public subsequently be recruited as an employee of the Trust, staff membership will supersede public membership.

3.3 Exclusions to Membership

A person may not become a member of the Trust if within the last five years they have been involved as a perpetrator in a serious incidence of violence at any of the Trust's hospitals or facilities or against any of the Trust's employees or other persons who exercise functions for the purposes of the Trust, or against registered volunteers.

3.4 Council of Governors

The Council of Governors represent the local and extended community currently shown below.

	<i>Number</i>
Public Elected Governors	
Shropshire	3
North Wales	2
Cheshire and Merseyside	1
West Midlands	1
Powys	1
Rest of England	1
Total Public Elected Governors	9
Total Staff Elected Governors	3
Appointed Stakeholder Governors	
League of Friends	1
Keele University	1
Shropshire Council	1
Total Appointed Stakeholder Governors	3
TOTAL GOVERNORS	15

3.5 Membership Engagement Package

The Trust wants to improve its membership offering to encourage members to engage and provide support to help the Trust make the right decisions; as a result its members will be;

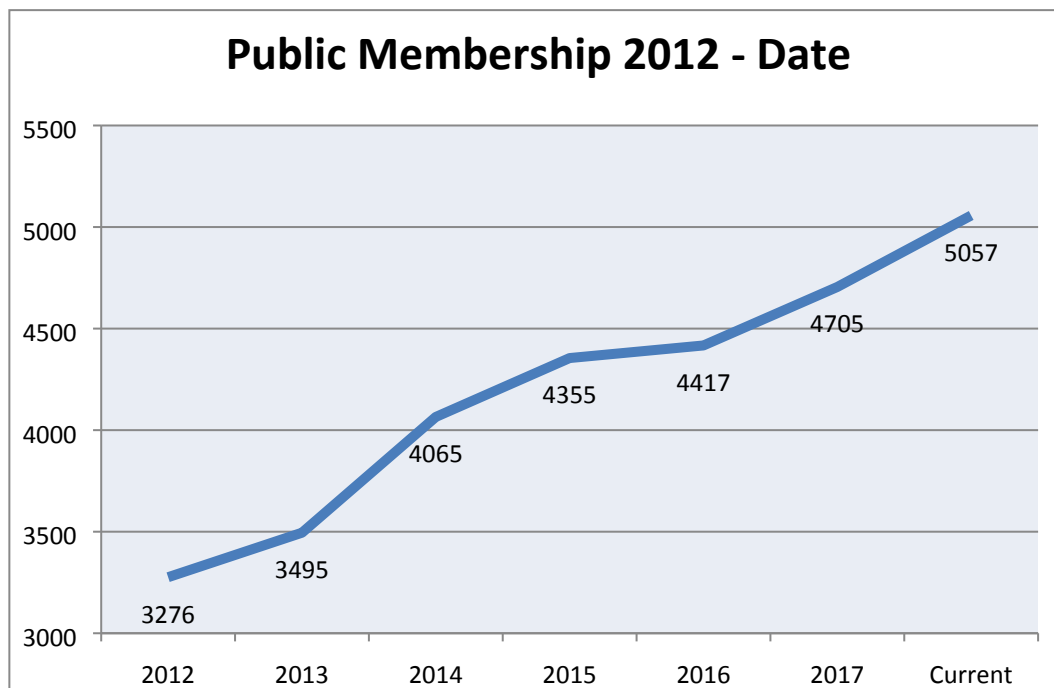
- Able to vote in elections to elect Governors;
- Stand in elections to be elected themselves as a Governor (for those aged 16 and over);
- Invited to seminars during the year;
- Invited to attend and vote at the Trust's Annual Members and Public Meeting;
- Able to receive regular information from us about developments in the Trust via Connect Newsletter
- Involved in offering views and feedback about our services;
- Eligible to be appointed as a Non-Executive Director or Chairman of the Trust;
- Invited to special interest groups by Governors;
- Eligible for NHS discounts;

4. Current Membership

At October 2018 our total membership was 6215 which consist of 1158 staff members and 5057 public members.

