

# Council Of Governors 25.03.2021

MEETING  
25 March 2021 13:30

PUBLISHED  
24 March 2021

# Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
Teams	25/03/21		13:30
1. Committee Management			13:30
1.1. Apologies		Chair	
1.2. Minutes of the Previous Meeting held on 26th November 2020		Chair	
1.3. Matters Arising		Chair	
1.4. Declarations of Interest		Chair	
2. Board Reflection		All	13:35
3. Governor Elections		Trust Secretary	13:50
4. Non Executive Director Roles		Trust Secretary	13:55
5. Items to Note			
5.1. Questions and Answers		Trust Secretary	14:00
5.2. Membership Report		Trust Secretary	14:05
5.3. Review of Work Programme		Trust Secretary	14:10
6. Any Other Business			14:15
7. Date and Time of next meeting: 27th May 2021			

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7. Date and Time of next meeting: 27th May 2021	

## COUNCIL OF GOVERNORS 26<sup>TH</sup> NOVEMBER 2020

### MINUTES OF THE MEETING

#### PRESENT:

Frank Collins	Chair	FC
Jan Greasley	Lead Governor/Public Governor - North Wales	JG
Colin Chapman	Public Governor - Shropshire	CC
Sue Nassar	Public Governor – Shropshire	SN
Victoria Sugden	Public Governor – Shropshire	VS
Katrina Morphet	Public Governor - Cheshire and Merseyside	KM
Russell Luckock	Public Governor – West Midlands	RL
Martin Coggon	Public Governor – North Wales	MC
William Greenwood	Public Governor – Powys	WG
Peter David	Governor Stakeholder - League of Friends	PD
Karina Wright	Governor Stakeholder - Keele University	KW
Karen Calder	Governor Stakeholder - Shropshire Council	KC
Kate Chaffey	Staff Governor	KCh
Kate Betts	Staff Governor	KB

#### IN ATTENDANCE:

Mark Brandreth	Chief Executive	MB
Stacey Keegan	Chief Nurse	SK
Shelley Ramtuhul	Trust Secretary	SR
Craig Macbeth	Chief Finance and Planning Officer	CM
Chris Beacock	Non-Executive Director	CB
David Gilbert	Non-Executive Director	DG
Harry Turner	Non-Executive Director	HT
Paul Kingston	Non-Executive Director	PK
Rachel Hopwood	Non-Executive Director	RH
Hilary Pepler	Board Advisor	HP

#### SECRETARY:

Heather Pickering	Interim Trust PA	HTP
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MINUTE No	TITLE	ACTION
	<b>COMMITTEE MANAGEMENT</b>	
<b>1.1</b>	<b>WELCOME &amp; APOLOGIES</b>  Apologies were received from, Sarah Sheppard - Chief People Officer, Kerry Robinson - Chief Performance, Improvement and OD Officer and Steve White - Chief Medical Officer, Sue Nassar – Public Governor, Karina, Wright - Governor Stakeholder – Keele University, Karen Calder - Governor Stakeholder, Shropshire Council, and Allen Edwards, Staff Governor and Kate Chaffey – Staff Governor.	
<b>1.2</b>	<b>MINUTES FROM THE PREVIOUS MEETING</b> The minutes from the previous meetings held on 30 July 2020 were approved as a true record.	
<b>1.3</b>	<b>MATTERS ARISING</b> All actions from the previous meeting were recorded as complete.	
<b>1.4</b>	<b>DECLARATIONS OF INTEREST</b> There were no declarations to be declared..	

