

PUBLIC MEETING OF THE COUNCIL OF GOVERNORS

Tuesday 27th February 2024, 17:00-18:45

Boardroom, Frimley Park Hospital

AGENDA

Time	Agenda Item	Paper/Oral/Presentation	Lead
17:00	1. Welcome and Apologies for Absence	Oral	Chair
	2. Declarations of Interest	Oral	Chair
	3. Minutes of the previous meeting	Attached	Chair
	4. Action Log from previous meeting	Attached	Chair
17:05	5. NED Appointment Recommendations	Attached	Lead Governor
17:15	6. Membership Engagement Committee Proposal	Attached	Chair
17:30	7. Future Membership of the Committees of the Council of Governors	Oral	Chair/Lead Governor/Acting Company Secretary
17:35	8. Audit Committee Report	Presentation	Committee Chair
18:05	9. Patient Experience and Involvement Group Report (incl. Governor Quality Indicator Recommendation & Summary Minutes)	Attached/Presentation	Committee Chair/Head of Quality
18:15	10. Public Questions	Oral	Chair
18:25	11. Close	-	-
-	- Date of the Next Meeting 24 th April 2024, 17:00-18:30, Venue TBC	-	-

Report Title	Minutes of the previous meeting
Meeting and Date	Council of Governors, 27 th February 2024
Agenda Item	3.
Author and Executive Lead	Hannah Farmhouse, Assistant Company Secretary Bryan Ingleby, Trust Chair
Executive Summary	The attached minutes records the items discussed at the Council of Governors meeting held on 8 th November 2023.
Action	The Council of Governors is asked to APPROVE the minutes as a correct of the meeting.
Compliance	NHS Provider Licence; Standing Order 14.1

MEETING OF THE COUNCIL OF GOVERNORS

Wednesday 8th November 2023, 18:00 – 19:30

Lecture Theatre, John Lister Postgraduate Centre, Wexham Park Hospital

MINUTES OF MEETING

Members Present:

Bryan Ingleby	Chair
Sarah Peacey	Public: Bracknell & Wokingham (Lead Governor)
John Lindsay	Public: Bracknell Forest and Wokingham
Charles Fowles	Public: Hart and East Hampshire
Malcolm Treen	Public: Hart and East Hampshire
Kellie Meyer Bothling	Public: Surrey Heath and Runnymede
Ann Smith	Public: Surrey Heath and Runnymede
Samantha Rayner	Public: Rest of England
Robin Wood	Public: Windsor and Maidenhead
Michael Ellis	Staff: Heatherwood & Community Hospitals
Udesh Naidoo	Staff: Frimley Park
Rod Cooper	Stakeholder: Hampshire County Council
Cllr Catherine del Campo	Stakeholder: Berkshire Councils
David Mahoney	Stakeholder: Surrey Heath County Council

In Attendance:

Neil Dardis	Chief Executive
Matt Joint	Director of People
Kishamer Sidhu	Interim Director of Finance
Michael Baxter	Deputy Chairman, Non-Executive Director
Linda Burke	Non-Executive Director
Gary McRae	Non-Executive Director
John Weaver	Non-Executive Director
Alison Szewczyk	Deputy Director of Nursing and Quality
Carol Deans	Director of Communications and Engagement
Robyn Jarrett	Assistant Director of Engagement
Sarah Waldron	Member and Engagement Manager
Victoria Cooper	Assistant Company Secretary (Minutes)
Hannah Farmhouse	Assistant Company Secretary
Tyrieana Long	Company Secretary

1. Welcome and Apologies for Absence

- a. The Chair opened the meeting and welcomed all those present. He introduced and welcomed Samantha Rayner as the new public governor representing the Rest of England and Councillor David O'Mahoney as the new stakeholder governor representing Surrey Heath County Council.
- b. Apologies for absence were received from Julia Flower, Theodora Monye, Barbara Story, Sylvia Thompson and Caroline Vincent. The apologies from the Board of Directors were Dawn Kenson, Mike O'Donovan and Jackie Westaway.

2. Declarations of Interest

- a. There were no declarations of interest.

3. Minutes of the previous meeting

- a. The minutes of the Council of Governors meeting held on 20th September 2023 were **APPROVED** as a true record.

4. Action Log from previous meeting

a. *16th September 2021 – 5. Complaints and PALS Report*

The Chair noted that the outstanding action related to complaints and PALS was captured in the Complaints and PALS report which was being presented to the Council of Governors under item 6 on the agenda.

5. Performance Report

- a. The Chief Executive introduced the Performance Report and highlighted that the FHFT strategy development was being aligned with the Trust's culture and safety work, including the new patient safety incident response framework (PSIRF).
- b. The Trust was continuing its work to respond to the concerns raised nationally around NHS culture following the Letby verdict, Martha Mills, and sexual misconduct in surgery. He advised that the Trust had signed the sexual safety charter and was committed to adopting a zero-tolerance approach towards sexual violence and/or harassment in the Trust.
- c. The Trust continued to face increased challenges financially and operationally with continued pressure from industrial action, high demand for beds and acuity of patients, particularly with mental health patients. He advised work on the financial forecasts and future planning had already commenced.
- d. There was positive news on the People metrics. Staff recruitment was on target and there had been a 40% reduction in the number of staff leaving the Trust. The quarterly Pulse Survey showed positive staff engagement scores in the second quarter.
- e. In terms of quality, great progress had been made with the CQUIN programme.
- f. With regard to performance, the Trust was one of the most improved trusts in relation to the four-hour target in urgent and emergency care. Significant transformation work had been undertaken to deliver new models of care with same day emergency care units. Whilst the number of attendances in the emergency departments remained high, teams were focussing on improving discharges and flow. Cancer performance in the Faster Diagnosis Standard (FDS) was now aligned with national standards.
- g. Governor questions were invited and in response to questions raised the Council of Governors noted:
 - a) The demand in the emergency department was not recent and was a sustained pressure which was 10-15% higher than pre-Covid levels.
 - b) The improvement in the FDS performance was due to additional capacity.
- h. The Council of Governors **NOTED** the Performance Report.