Staff membership is very consistent, as all staff automatically become foundation trust members unless they chose to opt out.

Where the trust has most influence to recruit and grow, is through our public members, and since authorisation as a Foundation Trust our public membership has consistently grown year on year.



Source: Council of Governor Membership Reports. Correct as at 31 October 2018

Information regarding the composition of our public membership is regularly reviewed by the Council of Governors, and whilst membership is broadly representative of the communities to the Trust serves, we need to ensure continued growth of membership across all categories but particularly we should seek to grow membership from under represented groups as follows:

- Men
- Cheshire & Merseyside and West Midlands
- Aged 14-49

These are the demographics that have been identified as under represented within the Trust's current membership base as per the Membership Report dated November 2018.

5. Our Membership Objectives 2018–2021

This Membership Development and Engagement Strategy 2018 sets out a series of objectives for the Trust to continue to maintain, grow and engage its membership, including the actions that it will take to meet these objectives.

It also describes how the Trust will evaluate the delivery of the strategy. It should be noted that whilst this strategy is aimed at patients and public, the action plan will include staff engagement and involvement.

The strategy will be delivered within the wider framework of Trust strategies, which address the issues of equality and diversity, public, patient and carer involvement, user engagement, and communications.

This strategy builds on the success of membership management to date and outlines the Trust's vision for membership over the period 2018-2021.

It sets out the methods that will be used to identify and build an effective, responsive and representative membership body that will assist in ensuring that our Trust is fit for its future in the changing NHS environment.

This strategy draws on the FT Code of Governance and best practice identified nationally. This strategy was approved by our Council of Governors on 29 November 2018 and confirms our objectives for the next three years for:

- Recruiting and retaining members
- Effectively engaging with members

Objective 1: To build and maintain our membership numbers by actively recruiting and retaining members

Key objectives 2018–2021

- To maintain an accurate membership database.
- To successfully recruit and retain our membership numbers.
- To take steps to ensure that our membership is representative of the diversity of the population that we serve.
- To have planned targeted membership drives.
- To establish a connection and a relationship between our Trust and the membership by communicating our strategic objectives clearly.
- To develop and support potential Governors.

Objective 2: To effectively engage and communicate with members

Key objectives 2018–2021

- To promote the work of the Trust and the Governors.
- To identify opportunities for two way communication between members and Governors.
- To ensure that the views of the members are heard, understood and acted upon.

- To ensure that a wide range of communication media and methods are explored to aid effectiveness