MINUTE No	TITLE	ACTION
2.0	BOARD REFLECTION	
	<p>FC invited the Council of Governors to ask questions or offer comments following the Board of Directors meeting earlier in the day.</p> <p>JG expressed particular interest in the virtual visits. JG felt the reports circulated were very sensitive and was sure the ward staff and teams involved would have felt reassured by the process. JG supported the recommendation that more are carried out. JG queried if some thought could be given to the meal breaks could be extended by 5 or 10 minutes as staff having problems finding somewhere they can safely eat, some going to their car (getting changed etc.) JG did acknowledge that staffing levels may not allow for this to happen.</p> <p>MB responded that the SLG felt the virtual visits went very well and that they will continue in the new year and Governors are welcome to be included.</p> <p>The SLG has recognised the concern around staff breaks and it has been agreed to use the Boardroom and Meeting Room 3 as an extension of Denbigh's, providing more socially distanced space for staff to have their breaks safely. Denbigh's is not being used to its full advantage, staff feel it is not the sociable place it was and therefore as an incentive the discount on food is to be increased to encourage people to eat in and discourage offices from being used.</p> <p>KB strenuously emphasised the staff concern around breaks and eating and drinking in general on the wards and queried the collective capacity of Denbigh's, the boardroom and meeting room 3. MB did not have the exact figure but was confident there was sufficient capacity and there was not enough room then more space would be found.</p> <p>It was suggested that KB take this concern to the appropriate forum to explore further.</p> <p>FC recommended the Governors read the reports from the virtual visits as they are very informative and motivational.</p> <p>CG raised the issue of vaccination uptake and commended the improvement on last year's figures for the flu vaccine. CG queried the Trust's stance if a large cohort of staff abstains from having the Covid 19 vaccination for their own reasons.</p> <p>MB responded that this is a large issue for the whole NHS and there will be a huge public information campaign around the efficacy of the vaccine and the risks associated with it which should help the lack of understanding around the rigorous processes that vaccines have to go through. The vaccine will not be mandated and will be down to individuals. MB is certain that staff will queue up to have the vaccination and as soon as it is available it will be offered to RJA staff in December / January. MB was not aware that there would be any punitive targets for vaccination uptake.</p> <p>RG shared with the board his experience at Nottingham Hospital where there are problems with staff resisting the vaccine. The hospital is not mandating the vaccine but is strongly encouraging all staff to have it through a process of information. FC added that RJA staff would take a similar stance. They will explain in an honest way why staff should take the vaccine and may offer persuasion but it would be wrong to mandate it. He anticipates the vaccine to be way above critical mass although there may be certain individuals who for personal reasons may not want it and the trust will acknowledge and respect this as each case arises. FC is not sighted on which vaccine will be used.</p> <p>RL highlighted the fact that there has to be a 28 day gap between having the flu vaccination and the Covid 19 vaccination and this must be highlighted to staff.</p>	

MINUTE No	TITLE	ACTION
	<p>PD commented that it was raised in the board meeting that cash flow would be dramatically reduced come April and asked for clarification around the meaning of "Fixed Income Envelopes". CM responded that the way the NHS has been funded has changed during the. Because of extreme volatility it is not deemed appropriate to be paid for every patient seen, which was the case previously for RJAH. The Trust has been given a Fixed Funding Envelope as has every other organisation, which is expected to cover base costs and to deliver the specified level of national target activity. As an upside during October the Trust were overfunded for the level of activity that was restored during that period and every effort is being made to improve the amount activity throughout the Trust. As the patient numbers increase the costs will increase but the income will remain fixed.</p> <p>PD queried whether at the end of March the Trust would receive more funding or will have to hand some back. CM responded that it would depend on where the Trust is with restoration and there is likely to be some further discussions as to whether the trust should be flexing the Fixed Income Envelope relative to activity. There is the risk that some of the income will have to be paid back and this is being watched carefully but if above 90% of restoration is completed the Fixed Income Envelopes will be insufficient as the Trust is not being funded for 100% of the activity we used to do.</p> <p>PD queried if it was correct that 11 Anaesthetists were self-isolating out of a team of 15 and if so that will have an enormous impact. FC asked MB to respond although confirmed that he was fully sighted on the matter. MB reiterated what was said at the public board which was that some staff related issues were impacting on the Trust's full elective service. A full on-call service is in place and spinal and tumour work is protected. MB added that he could not comment further on the matter as an investigation is pending.</p> <p>FC gave the assurance that the issue was being dealt with appropriately and consultatively with colleagues across the System who are providing guidance. MB and the SLG have been dealing with the issue effectively. FC was made aware of the incident within minutes of MB being informed and in turn informed the wider Board. FC reiterated the sensitivity of the incident as there are individuals involved and ultimately patient care.</p> <p>FC thanked the Council for their attendance at the Board of Directors meeting.</p>	
3.0	GOVERNANCE	
	<p><b>External Audit Contract Extension</b></p> <p>FC referred to the paper in the meeting pack.</p> <p>CM informed the Council that the contract for the current external auditors is up for renewal and that they have to agree to the appointment of new external auditors. CM had a conversation with the Chair of the Audit Committee who has subsequently canvassed a number of the Governors as to whether now is the appropriate time to appoint new auditors. From a business continuity perspective it is not a good time to change given the Covid 19 pandemic. The Trust is increasingly trying to synchronise with the wider System and a long term objective is to do things jointly. Currently the Trust auditor contract is not in alignment with the System and extending the contract with the current auditors would help with that alignment.</p> <p>CM proposed the extension of the existing contract with the current external auditors for a further 12 months.</p>	