6. Complaints and PALS Report

- a. Claire Wise introduced the Complaints and PALS Annual Report which had been prepared to provide insight and assurance to the Council of Governors regarding the Trust's response to complaints and PALS during 2022/23. From the report Claire highlighted:
 - a) The Trust received 717 formal complaints in 2022/2023 which was a 7% increase on the previous year. This was still lower than 914 complaints the Trust received in 2019/20, pre-covid, but demonstrated that complaint volumes were on an upward trend.
 - b) PALS received 7,685 Trust wide contacts which was a further 9% increase on the previous year. Increased demand for the PALS service was positive as it demonstrated the value of the service

to the patient, and it provided the opportunity for the Trust to work with patients and families to address concerns quickly and without the need for escalation.

- c) The reasons for PALS contacts were similar to previous years. The top 5 concern areas related to communications, patient care, access to treatment, admissions and discharges and waiting times. Communication issues and appointment queries/concerns were consistently top-ranking enquires across all sites, but communication contacts varied and were mainly individual to each case/pathway.
 - d) The reasons for complaints were more complex and mostly related to inpatient care, whereas PALS were mainly related to outpatient care. Complaints were generally related to issues with communication, patient care, admissions and discharges, access to treatment and values and behaviours (including privacy and dignity).
 - e) The Trust was working towards a target of 85% for achieving a 60 working day turnaround for formal complaints. This target had been difficult to achieve in 2022/2023 with the Trust achieving 48% for all complaints. The Trust was committed to improving response timescales, particularly once the team was fully staffed from December.
 - f) The learnings from complaints and PALS were captured within directorates and specialities who would own them and use them to improve the quality of care provided to patients.
 - g) In terms of Parliamentary Health Service Ombudsman (PHSO) referrals, the Trust managed 19 PHSO enquiries, resulting in four formal investigations, one of which was partially upheld. There had been a marked increase in the requests for information from the PHSO relating to dated complaints which was a result of the PHSO recovering from stepping down their service during Covid.
 - h) The National NHS Complaints standard had been launched and the Trust was committed to implementing the standards and following an assessment of compliance, the Trust had identified key actions to further align with the new standards.
 - i) The key areas of focus for the Complaints and Patient Liaison Team were:
 - Improving timeliness of complaint responses.
 - Continued implementation of the NHS Complaint Standards Framework.
 - Improving Complaints and PALS performance reporting.
 - Developing new ways of capturing and sharing learning.
- b. In response to questions the Council of Governors noted:
- a) There would be a single opportunity to reopen a complaint if a patient was not satisfied with the response, after which point it would be referred to the PHSO if the Trust had been unable to resolve it.
 - b) A voicemail service was not available at present but was likely to be implemented once the team was fully staffed. The Trust was keen to avoid voicemails being unanswered.
 - c) Once InPhase was in place, there would be the ability to categorise the information by outpatient/in patient/speciality. The new system was highly configurable.
 - d) Workstreams were in place to respond to the common themes arising from complaints and PALS. Communication was one example where concerns often related to the interactions between staff and patients. Actions to address these concerns included shared decision making and customer care training.
 - e) Approximately 40% of cases required input from areas outside of the Complaints and Patient Liaison team and sometimes due to the number of people involved in responding and the operational pressures on teams, the response to the patient could be slower than the Trust would like. It was a priority to ensure processes and escalation routes were clear and understood.
 - f) Heads of Nursing were now included in the sign off process for complaints and PALS. Complaints and PALS was also a topic within the consultant induction programme and management essentials training.

- g) The learnings and implementation of those learnings were reported to the Patient Experience Forum and included in the Quarterly Reports provided to the Quality Assurance Committee. The Frimley Excellence team also supported large scale organisational changes. Triangulating the information across the Trust was vital to ensure the learnings were identified. Action plans were also developed to respond to the learnings.
 - h) Whilst the timescale for responding to concerns was important, a quality response to the patient was the priority.
- c. Alison Szewczyk thanked Claire Wise and Lisa Buckingham for all their hard work and leadership in managing complaints and PALS, and their fantastic engagement with the implementation of InPhase, recognising the enormous task of dealing with many complex and distressing situations. She was confident that a significant change in performance would be achieved.
- d. The Council of Governors **NOTED** the Complaints and PALS Annual Report.

7. Finance Committee Report

- a. John Weaver delivered a slide presentation on the work of the Finance and Investment Committee (FIC) which he had chaired for two years and been a member of for six years. He confirmed the membership included a good blend of executive and non-executive directors.
- b. From the slide presentation John Weaver highlighted:
- a) The Committee officially met four times a year, which, as far as possible were scheduled ahead of Board papers being circulated to allow for the Committee to review and comment. Ad hoc meetings were arranged as required e.g., to consider business cases or if a deeper level of assurance was needed for a particular area.
 - b) The purpose of the Committee was to provide assurance of the Trust's financial sustainability, ensuring that there was a good understanding of the financial position, appropriate plans were in place, progress was being made against those plans, there was an awareness of the risks and mitigations in place.
 - c) The Committee's objectives which provided focus for agenda setting. Key areas of focus included the Trust's efficiency plans, providing support and advice on financial issues, reviewing and approving capital investments over £3m, commercial arrangements e.g., BSPS, risks assigned to the Committee and benefit realisation reviews.
 - d) Whilst the Committee had a "look back" at each Committee meeting, more time would be spent looking forward.
 - e) Some thoughts on the Committee's focus for 2024 and onwards included:
 - finalising the long-term financial plans i.e., the three-year financial plan which was in progress;
 - delivery of the Trust's efficiency programme which was in the Trust's control. Delivery of the efficiency programme supported conversations with external parties.
 - Continued focus on key risks to add value.
- c. Questions were invited and in response to questions raised the Council of Governors noted:
- a) Delivery of the efficiency plan was John's primary concern as this was within the Trust's control. He was also concerned that the Trust had sufficient funds to continue making investments for the future. Delivering the efficiency plans would bring credibility externally and increase the likelihood of further rewards.
 - b) Investments in new property does change the financial profile and longer-term financial planning was vital to take account for increased capital charges and such factors as depreciation.