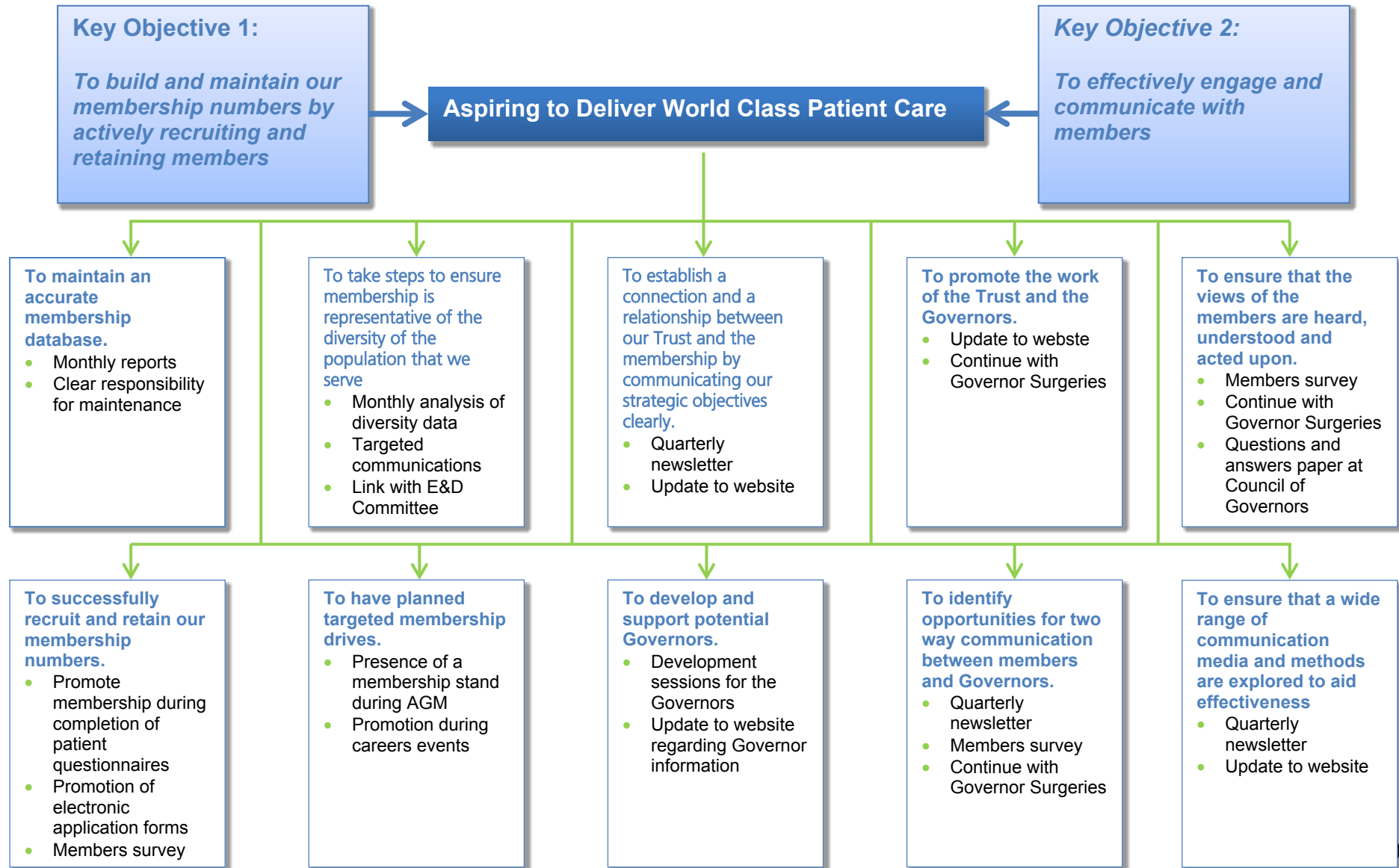
6. Evaluating Success

The ultimate measure of success will be determined by the Governors and membership. The Council of Governors will monitor success through

- Proportion of membership participating in on line questionnaires
- The level of engagement of members
- Numbers of members attending events
- Increase in the number of members by 5% year on year
- Retention of members to fulfil a representative and fully engaged membership base with increases seen in the identified areas

A review of the membership strategy will be undertaken annually by the Council of Governors together with the Board, who will approve any new approaches to recruitment and changes to the Membership Development and Engagement Strategy. These will be jointly owned by the two parties.

APPENDIX ONE: Strategy Map



0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	29 November 2018
Executive Sponsor:	Mark Brandreth, Chief Executive	Paper Category:	Governance
Paper Reviewed by:	N/A	Equality and Diversity Impact Status:	N/A
Forum submitted to:	Council of Governors	Paper FOIA Status:	Disclosable

1. Purpose of Paper

1.1. Why is this paper going to Council of Governors and what input is required?

This paper is presented to the Council of Governors to **note** the work plan agreed during the meeting held in November 2017 for the 2018 - 19 meetings. Further to **approve** the work plan for 2019-20.

2. Executive Summary

2.1. Context

It is best practice for committees to have a work plan in place to ensure that all of the areas required under the Governors Statutory duties will be covered.