MINUTE No	TITLE	ACTION
	<p>JG advised the Council that DG had reassured any Governors with concerns.</p> <p>The recommendation to extend the contract was <b>approved</b> by the Council of Governors.</p>	
<b>4.0</b>	<b>ITEMS TO NOTE</b>	
<b>4.1</b>	<p><b>QUESTION AND ANSWERS</b></p> <p>RL asked the question whether it was appropriate for MB to have split responsibilities at this unprecedented time.</p> <p>FC responded that the Board were fully sighted on the approach from NHS England at the start of the pandemic impact and in many ways it is a feather in cap of RJAH to have our CEO to contribute nationally. FC added that the tenure lasted longer than anticipated but the hospital was extremely well covered by Stacey Lea-Keegan and the SLG and now MB is back having completed his national activities and as at 26/11/20 has returned full time to RJAH responsibilities.</p> <p>FC added that since the return of MB the 1.5 days a week dedicated to national duties has been nearly invisible and wrapped around RJAH tasks. FC concluded that prior to Covid, MB had other activities outside RJAH including Research, Committees, local System Chief Executive lead which is the mark of a successful CEO.</p> <p>RL underlined that MB is very strong at publicity, he is approachable and staff see him in the hospital and they can go and talk to him.</p> <p>The Council <b>noted</b> the Questions raised.</p>	
<b>4.2</b>	<p><b>MEMBERSHIP REPORT</b></p> <p>SR provided an update on the membership for the Trust. The current membership shows a small increase.</p> <p>The Council of Governors <b>noted</b> the Membership Report.</p>	
<b>4.3</b>	<p><b>WORK PROGRAMME REVIEW</b></p> <p>The Trust Secretary introduced the report and noted that everything had been received although a slightly different process to previous years.</p> <p>The Council of Governors <b>noted</b> the Work Programme Review.</p>	
<b>5.0</b>	<b>ANY OTHER BUSINESS</b>	
	FC thanked the Council and brought the meeting to a close.	
<b>6.0</b>	<b>Next Committee Meeting Thursday 25th March 2021</b>	

COUNCIL OF GOVERNORS - SUMMARY OF KEY ACTIONS

Ongoing Actions	Lead Responsibility	Progress
New Actions	Lead Responsibility	Progress

DRAFT



## 0. Reference Information

Author:	Shelley Ramtuhul	Paper date:	25 March 2021
Executive Sponsor:	Frank Collins, Chairman	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 Trust Board and what input is required?

The Council of Governors are asked to note the process for the forthcoming elections. There will be elections held for seven Governor posts in 2021. Further the paper outlines the process for securing a replacement Lead Governor.

## 2. Executive Summary

### 2.1. Context

The Council of Governors operates with ongoing elections and re-appointments to ensure that it refreshes regularly and in line with constitutional requirements.

### 2.2. Summary

This paper outlines the proposal for the elections in order to address constituencies where the Governor's term is coming to an end, noting that some of these posts were extended last year due to the pandemic.

In addition the Lead Governor's terms is due to come to an end with her having served the full nine years permitted under the Trust's constitution and therefore the paper outlines a proposed process for securing a replacement.

### 2.3. Conclusion

The Council of Governors are asked to note the process for the 2021 elections and approve the recommendations in relation to the terms of any re-elected Governors and the process for securing a new Lead Governor.

## Governor Elections

### 3. The Main Report

#### 3.3. Introduction

A number of Governors will come to the end of their three year term (or term extended by agreement due to the pandemic) at the end of June 2021. There is also one vacant Governor post. Where the current Governor is noted to no longer be eligible to stand election, this is due to them having served the full nine years permitted by the Trust's constitution.

Governor Elections July 2021			
Constituency	Number of posts to be filled	Current Governor(s)	Eligible to stand for re-election
Staff	1	Kate Chaffey	Yes
Shropshire	1	Colin Chapman	Yes
West Midlands	1	Russell Luckock	No
North Wales	2	Jan Greasley Martin Coggon	No Yes
Cheshire and Merseyside	1	Katrina Morphet	Yes
Rest of England & Wales	1	Vacant	n/a

#### 3.4. Election Process

The election will be managed on behalf of the Trust by the Civica Election Services (CES) and the timetable for this is outlined in Section 3.6. This is the same body which managed the 2019 election process and has a strong track record in performing this service for Foundation Trusts.

CES will conduct the formal correspondence with members to notify them of the forthcoming election, receive nominations for candidates, circulate ballot papers and electoral correspondence, receive and count the votes, and announce the results.

#### 3.5. Announcement of Results

It is proposed that the election results will be posted on the Trust website at a pre-determined time, this is to ensure that all of the candidates are able to receive the results at the same time as using the postal service can result in some candidates correspondence being delayed. The results will still also be formally announced at the Annual General Meeting, to be held on 23<sup>rd</sup> September 2021.