- c) The financial implications of the new hospital programme including factors such as population growth, agency spend, locums would be considered as part of the business case discussions.
 - d) Board Committees do sometimes consider the same agenda item(s) to provide assurance to the Board from different perspectives; there was also shared NED membership across the Board Committees to facilitate the communication of issues and discussion around agenda items that fell within the remit of more than one committee. Business cases would also consider all the implications.
 - e) The working relationship with the ICB was evolving. An update on the ICB financial position was provided to each Committee meeting so there was greater awareness. Whilst no one from the ICS was a member of the FHFT Finance and Investment Committee, Kish Sidhu was a member of the ICS Financial and Performance Committee and Neil Dardis was a Board member. There was a keenness amongst the Board to have a closer relationship Board to Board.
- d. The Council of Governors **NOTED** the Finance and Investment Committee Report.

8. Governor Elections Results

- a. The Council of Governors received the results of the recent governor elections together with the voting report. The newly or re-elected governors were:
- Public: Windsor and Maidenhead – Robin Wood was re-elected for a three-year term.
 - Public: Windsor and Maidenhead – Barbara Story was elected for a three-year term.
 - Public: Rest of England – Samantha Rayner was elected for a three-year term.
 - Public: Surrey Heath and Runnymede – Ann Smith was re-elected for a three-year term.
 - Staff: Frimley Park Hospital – Udesch Naidoo was re-elected for a three-year term.
 - Staff: Heatherwood and Community Hospitals – Michael Ellis was re-elected for a three-year term.
- b. Ty Long advised that unfortunately there had been no nominations received in the South Buckinghamshire constituency and therefore the seat would remain vacant.
- c. It was reported that despite efforts to increase engagement around the elections process, there were several uncontested seats and voter turnout continued to decrease year on year.
- d. The Council of Governors **NOTED** the results of the 2023 Governor Elections.

9. Membership Update

- a. Robyn Jarrett presented the Membership Update outlining the recent membership and engagement activity, including an overview of the current number of members, demographics, and an update on engagement activities, along with the planned engagement activity for the coming months.
- b. From the update Robyn Jarrett highlighted:
- a) The Annual Members' Meeting was held in person for the first time in 4 years. The event was well received by members.
 - b) The health events, most of which were held virtually, were a good opportunity to hear about some of the services and latest developments at the Trust. Robyn highlighted the pack that had been provided to the meeting for the Governors to take away which included more information on engagement opportunities. A spreadsheet listing all the opportunities would be circulated by email. **Action: RJ**

- c) Members represent a wide demographic although some work was required to attract members in the underrepresented groups within the Trust's communities. Sarah Waldron was leading this work and would also be attending the Taste of Frimley and Wexham and recruitment events as an opportunity to engage with potential members.
- d) Other ways of engaging with members included the members eNewsletter and the Intouch magazine. The Governors were encouraged to send any feedback or ideas of topics to the Comms team for inclusion in future newsletters or magazines.

c. The Council of Governors **NOTED** the results of the 2023 Governor Elections.

10. Public Questions

- a. There were no members of the public present.
- b. No other questions were raised by those present.

11. Close

- a. **Date of next meeting**
The Chair advised that the date of the next meeting would be brought forward to ensure further governor engagement on the Strategy and the New Hospital Programme, to align with their key milestones. **Action: TL**

MEETING OF THE COUNCIL OF GOVERNORS

 27th February 2024

ACTION LOG

Agreed Action	Lead	End Date
ACTIONS COMPLETE		
8th November 2023 – 11a. Date of next meeting Reschedule the date of the next meeting.	Company Secretary	31 December 2023
8th November 2023 – 9b.b. Membership Update Circulate the spreadsheet of all the opportunities for governor involvement. Update Feb 2024: The action log of opportunities for governors to support and engage will be produced going forward, as a result of the formation of the MEG, where emphasis is now on recruiting, focusing on underrepresented areas. Recruitment events that have taken place since the last meeting: <ul style="list-style-type: none"> • New Hospital Programme various pop-up stands, and the Engagement events at Lakeside International Hotel, and at PGEC at Frimley Park which resulted in over 150 new members. • Taste of Frimley careers event at Frimley Park Hospital which resulted in over 60 new members. 	Assistant Director of Engagement	28 February 2024
ACTIONS IN PROGRESS		
16th September 2021 – 5 Complaints and PALS Report Confirm the new FHFT internal complaints process once the national complaints guidance has been published. Update: March 2023 - the new NHS guidance had not been issued to date. Update September: The Chair noted that the annual complaints and PALS report was due to come to the November meeting and an update on the proposed new NHS guidance would be provided.	Chief of Nursing and Midwifery	31 March 2024
ACTIONS OVERDUE		
-	-	-

Report Title	Recruitment of Non-Executive Directors (NED)
Meeting and Date	Council of Governors, 27 th February 2024
Agenda Item	5.
Author and Executive Lead	Bryan Ingleby, Chair (on behalf of the selection panel and NERC)
Executive Summary	<p>Following a recruitment process agreed by the Council of Governors in September 2023, the COG is asked to agree the recommendation that John Lisle and Janet Rubin are appointed as Non-Executive Directors from 1 April 2024.</p> <p>The COG is also asked to agree an extension of Naeem Ahmed’s appointment as Associate Director for one year from 1 April on the same terms as current.</p> <p>COG is asked to note that further consideration will be made of the potential for a further candidate to make a non-executive contribution to the New Hospital Programme. Proposals may be brought to NERC/COG in due course.</p> <p>Background and Process</p> <p>In September 2023 the Council of Governors approved the recruitment of 2 Non-Executive Directors to start from 1 April 2024, replacing Dawn Kenson and Mike O’Donovan who are both timed out as NEDs at that point.</p> <p>The COG agreed that we should use a recruitment firm to assist us with the process, and that a competition should be run to identify that firm. A selection panel was set up to run the whole process consisting of Sarah Peacey, Kellie Meyer-Bothling, Theo Monye, Bryan Ingleby, Dawn Kenson and Neil Dardis. Matt Joint would provide HR support and Priya Singh, Chair of the NHS Frimley Integrated Care Board, advised the panel as our external representative.</p> <p>A competition was run and Audeliss was chosen as our recruitment firm. The candidate pack was prepared and agreed by the selection panel, this pack included our requirement for one financially qualified</p>

person, and one person from a more general and/or commercial background. The advert/search took place over December/part of January.

The selection panel considered all applications received and agreed a long list of seven candidates for each post. Audeliss conducted first interviews with these fourteen candidates. The selection panel then met and shortlisted three candidates in each category, six in total.