2.2. Summary

This report sets out the work plan agreed by the Council of Governors during the November meeting for the 2018 -19 meetings. The new dates for 2019 – 20 have been identified and a proposed work plan outlined.

2.3 Conclusion

The Council of Governors are asked to **note** the work plan for 2018/19 and **approve** the work plan for 2019/20.

Work Programme Review 18/19

	24 th May 2018	26 th July 2018	27 th Sept 2018	29 th Nov 2018	10 th January 2019	28 th March 2019
Appointments/approvals Ad Hoc						
NEDs remuneration/terms& conditions (if required)						
Annual General Meeting			X			
Annual Report & Accounts						
Receive accounts			X			
Receive Audit Reports			X			
Forward plan						
Consider strategic issues/priorities for Board to consider in the planning process				X		
Summary of Outline plan	X					X
Presentation of plan		X				
Quality						
2019 priorities						X
Quality Indicators to be audited						X
Quality accounts draft presented	X					
Update on Quality Accounts Audit Actions				X		
Trust Developments						
As & When required						
COG Strategy docs						
Membership & Engagement strategy	X					
COG Governance						
COG Self-Assessment (inc review of outcomes from training)		X				
COG Annual report (for approval)		X				
COG Annual report presentation			X			
COG Development Session					X	
Standing items						
Membership report	X	X	X	X		X
Review of work programme	X	X	X	X		X
Question & Answer	X	X	X	X		X
Board Refection	X	X	X	X		X

1. Committee

2. Board Reflection

3. Quality

4. Membership

5. Any Other Business

6. Date and Time of

Work Programme Review 18/19

Plan for 2019/20

	30 th May 2019	25 th July 2019	26 th Sept 2019	28 th Nov 2019	27 th Feb 2019
Appointments/approvals Ad Hoc					
NEDs remuneration/terms& conditions (if required)	X	X	X	X	X
Annual General Meeting			X		
Annual Report & Accounts					
Receive accounts			X		
Receive Audit Reports			X		
Forward plan					
Consider strategic issues/priorities for Board to consider in the planning process				X	
Summary of Outline plan	X				X
Presentation of plan		X			
Quality					
2019 priorities					X
Quality Indicators to be audited					X
Quality accounts draft presented	X				
Update on Quality Accounts Audit Actions				X	
Trust Developments					
As & When required	X	X		X	X
COG Strategy docs					
Membership & Engagement strategy				X	
COG Governance					
COG Self-Assessment (inc review of outcomes from training)		X			
COG Annual report (for approval)		X			
COG Annual report presentation			X		
Standing items					
Membership report	X	X		X	X
Review of work programme	X	X		X	X
Question & Answer	X	X		X	X
Board Refection	X	X		X	X

1. Committee

2. Board Reflection

3. Quality

4. Membership

5. Any Other Business

6. Date and Time of

0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	29 November 2018
Executive Sponsor:	Mark Brandreth, Chief Executive / Bev	Paper Category:	Governance
Paper Reviewed by:		Paper Ref:	
Forum submitted to:	Council of Governors	Paper FOIA Status:	Full

1. Purpose of Paper

1.1. Why is this paper going to the Council of Governors and what input is required?

The Council of Governors is asked to **note** the questions that have been raised by Council members since the last meeting and the answers provided by the Executive Team.

2. Executive Summary

2.1. Context

During the meeting in November it was agreed that any questions and answers raised by Council members in between meetings would be collated into a paper to the Council in order that all members could benefit from the information and also to ensure there was opportunity for discussion as required.

In addition it was agreed that the Council of Governors would be proactively asked if there were any items they wished the Chairman to consider for the agenda.

2.2 Summary

This paper presents the questions and answers paper. In summary:

- The Council members requested no items for the agenda
- The Council members raised four questions in relation to the following:
 - The poster with Governor details
 - The recent negative press regarding the estates maintenance backlog
 - An update regarding car parking charges
 - An update regarding the refurbishment of the OT flat

2.3. Conclusion

The Council of Governors is asked to note the questions raised by Council members since the last meeting and the answers provided by the Executive Team.