#### 3.6. Election Timetable

The proposed timetable is set out below:

ELECTION STAGE	DATE
Trust to send nomination material and data to CES	Friday, 26 Mar 2021
Notice of Election / nomination open	Tuesday, 13 Apr 2021
Nominations deadline	Wednesday, 12 May 2021
Summary of valid nominated candidates published	Thursday, 13 May 2021
Final date for candidate withdrawal	Monday, 17 May 2021
Electoral data to be provided by Trust	Thursday, 20 May 2021
Notice of Poll published	Thursday, 3 Jun 2021
Voting packs despatched	Friday, 4 Jun 2021
Close of election	Tuesday, 29 Jun 2021
Declaration of results	Wednesday, 30 Jun 2021

### 3.7. Terms of Elected Governors

Due to the extension granted to a number of Governors terms as result of the pandemic, the Trust is in the unusual position of having a potentially significant turnover in the membership of the Council of Governors. To prevent this from occurring again in the future, it is proposed that if re-elected, those who had their terms unilaterally extended would have their 3 year terms adjusted to include the extension period already granted. By way of example, a Governor who's term was extended from 31 October 2020 to 30 June 2020 would, if re-elected, serve until 31 October 2023 at which point they would either stand down or stand for re-election if willing and eligible.

### 3.8. Lead Governor

The Lead Governor is due to stand down at the end of June and this coincides with a number of Governors' terms coming to an end. This is therefore a challenging time to secure a new Lead Governor as it is unknown what changes there are likely to be to the Council of Governors until the outcome of the elections are known.

In order to maintain stability of the Council of Governors and certainty around the Lead Governor role, it is proposed that expressions of interest are sought from the publicly elected Governors who are not required to stand for election. The nominees would then be put to the Council of Governors for secret ballot.

It is proposed that the Lead Governor be appointed for an initial period of 12 months to allow for elections to take place in June 2021 and any new Governors to establish themselves in their roles. A further review of the Lead Governor role can then be undertaken.

### 3.9. Conclusion

The Council of Governors are asked to:

- Note the process for the 2021 elections.
- Approve the proposal regarding the alignment of the terms for any re-elected Governors
- Approve the proposed process for securing a Lead Governor for the next 12 months.

## 0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	25/03/2021
Executive Sponsor:	Mark Brandreth, Chief Executive	Paper Category:	Governance and Quality
Paper Reviewed by:	N/A	Paper Ref:	
Forum submitted to:	Council of Governors	Paper FOIA Status:	

## 1. Purpose of Paper

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

This paper presents the options regarding the forthcoming expiration of the terms of two Non-Executive Directors at the end of 2021. The Council of Governors is asked to approve the recommendations.

The paper also highlights that the Chairman's term will cease in January 2022 and the Council of Governors is asked to note that a timetable for recruitment will be presented at a future meeting.

## 2. Executive Summary

### 2.1 Context

In accordance with Schedule 7 of the NHS Act 2006 the Trust is required to have in place a constitution which includes the appointment of the Chairman and Non-Executive Directors. The Trust's constitution stipulates that at any one time at least half of the Board of Directors should be Non-Executive Directors.

### 2.2 Summary

The paper outlines the options regarding to the Non-Executive roles which are due to become vacant in November and December 2021 which relate to:

- David Gilburt – Non Executive Director and Chair of Audit Committee
- Paul Kingston – Non Executive Director and Chair of People Committee

In addition the Chairman's tenure comes to an end in January 2022 with Frank Collins having served two terms plus an agreed extension of one year in light of the pandemic last year.

### 2.3. Conclusion

- Early exploration and decision is required around the two Non-Executive roles due to become vacant in November and December 2021.
- Timetable for Chairman recruitment to be developed and presented at a future meeting

### 3. Main Report

#### 3.1. Introduction

In accordance with Schedule 7 of the NHS Act 2006 the Trust is required to have in place a constitution which includes the appointment of Non-Executive Directors.

Section 22 of the constitution outlines the composition for the Board of Directors and at 22.2.2 states that there shall be no fewer than and no more than six Non-Executive Directors in addition to the Chairman. Further to this, section 22.2.3 states that at least half of the Board of Directors at any one time shall be Non-Executive Directors.

Finally, in accordance with the Trust's constitution A Non-Executive Director's term is a maximum of three years at the end of which there is eligibility for re-appointment but it is stipulated that a Non-Executive Director 'shall not normally hold office for longer than six consecutive years'.

The Constitution allows for the Non-Executive Directors to serve for longer than six years in exceptional circumstances subject to the annual re-appointment by the Council of Governors. Further the FT Code of Governance, section B.7.1, states that any term beyond six years should be subject to rigorous review and take into the account the need for progressive refreshing of the Board of Directors.

#### 3.2 Frank Collins – Chairman

Frank Collins was first appointed as Chairman to the Board with effect from 1 February 2015 for a 3 year period which was subsequently extended for another term plus an agreed extension of a further year in light of the pandemic bringing his tenure to an end on 31 January 2022.

A new Chair will need to be appointed and the proposed timetable will be presented at a future meeting.

#### 3.3 David Gilburt – Non Executive Director

David Gilburt was first appointed as a Non-Executive Director to the Board with effect from 1 December 2015 for a 3 year period ending 30 November 2018. David was subsequently reappointed extending his term to 30 November 2021.