The shortlisted candidates met with a focus group of governors and a focus group of Board members on 19 February, and then underwent a final interview with the selection panel on 20 February. Neil Dardis did not take part in the final interviews given constraints on his time with his impending departure. Priya Singh was unable to join the final panel given a diary clash but took part in the shortlisting process.

Assessment process

Candidates met with a governors focus group which started with candidates considering the question "How do you see the needs of patients changing in the next 5-10 years and to what extent does an acute hospital Trust need to adapt?" followed by a wider conversation.

Candidates met with a Board members focus group comprising executives and NEDs, with candidates considering the question "What will be your personal challenges in joining the Board of the Trust, and how will you meet them?" followed by a wider conversation.

Focus groups fed thoughts back to the selection panel, who were able to incorporate any particular areas for further exploration with the candidates as part of the structured final interview.

Candidates underwent a structured final interview comprising a short talk on a subject of their choice, followed by structured Q&A including more tailored supplementaries based on their answers and focus group feedback.

Outcomes:

Finance Non-Executive Director role

Of the three candidates two were very experienced as NHS NEDs and one was new to both the NHS and this would be their first NED role. One candidate (John Lisle) was very strong. He was engaging, empathetic, very knowledgeable and experienced, clearly motivated and also very creative. The Board and Governor focus groups unanimously agreed that he was the strongest candidate.

John's background is from pharmaceuticals where he was a CEO until 2011. He then switched to the NHS, working as a COO in an NHS Trust and then a CEO in a CCG (East Berks CCG) before being Frimley ICS transition director until 2019. He has held NHS NED roles since, and is currently a NED at Buckinghamshire Healthcare NHS FT. John is clearly highly experienced, and well known in and knowledgeable about the Frimley system given his previous roles. His NED role in a neighbouring Trust is not considered a conflict of interest and his role in the Frimley system 5 years ago and, given the changes, again is not considered to be a conflict.

It is recommended that John Lisle is appointed as a NED from 1 April 2024.

General Non-Executive Director role

Of our three candidates, one was an experienced NHS executive and CEO who had recently branched out into NED roles, including having been briefly a governor at the Trust. One had a deep executive background in strategic infrastructure development and had developed a portfolio NED career although not in health. One was a career HR Director who had worked in a range of public and private sector roles, and a more recent portfolio NED career including NHS Trust roles.

One candidate (Janet Rubin) gave a very strong interview and is clearly a highly experienced NED with a grasp of strong governance and assurance. She also displayed empathy for staff and patients and could demonstrate a contribution to the transformation agenda. The panel considered feedback from Board and Governor focus group as part of the structured interviews.

Janet's background is as an HR director and she has held Board level roles with B&Q, WH Smith and Littlewoods. She pursued an interim HR Director career and was HR director with various organisations, including Harrods, various banks and insurance companies, and NHS Trusts. Alongside this interim career she has extensive NED experience including the NHS Pay Review body, senior salaries review body, Strategic Rail Authority, the Equal Opportunities Commission and, more latterly, London Northwest University Healthcare NHS Trust, and Imperial College Healthcare NHS Trust. In relation to these NHS posts she sits on the North-West London Acute Collaborative Board.

It is recommended that Janet Rubin is appointed as a NED from 1 April 2024.

Additional note

Another of the candidates showed that they would bring a very strong non-executive oversight, challenge and support to our work on the New Hospital Programme. Our work on ensuring that our internal and external governance for the programme is fit for purpose is ongoing. In due course, when our NHP governance is stabilised, we will have a better idea of how to play non-executive input into that governance. It is likely that this will need to be in addition to existing NED resources from both time and skills standpoints. This candidate may well be an ideal person to make a strong contribution. I have arranged for an exploratory conversation with this individual regarding potential future contribution.

If this does develop into a proposal this will be brought back to NERC and COG in due course, potentially summer 2024. No recommendations are made at this point.

Associate Director: Dr Naeem Ahmed

COG appointed Dr Naeem Ahmed as an Associate Director for one year from 1 April 2023. Naeem would attend Board and the QAC and would receive a fee of £5,000 reflecting the reduced duties and the fact that this is a developmental role. The role would be reassessed at the end of one year.

Naeem has contributed extremely well during the year. Neither he nor I believe that a full NED role at the Trust is appropriate for him; he is still a new consultant with considerable outside interests that take a lot of his time. Accordingly, he did not apply for the NED roles. He is however keen to extend his role as an Associate with us for another year. Given his contribution over the year I support this.

It is recommended that Dr Naeem Ahmed's appointment as an Associate Director is extended for one year from 1 April 2024 on the same terms as he currently enjoys.

Terms of the Appointment

For both John Lisle and Janet Rubin it is proposed that they are paid a remuneration of £13,000 which is the recommended amount by NHSE and the term of office would be for 3 years from 1 April 2024.

For Dr Na'eem Ahmed it is proposed that as an Associate NED his terms continue without change, being a remuneration of £5,000, and the term of office would be 1 year from 1 April 2024.

Action	<p>The Council of Governors is asked to APPROVE:</p> <ol style="list-style-type: none"> 1) the appointment of John Lisle as Non-Executive Director of Frimley Health NHS FT from 1 April 2024 for a period of three years with standard remuneration of £13,000 per annum; 2) the appointment of Janet Rubin as Non-Executive Director of Frimley Health NHS FT from 1 April 2024 for a period of three years with standard remuneration of £13,000 per annum, and 3) the 1-year extension of Na'eem Ahmed's term of office as an Associate Non-Executive Director, from 1 April 2024, with remuneration of £5,000 per annum.
Compliance	FT Code of Governance and FHFT Constitution

Report Title	Member Engagement
Meeting and Date	Council of Governors, 27 th February 2024
Agenda Item	6.
Author and Director Lead	Bryan Ingleby, Trust Chair Sarah Waldron, Membership Manager Carol Deans, Director of Communications and Engagement
Executive Summary	<p>Last summer the governors' task and finish group considered all aspects of the governor role. A number of changes have been enacted, and we have one final action to discharge which we are seeking governor support for.</p> <p>In relation to engagement, the task and finish group considered that:</p> <ul style="list-style-type: none"> • Our responsibilities on engagement needed to consider our whole populations, and • That as a membership organisation we had to respect the special status of members, without restricting our wider responsibilities. <p>As a result of the first bullet point, the community engagement group (CEG) was paused. Engagement, such as that required on the New Hospital Programme or on our Trust Strategy, is being done by the entire Council of Governors, focusing on our whole population. It is intended that this continues.</p> <p>The remaining action is to discharge the second bullet point, to ensure that we have the COG focus on those areas that pertain to our membership. We are therefore proposing to replace the Community Engagement Group (CEG) with a Member Engagement Group (MEG).</p> <p>MEG will focus on four areas:</p> <ol style="list-style-type: none"> 1. Ensuring that our membership is representative of our populations. Our current membership profile does not truly represent the diversity of our populations, its ethnic mix, and its geographical profile. This can be seen as reducing the effectiveness of the membership in providing representative insight. MEG will look to actively rebalance the membership. 2. Supporting engagement with members. Without restricting the ability of that engagement to be accessible to all.