3. Main Report

3.1. Questions and Answers

Date Raised	Raised By	Question	Response
1 November 2018	Peter David	Can the poster with Governor details be re-instated?	A new poster has been put up on the main corridor alongside the poster of the Board of Directors. It was felt this was a more prominent position than the previous poster, which due to the nature of the three side display board resulted in the Governor poster facing the towards the wall.
14 November 2018	Jan Greasley	There was some negative press about a report by NHS digital regarding the cost of repair needed to RJAH estate. Please could the Council have some more information.	<p>Capital management is a national challenge for the NHS. Despite this the trust actively manages the condition of its buildings and equipment, minimising risk through regular condition appraisals and targeted investment where required. As a trust, we prioritise patient safety and regularly receive positive feedback from patients, visitors and staff alike.</p> <p>This year, we are investing in addressing the high priority issues to ensure our services remain safe and operational to patients, staff and the public alike.</p> <p>The risk based approach we have taken is borne out in the Trust's incident data, a review of the last 12 months has revealed no incidents linked to the estate that have resulted in moderate-severe harm and the incidents reported have therefore been low risk issues.</p>
14 November 2018	Jan Greasley	Is there any update regarding car parking charges?	The Trust's charges are among the lowest in England for patients, visitors and staff, and the income received is reinvested in patient care.
16 November 2018	Sue Nassar	Following a patient safety walkabout in occupational	Money from the £100k pot has been assigned to refurbishment of the OT Flat. Estates have worked with the OT department and our building partners to

		<p>therapy dept. a while ago it was noted that the flat had not undergone any upgrades for years. Why has this not been upgraded and when will it be done?</p>	<p>determine the most productive use of the monies and have settled on the kitchen as the priority area.</p> <p>Separate to the £100k pot an interested third party has asked whether they can be of assistance in improving the OT Flat environment and discussions regarding this are ongoing. We will therefore be progressing the kitchen as a minimum, to be undertaken before the end of this financial year, and may potentially be able to upgrade other areas.</p>
--	--	--	---

3.2. Conclusion

The Council of Governors is asked to note the questions and answers provided.

0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	29 November 2018
Executive Sponsor:	Mark Brandreth, Chief Executive	Paper Category:	Governance and Quality
Paper Reviewed by:	N/A	Equality Impact Status:	N/A
Forum submitted to:	Council of Governors	Paper FOIA Status:	Disclosable

1. Purpose of Paper

1.1. Why is this paper going to Council of Governors and what input is required?

This paper is presented to the Council of Governors to **note** the current membership position of the Trust.

2. Executive Summary

2.1. Context

As a Foundation Trust it is a constitutional requirement for the Trust to have a membership made up of public, staff and patient constituents. The aim is to ensure that the membership is sufficient in its size and make up to adequately represent the communities the Trust serves.

2.2. Summary

This report provides an update on Foundation Trust membership and representation in support of the membership strategy.

2.3 Conclusion

The Council of Governors is asked to **note** the information contained within this paper.

3. The Main Report

3.1. Background

This paper provides an update on membership numbers as at 30 June 2018 and on-going progress of the Trusts Public Membership Strategy.

3.2. Current Membership

The current membership total (at 30 October 2018) is 6215 which can be broken down as follows:

	As at 30 June 2018	
Staff	1158	1131
Public	5057	4962
Total	6215	6093

3.3. Membership Growth

The Council should note that the trust membership target for 2018/19, set within the membership strategy, is 6447 and represents a 5% year on year increase since 2015.

In April 2018 the Trust's membership stood at 6040 and the increase seen during quarters one and two therefore represents a 2.9% increase which is ahead of the 2.5% required. The Trust is therefore on track to achieve its 5% target for 2018-19.