As outlined above it is not usual for a Non-Executive Director to hold office for longer than six years and it is recommended that a new Non-Executive Director be appointed and the proposed timetable for this is outlined in section 3.6.

David's departure will leave a gap in the role of Chair of the Audit Committee which will require an accountancy qualification to be core to the recruitment of a new NED. In addition, the Trust is about to embark on a significant digital programme with the procurement and introduction of an integrated electronic patient record and therefore experience in this field would be desirable. This is explored further in section 3.5.

### 3.4 Paul Kingston – Non Executive Director

Paul Kingston was first appointed as a Non-Executive Director to the Board with effect from 1 January 2019 for a 3 year period ending 31 December 2021.

Given that Paul will have only served one term and the end of his tenure, it is reasonable for the Trust to seek his re-appointment, subject to review of his performance and this is recommended in order to maintain stability of the Board.

### 3.5 Succession Planning and Board Diversity

In addition to the planning required for the Non-Executive roles reaching the end of their term this year, there is wider succession planning required and consideration as to what qualifications, skills and experience will be needed for recruitment to new posts.

#### Succession Planning for Current Roles

##### *Chair of the Audit Committee*

Consideration was given as to whether another existing NED could take up this role. There is a requirement for the Chair to be a qualified accountant which identified, Rachel Hopwood from the existing NEDs. However, in discussion with Rachel it was felt that it would be more effective to make this a requirement in the specification for recruiting a new NED and for her to continue as Chair of the Finance, Planning and Digital Committee. It is recommended that this is core to the recruitment of a new NED who will take over as the Chair. We will need someone who is a qualified accountant and experienced in chairing an NHS Audit Committee.

##### *Chair of the People Committee*

Assuming Paul is reappointed this will remain as is.

#### Board Diversity

When considering a new appointment to the Board the opportunity to diversify the Board should be taken into account and to this end it is recommended that the recruitment ensures a focus on targeted advertising to attract candidates from under-represented groups.

### 3.6 Timetable

Action	Lead	Timeline
Non Executive Director Roles		
Completion of Paul Kingston's performance review		
• Survey of Board Members	Trust Secretary	Jun 2021
• Self Assessment	Paul Kingston	Jun 2021
• Appraisal with the Chairman	Chairman	Jun 2021

Recommendation to Appointment and Remuneration Committee regarding Paul's suitability for re-appointment	Chairman	Jul 2021
<b>Appointment of a new Non-Executive Director</b>		
• Appointment of Executive Recruitment Search	CEO/Trust Secretary	Mar 2021
• Briefing conversations with key stakeholders	Chairman/Trust Secretary and others tbc	Mar 2021
• Advertisement of post	Chairman / Chief People Officer	Apr 2021 (Closing date May 2021)
• Interviews	Chairman / Chief People Officer	Jun 2021
• Liaison with NHS Improvement	Chief People Officer / Trust Secretary	Jun 2021
• Recommendation to Appointments and Remuneration Committee	Chairman	Jun 2021
• Approval by Council of Governors	Chairman	Jul 2021

### 3.7 Conclusion

The Council of Governors is asked to approve the recommendation to appoint a new Non-Executive Director and Chair of Audit Committee.

Further the Council is asked to approve the exploration of the re-appointment of Paul Kingston, Non-Executive Director.

## Appendix A

A review of a Non Executive Director's performance should include the following:

- Confidential 360° peer group feedback of individual Director, assessing their conduct, contribution and added value to the board.
- Self Assessment
- Appraisal discussion with Chairman

The criteria on which the appraisal discussion is based includes:

- RJAH annual performance
- Achievement of Board's key strategic objectives
- Effective working within, and development of the Board
- Representational role on behalf of RJAH and stakeholder engagement

1. Committee
2. Board Reflection
3. Governor
<b>4. Non Executive</b>
5. Items to Note
6. Any Other
7. Date and Time of



**0. Reference Information**

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	25 March 2020
Executive Sponsor:	Mark Brandreth, Chief Executive	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 Senior Leaders.

**2. Executive Summary****2.1. Context**

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 3 questions

**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 Senior Leaders.

### 3. Main Report

#### 3.1. Questions and Answers

Date Raised	Raised By	Question
07/03/2021	Jan Greasley	Will the post Covid increase in the English waiting list have an impact on the Trust's ability to undertake work from BCUHB ?

Response Provided By Alyson Jordan, Patient Access Manager and Mat Morgan, Acting Head of Income & Contracts:

Existing patients on waiting lists are treated in clinical priority order, regardless of commissioner. The Trust will continue to work with the Health Boards in Wales will continue to treat patients from Shropshire, Wales and the rest of England.