	<p>3. Promote genuine two-way engagement. Help us to move towards a more listening Trust, receiving as well as transmitting. Whilst couched in terms of members, this will apply more widely.</p> <p>4. Support governor elections. With an ambition to increase turnout and engagement with elections.</p> <p>Does the Council of Governors support the creation of MEG on these broad terms?</p> <p>Assuming this is yes:</p> <p>Draft terms of reference for MEG are attached. These will be reviewed and agreed at the first MEG meeting, and a final version provided to COG for sign off. Do governors have any comments on the draft terms of reference?</p> <p>Governors are asked to consider whether they wish to join this new committee. Expressions of interest to Sarah or myself either at the meeting or in due course please.</p> <p>Next Steps</p> <p>MEG will meet with those governors who wish to join. Governor members of MEG will choose one of their number as chair. The group will agree the terms of reference and, with support from the Trust, discuss a forward work programme.</p> <p>COG will meet towards the end of March and the intention is that the Committee’s membership, chair, and terms of reference are confirmed at that meeting.</p>
Action	<p>The Council is asked to:</p> <ul style="list-style-type: none"> • support the replacement of CEG with MEG; • agree in principle the areas that MED will focus on; • discuss the draft terms of reference; and • consider volunteers to join the Committee
Compliance	Trust Constitution

Council of Governors

Membership Engagement Group

Terms of Reference

Purpose

As an NHS Foundation Trust, member engagement enables us to fulfil our role as a locally accountable organisation, giving members a voice and involving them in shaping the way services are provided, and contributing to the future direction of our organisation.

The purpose of the Membership Engagement Group (MEG) is to shape how Frimley Health recruits, engages, supports, sustains and communicates with its membership community and to ensure that our membership is representative of the communities we serve.

Governors play an important role in member recruitment and engagement. They are the link between members (determining their needs/views on the delivery of services) and Trust Directors who make the decisions about services (hold responsibility for delivery).

The MEG will influence opportunities for members to get involved, acting as a conduit between the organisation and members.

1. Constitution

The Council of Governors hereby resolves to establish a sub-group called the **Membership Engagement Group (MEG)**. The Group acts in an advisory capacity.

2. Authority

The Group is authorised by the Council of Governors to undertake any activity within its Terms of Reference and report back to the Council of Governors.

3. Membership

Governors will self-nominate to become members of the committee and it is anticipated that there will be 5-7 governor members at any one time.

In addition to the governors, the Director of Communications and Engagement, the Assistant Director of Engagement, and the Membership Engagement Manager will be members of the Committee.

The Committee will be supported by the Trust company secretary team.

The Committee may invite any member of the Trust staff or Board to attend a meeting, including the Non-Executive Directors.

4. Chair

The members of the committee will elect one of their number to be Committee Chair. Only governors may put themselves forward for Chair and only governors may take part in this election.

5. Quorum

The quorum is four members. The committee will only be quorate if governors are in the majority of those present. If this is not the case, business may be discussed but decisions will need to be referred to the next meeting of the committee, which may be virtual or done by e-governance.

6. Frequency and Conduct

The Group will meet at least three times a year. The Chair of the Committee may call further meetings as needed.

7. Secretariat

The company secretariat will act as Group Secretary. Papers to be circulated one week in advance of meetings.

8. Duties

On behalf of the Council of Governors, the group will:

9.1. Oversee the development of the Trust's membership (including public and staff members)

- 9.1.1. Advise on ways in which the membership can be developed to be truly representative of the local population – geographical location, ethnicity and demographics.
- 9.1.2. Adopt, review, and recommend to the Council of Governors for approval, the Trust's membership plan and receive regular updates on its implementation.
- 9.1.3. Highlight any barriers to the membership of the Trust, so that membership is open to all people who are eligible to join. Ensure that any barriers to membership are addressed.
- 9.1.4. Focus on encouraging membership amongst seldom heard groups.
- 9.1.5. Support the Membership and Engagement Manager with membership recruitment
- 9.1.6. Support the promotion of the benefits of membership, including (but not limited to) being consulted about future major plans, the opportunity to contribute to special interest groups, opportunity to stand for election as a public governor and take advantage of discounts via website [NHS Discounts.com](https://www.nhs.uk/nhsdiscounts/).

9.2. Membership Engagement

- 9.2.1. Support the creation of the forward plan for member health events.
- 9.2.2. Support with the promotion of membership events, opportunities, and benefits.

- 9.2.3. Advise the Council of Governors and the Board of Directors of any further actions that the Group feels should be taken to benefit members of the Trust or to attract further members.

9.3. Promote and support the development and implementation of an engagement plan

- 9.3.1. Ensure effective two-way communication with members, engagement at a constituency level and effective members' engagement with the Trust.
- 9.3.2. Establish, develop, and promote partnership between the Trust and the membership and in carrying out these tasks, the Group will ensure that the principles of inclusiveness are adhered to.
- 9.3.3. Monitor progress against the Trust's membership engagement plan and assure the Council of Governors that arrangements for communicating with its members meet all necessary standards and policies and procedures.
- 9.3.4. Identify ways in which the Council of Governors can increase its level of engagement with members and within constituencies and ensure that actions are taken to increase the level of engagement.
- 9.3.5. Assist the Trust Chair in engaging with members to support initiatives to meet broader Trust objectives when and where required.

9.4. Support new governor elections

- 9.4.1. Help develop plans to increase governor nominations and election turnout.
- 9.4.2. Support nominations and turnout by taking part in promotional activity to maximise people standing and voting.