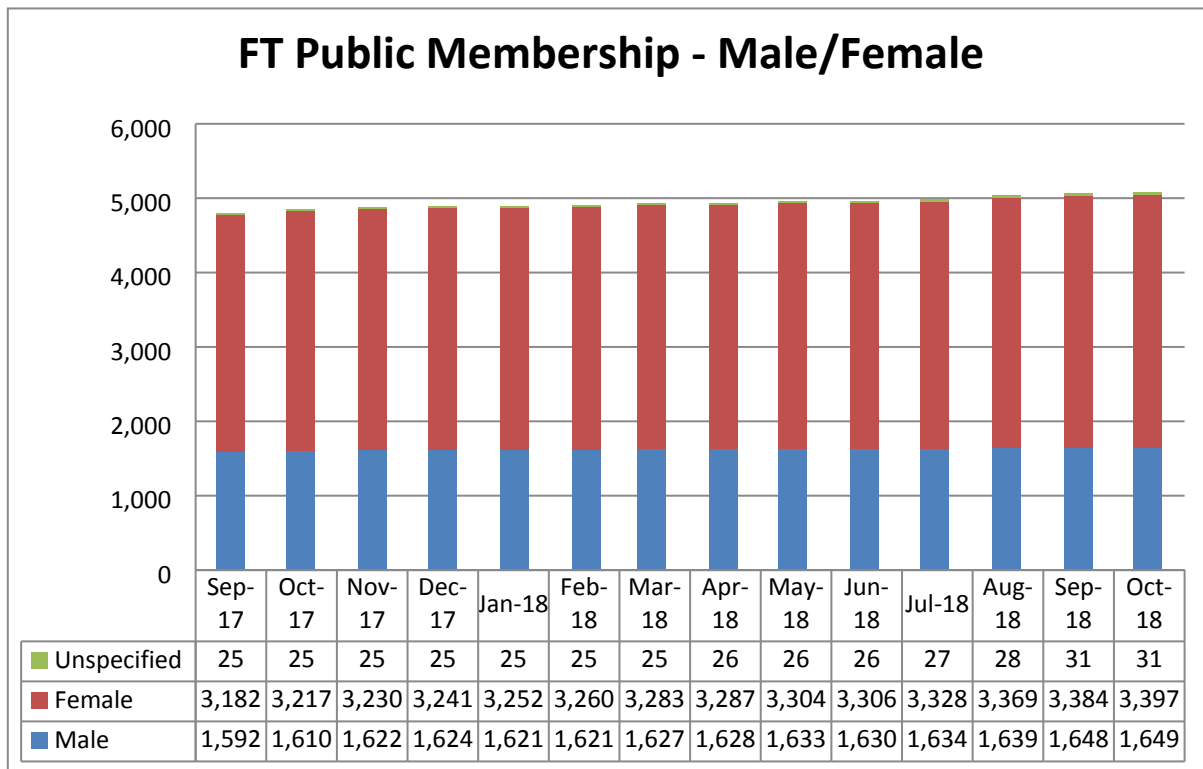
3.4 Constituencies

The breakdown of membership by public constituency, shows, as expected that Shropshire continues to provide the largest membership base.

FT Public Membership by Area													
	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Cheshire & Merseyside	321	322	323	322	323	323	324	326	326	328	328	328	329
North Wales	862	866	870	872	872	878	877	879	876	881	893	892	892
Powys	502	505	506	503	506	509	509	512	513	516	519	521	524
Shropshire	2,449	2,458	2,463	2,472	2,474	2,490	2,497	2,509	2,513	2,530	2,561	2,575	2,580
West Midlands	468	471	471	471	472	474	474	476	474	475	475	485	488
Rest of England & Wales	213	218	220	221	222	224	223	222	221	220	222	224	226
Out of Trust Area	37	37	37	37	37	37	37	39	39	39	38	38	38
Total	4,852	4,877	4,890	4,898	4,906	4,935	4,941	4,963	4,962	4,989	5,036	5,063	5,077