Date Raised	Raised By	Question
12/03/2021	Peter David	Further to the invitation to attend the Trusts 100 year Thanksgiving Service in October 2021; will Frank Collins be staying on as Chairman for a further term period?

Response Provided By Shelley Ramtuhul, Trust Secretary:

The Chair's term is due to end in January 2022 so he will still be in post for the celebration in October.

Date Raised	Raised By	Question
12/03/2021	Peter David	What were the results of the investigation into how it happened that so many anaesthetists were gathered together which resulted in many isolating?

Response Provided By Shelley Ramtuhul, Trust Secretary:

The incident was presented to the Quality and Safety Committee which found that the cause of the incident was multi-factorial ranging from human factors to changing national IPC guidance, the Committee was assured that appropriate measures had been put in place to prevent recurrence.

## 0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary	Paper date:	25 March 2021
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 01 February 2021 and on-going progress of the Trusts Public Membership Strategy.

### 3.2. Current Membership

The current membership total (at 01 February 2021) is 6491 which can be broken down as follows:

As at 01 February 2021	
Staff	1166
Public	5345
<b>Total</b>	<b>6511</b>

### 3.3. Membership Growth

The Council will recall that the trust membership target for 2020/21 was amended during a previous meeting to the achievement of a year on year increase. In February 2020 membership stood at 6420 and as such a 1.4% increase has been achieved over the last twelve months.

It is worth noting that there was a significant growth in membership in December 2020 before it returning to normal levels, this is being looked at further to understand the reason for this.

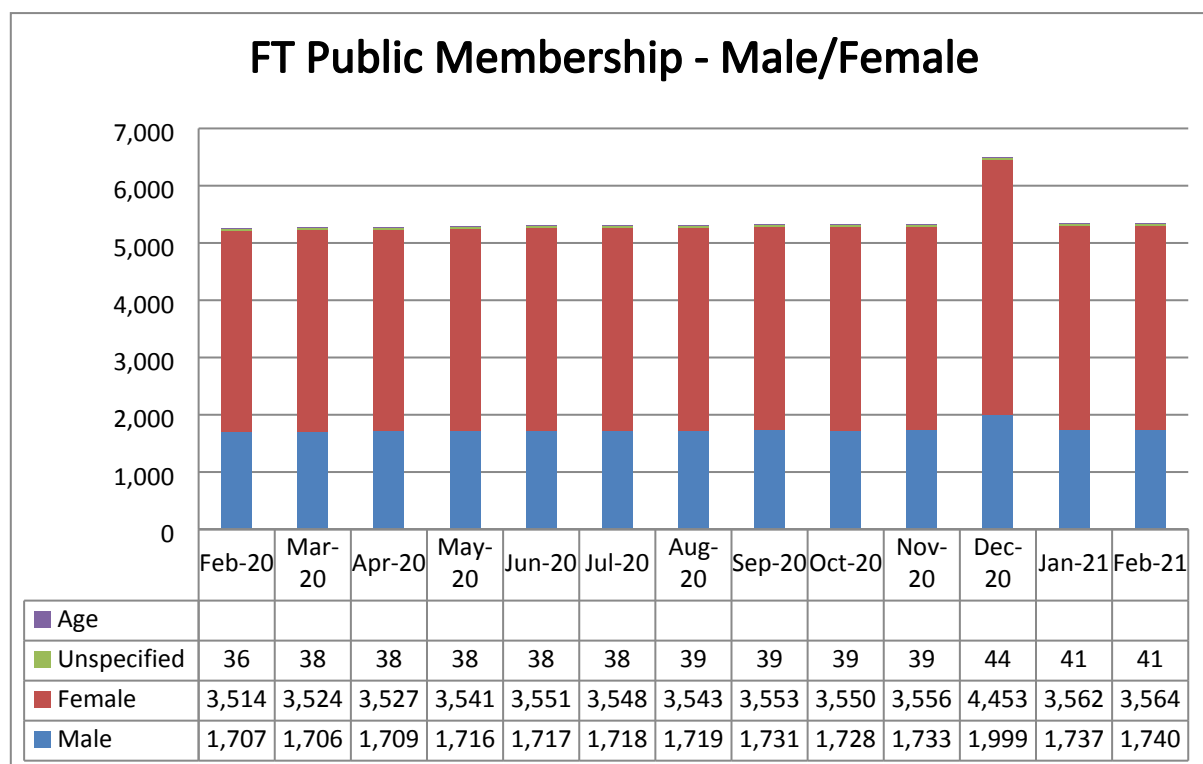
### 3.4 Constituencies

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

	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Cheshire & Merseyside	349	348	348	348	350	351	352	353	352	354	352	351	349
North Wales	918	920	920	924	926	926	927	931	931	932	931	930	930
Powys	533	535	536	538	538	538	538	538	537	539	538	539	538
Shropshire	2,668	2,675	2,675	2,689	2,693	2,688	2,685	2,692	2,688	2,690	2,688	2,692	2,693
West Midlands	512	511	513	514	515	517	516	522	523	526	526	525	526
Rest of England & Wales	238	240	243	242	244	244	243	247	246	247	247	245	244
Out of Trust Area	39	39	39	40	40	40	40	40	40	40	40	58	65
<b>Total</b>	<b>5,257</b>	<b>5,268</b>	<b>5,274</b>	<b>5,295</b>	<b>5,306</b>	<b>5,304</b>	<b>5,301</b>	<b>5,323</b>	<b>5,317</b>	<b>5,328</b>	<b>5,322</b>	<b>5,340</b>	<b>5,345</b>