9. Reporting lines

The Group will report to the Council of Governors. The minutes of meetings will be formally recorded, and a summary thereof submitted to the Council of Governors. The Group will, at least once a year, review its own performance and Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Council of Governors for approval and for the agreement of a future work plan.

10. Monitoring

The effectiveness of the Group will be monitored by the Council of Governors.

Approved by Council of Governors

Date: 27th February 2024

Review: February 2025

Report Title	Quality Account Priorities 2024 to 2025 proposals
Meeting and Date	Council of Governors, 27 th February 2024
Agenda Item	9.
Author and Executive Lead	Bethany Bal, Head of Quality and Clinical Effectiveness Melanie Van Limborgh, Chief of Nursing and Midwifery
Executive Summary	<p>Guidance/Requirements for NHS trusts to publish Quality Accounts for 2024/2025 have not yet been published. However, working on the premise that the guidance will remain in place from 2023/2024 and that an FHFT Quality Account will need to be produced and submitted by June 30th 2024, this paper identifies a set of priorities based on the following:</p> <ul style="list-style-type: none"> • End of year progress and performance of 2023/25 quality account priorities • Key safety workstreams in progress or planned for 2024/25 that will support reduction in harm to patients. • Results of the National Patient Experience survey for FHFT and working with our Trust Governors to identify a 'Governors Choice' priority to improve patient experience and care. • The Priorities following several clinical discussions at a number Trust forums including – Care Governance Committee/ NMTB/ PEF/ PEIG are: <ol style="list-style-type: none"> 1.) Improving our pressure injury prevention and management in both our acute and community hospital settings. 2.) Improving our recognition and management of sepsis in our Emergency Department, Adult, Paediatric and Maternity wards and units 3.) Improve recognition of malnutrition on admission to hospital and risk of malnutrition in hospital and interventions to manage this and to ensure our patients have a positive experience of mealtimes. 4.) To improve our patient's involvement & experience in decisions about treatment and care through Shared Decision Making (SDM)-Governors choice 5.) To improve patient, family and carers (as appropriate) experience of End of Life Care 6.) To reduce the rate of trust apportioned healthcare-associated E-coli bacteraemia related to Urinary Tract Infections associated with a urinary Catheter

	<p>For each priority option, a rationale and proposal for measurement of success has been provided. Baseline data where available has also been included.</p> <p>VTE – Reduce incidence and harm from hospital acquired pulmonary embolism was considered however the VTE assessment performance has improved in recent months and there are defined workstreams in place to address the learning related to improving our information giving and planning for discharge for our patients and their family members or carers.</p> <p>As per the Governor’s new terms of Reference they have chosen a quality account priority to focus on shared decision making.</p> <p>The timetable for the Quality Account approval & submission is including in Appendix 1.</p>
<p>Action</p>	<p>The Council of Governors is asked to APPROVE the Quality Account Priorities for the Governors Choice of Shared Decision Making in 2024/25 Quality priorities for FHFT.</p>

Improvement Priority		Rationale	How we will measure success/achievement	Current Baseline
1 Continuation from 23/24	Improving our pressure injury prevention and management in both our acute and community hospital settings	<p>In 2023/24 this priority was chosen due to an increase in Grade 2, 3 and 4 pressure injuries. In addition to this there was also a national CQUIN relating to pressure injury risk assessment and interventions.</p> <p>Whilst a reduction has been seen in grades 3, and 4 hospital acquired pressure injury the CQUIN and Fundamental and Better Care Audit results remain well below target. Delays in progression of this workstream in terms of documentation were due to a rebuild of the assessment tools/flowsheets post EPIC go live.</p> <p>Caution in continuing this indicator for 24/25 is related to the national move to the PURPOSE T risk assessment tool and grading changes. The National Wound Care Strategy Programme recommends as a minimum, an unstageable Pressure injury/Deep tissue injury must be a category 3 as a minimum. If a quality priority on pressure ulcers is chosen it is recommended that it focuses on implementation of PURPOSE T with recognition that the new grading would likely impact grade 3 or above incidents.</p>	<p>Number of reported grade 2,3 and 4 pressure injuries (and per 1000 bed days)</p> <p>Fundamental and Better Care audit (FAB)Results these measure processes in place and to achieve 90%</p>	<p>Grade 2 April to Oct 23/24= 436 (average of 62 per month)</p> <p>Grade 3 April to Oct 23/24= 12</p> <p>Grade 4 April to Oct23/24 = 3</p> <p>Total number of grade 3 & 4 in 22/23 = 78</p> <p>CQUIN performance (assessment and documentation) Q2 23/24 = 32%</p> <p>FAB results between 66% and 78% across the year to date.</p>

<p>2 Continuation from 23/24</p>	<p>Improving our recognition and management of sepsis in our Emergency Department, Adult, Paediatric and Maternity wards and units</p>	<p>In 2023/24 this priority was chosen due to our safety incident profile. Whilst significant improvement has been made in terms of the recognition of sepsis in our emergency departments and paediatric assessment units, both adult inpatient and maternity areas have not made the progress we had hoped for. Delays in implementation have been due to the need to rebuild the NEWs, MEOWs and sepsis tools post EPIC and to re-establish reporting from EPIC. New NICE guidance for recognition and management of sepsis is due from January 2024 and continuation of this priority would support the implementation of new best practice and support reduction in harm to patients</p>	<p>% of patients who trigger a NEWs, PEWs or MEOWs that requires a sepsis screen have one completed</p> <p>% of patients who screen positive for sepsis from screen who receive antibiotics with the hour</p> <p>NB: there may be changes to this metric on publication of new NICE guidance in Jan 324</p>	<p>ED screen Nov = 100% ED antibiotic Nov = 75%</p> <p>Adult inpatient screen Oct = 16%</p> <p>Adult inpatient antibiotic Oct = 100%</p>
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3 NEW	<p>Improve recognition of malnutrition on admission to hospital /risk of malnutrition in hospital and interventions to manage this and to ensure our patients have a positive experience of mealtimes. Including enough assistance to eat and drink where needed.</p>	<p>Malnutrition is common across health and social care settings in those with disease, and in older people. Malnutrition has adverse effects if unidentified and untreated. The consequences of untreated malnutrition include physical and functional decline and poorer clinical outcomes (e.g. increased infections, wounds, complications, mortality), leading to greater health care use (hospital (re)admissions, longer hospital stays.</p> <p>Our current performance relating to timely and correct risk assessments and early interventions is below our ambition of 85%. Malnutrition Universal Screening Tool (MUST) training will be moving over to mandatory training from essential and will need to be at 85% minimum.</p>	<p>Training compliance with MUST (aim 85% >)</p> <p>Fundamental and Better Care (FAB) Audit - % of risk assessments completed within 6 hours of admission and implementation of appropriate care interventions (aim 90%>)</p>	<p>MUST training compliance 74%</p> <p>Monthly scores between 54% to 85% on FAB audit</p>
		<p>Patient experience improves when they are given the appropriate help and the required time to eat and enjoy their meals uninterrupted. This is a key requirement for good nutrition and will help them to recover more quickly.</p> <p>In terms of the national inpatient survey the trust scores 'about the same' as other trusts in terms of patients who feel they get enough help from staff to eat meals, but there are differences across sites.</p>	<p>Results of observational audit programme of protected mealtime standard operating policy implementation</p> <p>Patient feedback from National and local patient surveys and PLACE results.</p>	<p>Baseline required – though PLACE review indicated this could be improved.</p> <p>National inpatient survey 22 result for help with meals Trust score 7.4 but site 2 = 5.9</p>