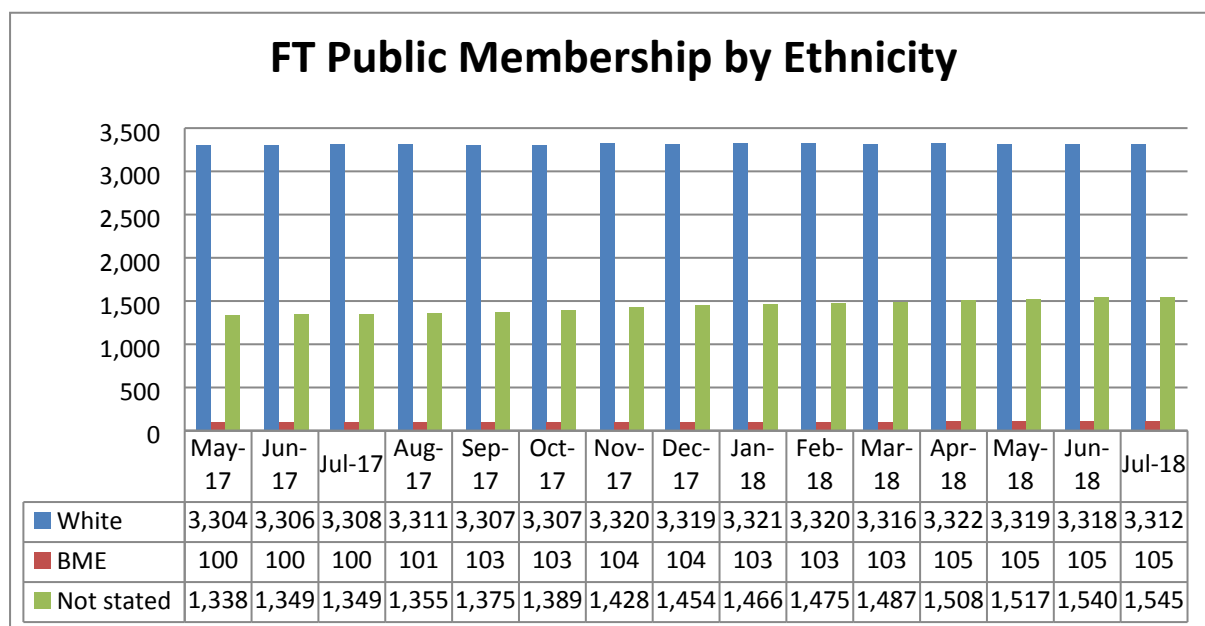
3.5 Gender

The graph below shows the split between female and male members. This demonstrates that female membership is growing faster than that of male members.