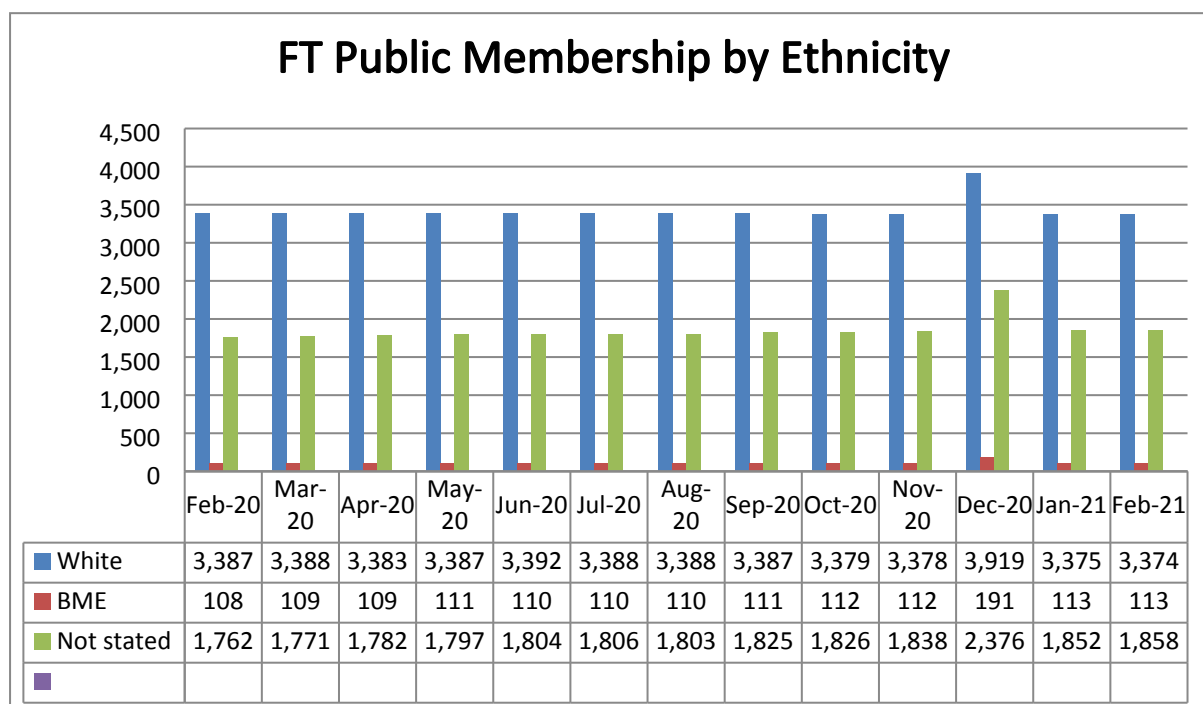
### 3.5 Gender

The graph below shows the split between female and male members. This demonstrates that males remain under represented within the membership. The number of male members has increased slightly over the last year.