<p>4 NEW Governors Choice</p>	<p>To improve our patient's involvement & experience in decisions about treatment and care through Shared Decision Making (SDM)</p>	<p>Shared decision making (SDM) is a joint process in which a healthcare professional works together with a person to reach a decision about care. It involves choosing tests and treatments based both on evidence and on the person's individual preferences, beliefs and values. It makes sure the person understands the risks, benefits and possible consequences of different options through discussion and information sharing. This includes the option of no treatment. Benefits of SDM include;</p> <ul style="list-style-type: none"> • Improved patient experience • Improved patient outcomes 	<p>Metric to involve the building blocks required for SDM and a focus on one of the cancer pathways.</p> <p>Delivery of the FHFT SDM & Consent Committee Annual Workplan</p>	<p>SDMQ9 survey results – 58% Q2 of 23/24</p> <p>CQUIN 23/34 target – 75%</p>
<p>5 NEW</p>	<p>To improve patient, family and carers (as appropriate) experience of End of Life Care</p>	<p>End of life care should help patients to live as well as possible until they die, and to die with dignity. It is important patients are asked about their wishes and preferences and that these are taken into account as we work with them with you to plan their care. These care plans should support family, carers or other people who are important to the patient.</p> <p>A thematic review of our patient, family and carer experience feedback is that our communication with our patients family and carers could be improved as well as individualised care planning .</p>	<p>Improvement in National Audit for End of Life Care results for 3 indicators</p> <ol style="list-style-type: none"> 1. Individualised care planning 2. Communication with the dying person 3. Communication with families and others 	<p>Round 4 NACEL audit 22/23</p> <p>Individualised care planning score 7.1 v's 7.6 nationally</p> <p>Communication with the dying person score 7.3 v's 8.0 nationally</p> <p>Communication with families and others 5.9 v's 7.1 nationally</p>

<p>6 NEW</p>	<p>To reduce the rate of trust apportioned healthcare-associated E-coli bacteraemia related to Urinary Tract Infections associated with a urinary Catheter</p>	<p>Catheter-associated urinary tract infections cause discomfort for patients, require additional treatment for example are likely to prolong hospital stays and increase readmissions and mortality.</p> <p>Trust-apportioned E-coli bacteraemia cases sourced to urinary tract infections indicate a high number of these were associated with urinary tract infections</p>	<p>Metric to be agreed</p>	<p>Threshold set for 2023/24 (of no more than 183 cases) has been exceeded in the fourth week of December 2023.</p> <p>There has been a 23% increase in healthcare-associated E-coli bacteraemia cases compared to the same time-period in 2022</p> <p>45% of all Trust-apportioned E-coli bacteraemia cases sourced to urinary tract infections; 33% of these UTIs were associated with urinary catheters as at 04/01/24</p>
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Appendix 1

Quality Account Production and Approval Timetable

Key Dates:	
20th May 24	Head of quality to circulate 1 st draft of quality account for checking and comment to <ul style="list-style-type: none"> • Subject matter experts/data leads • Triumvirates • Executives • Deputy Medical Director & Deputy Chiefs of Nursing • NEDS on the Quality Assurance Committee (QAC)
31st May 24	All checks and feedback due in and any required changes made.
7th June 24	Head of quality to submit paper for Audit Committee on 14th June
14th June 24	Audit Committee - Final Draft quality account Following submission to Audit Committee then quality account will be sent for review and statements to <ul style="list-style-type: none"> • Commissioning group • Council of Governors • Healthwatch
20th June 24	Sign off at the QAC on this date. Head of quality to submit paper for Extraordinary Board on 27th June
27th June 24	Extraordinary Board – Final approval of Quality Account
30th June 24	Quality Account to be published.

Report Title	Patient Experience and Involvement Group Summary Minutes
Meeting and Date	Council of Governors, 27 th February 2024
Agenda Item	9.
Author and Committee Chair	Dorota Underwood, Committee Officer John Lindsay, Committee Chair
Executive Summary	<p>The attached report briefs the Council of Governors on the items discussed at the Patient Experience and Involvement Group meeting held on 11th December 2023.</p> <p>Target Review – Food, Nutrition and Hydration</p> <p>The committee was presented with the information on Food, Nutrition and Hydration. The main points highlighted included:</p> <ul style="list-style-type: none"> • Teams involved with nutrition and hydration included catering, dietetics and nursing (all nursing staff including nutrition link nurses and nutrition specialist nurses, dementia specialist nurses and infection control nurses); • To deliver suitable nutrition and hydration to patients, the team required Speech and Language Therapists, mealtime volunteers, the IT team, patients, family and friends, finance team, quality team and patient experience team; • All teams collaborated to focus on nutrition and hydration; • Dietetic Assistants work with dietitians on food and nutrition while assessing, diagnosing and treating dietary and nutritional problems; • EPIC helped with recognising a patient with a risk of malnutrition. Depending on the score the system indicates the actions and refers to a dietitian. The other information include the dietetic preferences. • There were a number of therapeutic menus in the hospital to meet individual health needs <p>The Committee was presented with the presented with detailed information on policies, guidelines and standards in particular those around Natasha’s Law, the independent review of the NHS Hospital food, Nutrition and Hydration strategy and Protected Mealtime standard operating procedure. Key points on the guidelines, policies, standards, catering system and process were highlighted:</p> <ul style="list-style-type: none"> • Staff members had a variety of training from basic food safety level 2, food safety level 4, allergen training etc; • NHS Supply chain recently introduced a new framework for vending; • The guidance on Bringing Food from Home varied across the Trust; • The Standard Operating Procedure for Mealtimes at Wexham and Frimley was relaunched pre Covid-19 and indicated necessary steps and actions prior, during and after mealtime;