3.6 Ethnicity

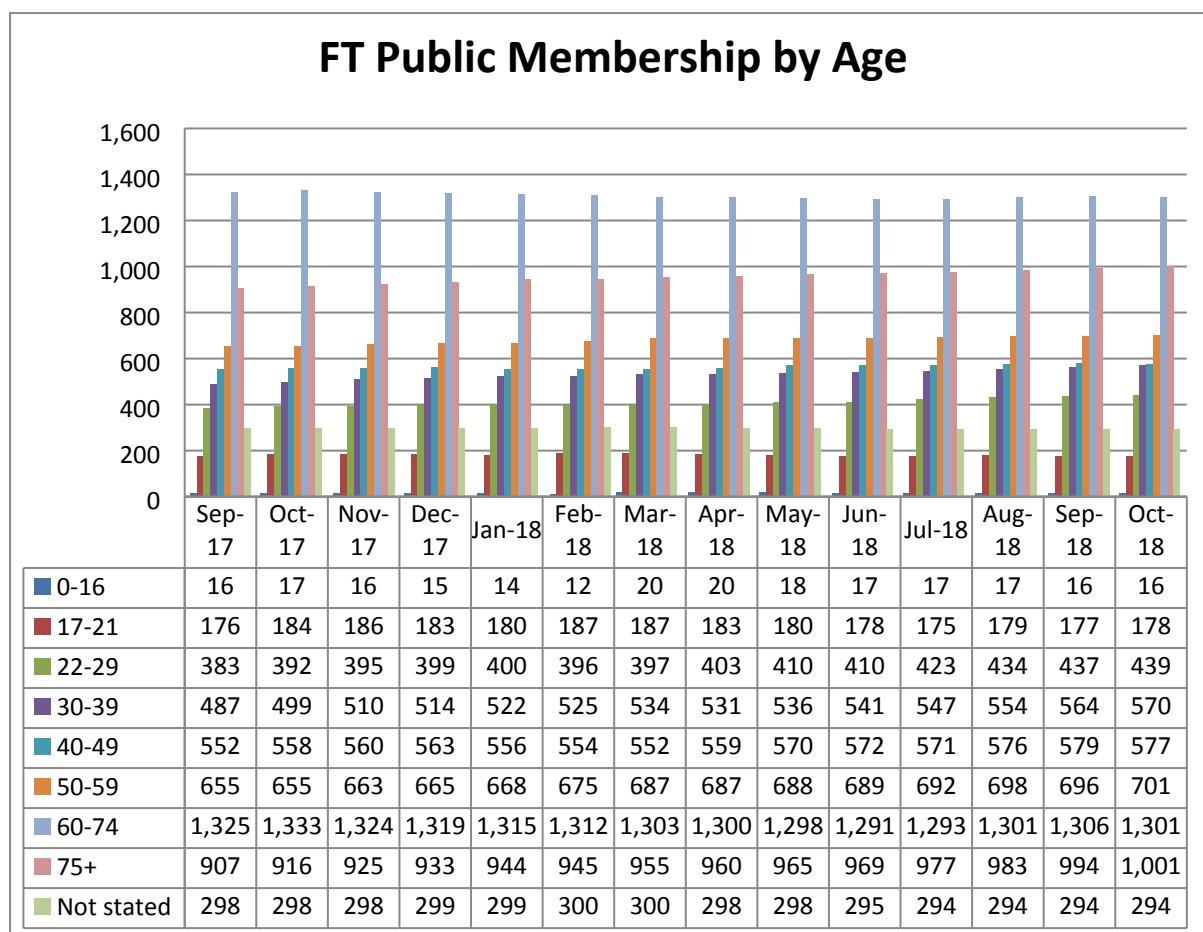
Although relatively small numbers of members are from Black and Minority Ethnic groups, compared to the local population, these groups are representative of the population and therefore the patient base.



3.7 Age

The profile of public membership by age looks to have remained largely the same when looking at the number of members for each category. However, whilst the Trust has always had by far more members in the 60-74 and 75+ age categories than any other, the category that has gained the greatest percentage of new members (14.6% increase) over the last 12 months is the 30-39 age category

Age Group	Sept 17	Oct 18	% Change in Public Members
0-16	16	16	0
17-21	176	178	1.1
22-29	383	439	12.7
30-39	487	570	14.6
40-49	552	577	4.3
50-59	655	701	6.6
60-74	1325	1301	-1.8
75+	907	1001	9.4
Not stated	298	294	-1.4



3.8 Membership Strategy Update

The Council of Governors agreed a Membership Strategy at the meeting held in May 2015 and work has progressed during the last three years as follows:

The Trusts membership has consistently increased year on year albeit during 2017-18 the increase was not quite to the level required for the annual target increase.

The members' drop-in sessions have been held quarterly by the Governors who now greet patients into the Trust and encourage recruitment as well as discussing issues. A programme of sessions have been arranged for the remainder of 2018-19.

The Governors actively discuss membership during their meetings and look at new ways to recruit new members. The Trust has looked at the availability of forms and these are available electronically with plans to promote this via social media.

The Membership Strategy has been reviewed and is being presented to the Council of Governors for approval.

4. Conclusion

The Council of Governors is asked to **note** the information contained within this paper.