### 3.6 Ethnicity

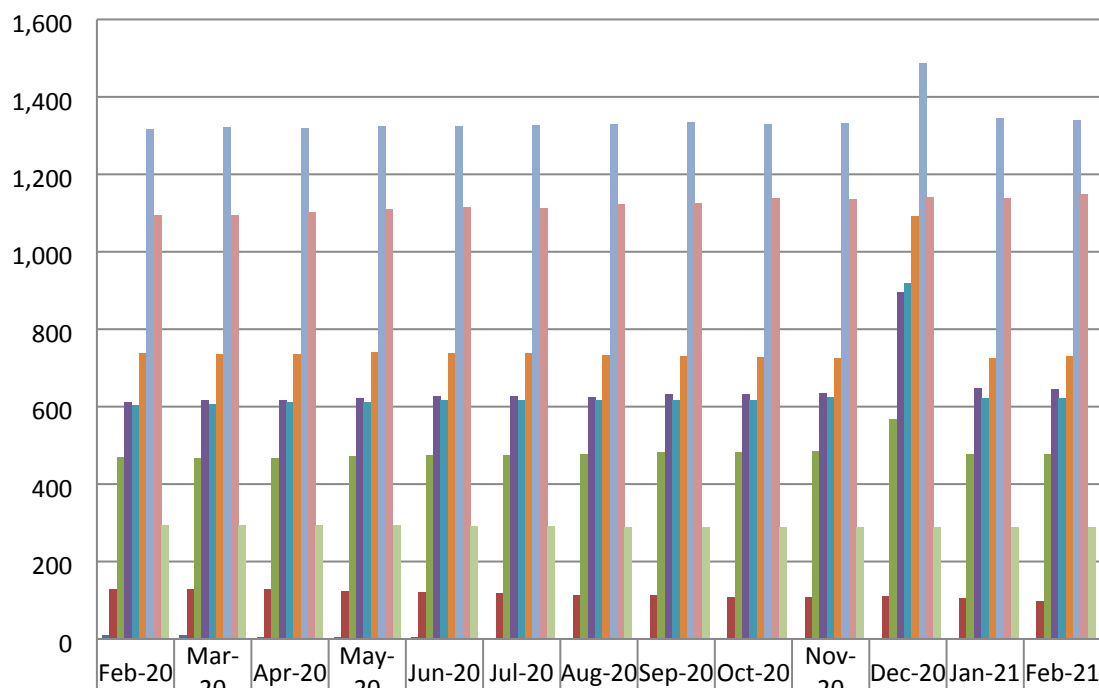
Although relatively small numbers of members are from Black and Minority Ethnic groups, compared to the local population, these groups are representative of the population and therefore the patient base.



### 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.

FT Public Membership by Age



	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
0-16	8	8	5	5	5	2	2	2	1	1	1	1	1
17-21	127	129	127	123	119	118	112	113	108	107	111	105	98
22-29	468	466	467	472	475	475	476	482	481	485	568	477	477
30-39	611	615	616	620	625	626	624	632	632	633	894	646	644
40-49	604	606	611	610	615	616	615	615	615	623	919	620	621
50-59	738	736	736	741	738	737	731	730	727	724	1,090	724	730
60-74	1,315	1,322	1,319	1,324	1,324	1,327	1,330	1,334	1,328	1,332	1,485	1,343	1,339
75+	1,093	1,093	1,101	1,108	1,115	1,113	1,123	1,126	1,137	1,136	1,141	1,137	1,148
Not stated	293	293	292	292	290	290	288	289	288	287	287	287	287

### 4. Conclusion

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

## Work Plan 2020/21 Council of Governors Committee

### 0. Reference Information

Author:	Gayle Murphy, Trust Office PA	Paper date:	25 March 2021
Executive Sponsor:	Shelley Ramtuhul, Associate Director of Governance	Paper Category:	Governance
Paper Reviewed by:	N/A	Agenda Reference:	N/A
Forum submitted to:	Council of Governors Committee	Paper FOIA Status:	Full

### 1. Purpose of Paper

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

The Committee is asked to **note** the current work plan and **consider** any amendments required.

### 2. Executive Summary

#### 2.1. Context

On an annual basis the Committee is required to reflect on the year ahead and broadly agree its agenda. This enables the Committee to ensure that it receives timely information to enable it to meet the responsibilities that have been delegated to it by the Board of Directors.

As the year progresses it is important that the Committee keeps its work plan under review to ensure it is updated to reflect any changing priorities or external factors.

#### 2.2 Summary

Appendix 1 is the work plan for 2020/21 which was agreed by the Committee and incorporates any amendments requested at the last meeting.

#### 2.3. Conclusion

The Committee is asked to **note** the current work plan and **consider** any amendments required.

# Work Programme Review 20/21

The Robert Jones and Agnes Hunt  
Orthopaedic Hospital



NHS Foundation Trust

	28 <sup>th</sup> May 2020	30 <sup>th</sup> July 2020	24 <sup>th</sup> Sept 2020	26 <sup>th</sup> Nov 2020	25 <sup>th</sup> March 2021
<b>Statutory Reports</b>					
Receive Annual Report and Accounts			X		
Receive Audit Reports			X		
<b>Forward plan</b>					
Consider strategic issues/priorities for Board to consider in the planning process					X
Presentation of plan		X			
<b>Quality</b>					
2019 priorities					X
Quality Indicators to be audited					X
Quality accounts draft presented			X		
Update on Quality Accounts Audit Actions	X	X		X	X
<b>Trust Developments</b>					
As & When required	X	X		X	X
<b>COG Strategy docs</b>					
Membership & Engagement strategy	X				
<b>COG Governance</b>					
COG Self-Assessment (inc review of outcomes from training)		X			
COG Annual report (for approval)		X			
COG Annual report presentation			X		
<b>Standing items</b>					
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. Governor
4. Non Executive
5. Items to Note
6. Any Other
7. Date and Time of