- Protective Mealtime was adopted as 'good practice' by the Trust and the signs were visible on the wards and steps were put in place to ensure enough time to ensure logistics;
- Catering system differs across the sites. WPH, Heatherwood and Farnham system was cook-frozen and Frimley Fresh-cook. All sites had menus available for patients depending on the length of stay;
- Every patient should complete Malnutrition Universal Screening Tool (MUST) on admission, which was recorded on EPIC;
- Speech and Language Therapists supported people who demonstrate difficulty with swallowing;
- Patients with dietary requirements would be supported by nursing staff and ward hosts;
- Patients who meet the criteria for dietetic assessment were referred to the dietitians and the referral information will be used to triage and prioritise the patients;
- Dietitians would carry out a specialist assessment using a structured format and make evidence-based plans and review patients until they no longer require dietetic input;
- There were regular nutrition ward rounds and complex feeding MDT meetings in place for patients who required a multidisciplinary team assessment due to nutrition concerns;
- A number of pathways were developed across the sites to approach dietary requirements;
- All hospital sites offer water and hot drinks to ensure right level of hydration;
- The hospitals provided opportunities to encourage good nutrition habits;
- The quality, quantity, nutritional value and availability of food are regularly assessed at all hospital sites;
- The Trust conducted the Fundamental & Better Care Audit once a month, which focused on risk of malnutrition. The results were published and reviewed by Head of Nursing, Matrons and ward sisters;
- The main challenges included the assessments not being completed within timeframe, high weight/BMI, food and fluid charts, data quality and learning and continues improvements; and
- The food for the satellite sites was outsourced.

Quality Account Indicator

The Committee was presented with the SWOT analysis and the choice of Governor Quality Indicator. The Committee was presented with six quality indicators and were asked to consider strengths, weaknesses, opportunities and threats. The Governors were encouraged to look for an option which will demonstrate and improve the outcome for patients, be realistic in its ambition and measurable.

	<p>The Committee discussed all options in detail and considered Shared Decision Making and Nutrition as Quality Indicator Options. It was agreed to discuss it further at a separate meeting in January 2024.</p> <p>Minutes of the Quality Assurance Committee and Patient Experience Forum The Committee noted the QAC and PEF minutes.</p> <p>GEMBA Walks The Committee was presented with an update and the background on GEMBA Walks. This highlighted the GEMBA Walks were a tool used by Frimley Excellence team as part of continuous improvement programme across Frimley Health. It supports relationship development and allows the Governors to gain patients feedback, recognise achievement and good practice and flag up concerns and opportunities.</p> <p>Selection and Review of Subjects for Future Targeted Review The Committee discussed future deep-dive topics and considered communication with patients as a topic of next PEIG meeting.</p>
Action	The Council of Governors is asked to NOTE the summary minutes of the Patient Experience and Involvement Group from 11 th December 2023.
Compliance	Trust Constitution and Committee Terms of Reference.

Report Title	Patient Experience and Involvement Group Summary Minutes
Meeting and Date	Council of Governors, 27 th February 2024
Agenda Item	9.
Author and Committee Chair	Dorota Underwood, Committee Officer John Lindsay, Committee Chair
Executive Summary	<p>The attached report briefs the Council of Governors on the items discussed at the Patient Experience and Involvement Group meeting held on 24th January 2024.</p> <p>Governor Choice Quality Indicator</p> <p>The committee were asked to recommend a quality indicator to the Council of Governors. The committee noted the progress against KPIs in the chosen area would be presented at future PEIG meetings. The Governors were presented with eight choice for quality indicators. The main points highlighted included:</p> <ul style="list-style-type: none"> • The areas for focus recommended by clinicians were around patient's safety, in particular on pressure injury prevention, recognition and management of sepsis, nutrition and experience of End of Life care; • The intention behind the quality indicator choice was to add value to the patients in the areas the Governors could be involved; • The areas chosen for the quality indicators require more attention to drive the quality forward; • PEIG's Terms of Reference required the Committee to choose the quality account, which has due regard to patient experience and involvement and would also take the lead on providing the governor commentary to be included within the published Quality Account; • Shared Decision Making (SDM) area involved all care aspects for both outpatients and inpatients and is a core of patient centered care; • The chosen quality indicators need to be measured in order to see the progress; • There was a possibility to choose an area recommended by the clinicians and carry out a background work on SDM; • There should be enough resource and capacity to support the chosen area; and • The chosen indicator should make a difference to the patient experience and have meaningful support mechanism. <p>The Committee recognised that a strong case could be made for each of the eight Priority Option. However, the overwhelming consensus was that SDM was their preferred Quality Indicator for 2024/5 as it was fundamental to patient experience. It was noted the Governor choice did not limit the Trust in its selecting of other Quality Account Priority Options.</p>

	<p>The Committee discussed the ways the Governors could support the SDM Priority Indicator and the training required.</p> <p>The Patient Experience and Involvement Group RECOMMENDED that the Council of Governors ENDORSE Shared Decision-Making as the Governors choice Quality Account Indicator for 2024/25.</p> <p>Deep Dive - PEIG Meeting 18th March 2024 The Committee agreed that Patient Communication with the Hospital be the topic for a deep-dive at the next PEIG meeting on the 18th March 2024.</p> <p>Preliminary Topics for Deep Dives 2024/5 The Committee discussed Mental Health as the likely topic for the subsequent PEIG meeting on 8th July 2024.</p>
Action	The Council of Governors is asked to NOTE the summary minutes of the Patient Experience and Involvement Group from 24 th January 2024.
Compliance	Trust Constitution and Committee Terms of Reference.