



Essex Partnership University
NHS Foundation Trust

Council of Governors Meeting Part 1

Thursday 23 May 2024

EPUT

COUNCIL OF GOVERNORS PART 1

Meeting to be held on 23 May 2024, 14:45

Via MICROSOFT TEAMS

AGENDA

Vision: To be the leading health and wellbeing service in the provision of mental health and community care

1	Apologies for Absence	SS	Verbal	Noting	14:45
2	Declarations of Interest	SS	Verbal	Noting	14:46
3	Minutes of previous meeting, held on 6 March 2024	SS	Attached	Approval	14:48
4	Action Log and Matters Arising	SS	Attached	Noting	14:53
Presentation: Freedom to Speak-Up Bernadette Rochford MBE, Principal Freedom to Speak-Up Guardian					14:55
5. STANDING REPORTS					
(a)	Report from the Chair	SS	Attached	Noting	15:05
(b)	Chief Executive Officer (CEO) Report	PS	Attached	Noting	15:10
(c)	Committee Chairs Annual Report <ul style="list-style-type: none"> • Charitable Funds Committee 	MJ	Attached	Noting	15:15
6. ITEMS FOR DECISION					
(a)	Trust Constitution Review	CJ	Attached	Decision	15:20
(b)	Code of Governance Review for NHS Providers	CJ	Attached	Decision	15:25
(c)	NHS England Self-Certification: Governor Training	PG	Attached	Decision	15:30
7. ITEMS FOR DISCUSSION					
(a)	Council of Governors Effectiveness Review	CJ	Attached	Discussion	15:35
(b)	Quality Visits Thematic Review	AS	Attached	Discussion	15:40
8. ITEMS FOR NOTING					
(a)	Staff Survey Results	AM	Attached	Discussion	15:50

(b)	PLACE Audit Results	ZT	Attached	Noting	15:55
(c)	Membership / Your Voice	MD	Attached	Noting	16:00
(d)	Changes to the Council of Governors and Membership of its Committees	CJ	Attached	Noting	16:03
(e)	Lead / Deputy Lead Governor Report	JJ / PM	Attached	Noting	16:06
9.	ANY OTHER BUSINESS				16:10
10.	QUESTIONS AND ANSWERS SESSION FROM MEMBERS OF THE PUBLIC				16:20
11.	RESOLUTION Members of the public are excluded from Part 2 Council of Governors meeting having regard to commercial sensitivity and/or confidentiality and/or personal information and/or legal professional privilege in relation to the business to be discussed.				16:30
12.	DATE AND TIME OF NEXT MEETING 4 September 2024				
13.	DATES OF FUTURE MEETINGS 5 December 2024				

*Professor Sheila Salmon
Chair*

**Minutes of the Council of Governors Meeting Held in Public
On 6 March 2024
Microsoft Teams**

Attendees:

Prof Sheila Salmon (SSa)	Chair of the Trust (Chair of the meeting)
Zisan Abedin (ZA)	Staff Governor, Non-Clinical
Alivia Bray (AB)	Staff Governor, Clinical
Dianne Collins (DC)	Public Governor Essex Mid & South
Mark Dale (MD)	Public Governor, Essex Mid & South
David Finn (DF)	Public Governor, Essex Mid & South
Paula Grayson (PG)	Public Governor Bedfordshire, Luton & Milton Keynes & ROE
Sharon Green (SG)	Staff Governor, Clinical
John Jones (JJ)	Public Governor Bedfordshire, Luton & Milton Keynes & ROE
Ibrahim Lateef (IL)	Staff Governor, Clinical
Megan Leach (ML)	Public Governor, Essex Mid & South
Nicky Milner (NM)	Appointed Governor, Anglia Ruskin University
David Norman (DN)	Public Governor, Essex Mid & South
Cort Williamson (CW)	Public Governor, North East Essex & Suffolk

In attendance:

Chris Jennings (CJ)	Assistant Trust Secretary
Clare Sumner (CS)	Trust Secretary's Office Administrator
Rufus Helm (RH)	Non-Executive Director
Ruth Jackson (RJ)	Associate Non-Executive Director
Loy Lobo (LL)	Non-Executive Director
Elena Lokteva (EL)	Non-Executive Director
Jenny Raine (JR)	Non-Executive Director
Paul Scott (PS)	Chief Executive Officer
Alex Green (AG)	Executive Chief Operating Officer
Denver Greenhalgh (DG)	Senior Director of Corporate Governance
Ann Sheridan (AS)	Executive Nurse
Zephan Trent (ZT)	Executive Director of Strategy, Transformation & Digital
Angela Wade (AW)	Director of Nursing
Chloe Cawston (CC)	Service Manager for Mid Essex Inpatient Services (for Presentation)
Mike McDonnell (MM)	Lived Experience Ambassador (for item 009/24)
Morgan Smith (MS)	Assistant Psychologist (for item 009/24)
Pippa Ecclestone (PE)	Member of the Public

001/24 APOLOGIES FOR ABSENCE

Gwyn Davies	Public Governor, Essex Mid & South
Jason Gunn	Public Governor, West Essex & Hertfordshire
Pam Madison	Public Governor, Essex Mid & South

SSa welcomed everyone to the meeting.

Signed Date

002/24 DECLARATIONS OF INTEREST

There were no declarations of interest.

003/24 MINUTES OF THE MEETING (PART 1) HELD ON 13 DECEMBER 2023

PG noted on pages 2-3 of the minutes there were two references to the “principle guardian” which should be “principal guardian”.

With the above amendments, the Council of Governors agreed the minutes of the meeting held on the 13 December 2023 as an accurate record.

004/24 ACTION LOG AND MATTERS ARISING

The Council of Governors reviewed the action log from the meeting held on the 13 December 2023 and noted two actions remained open.

The first action related to the circulation of the EPUT Culture of Learning (ECOL) handbook to be circulated to the Council of Governors. The handbook was currently being reviewed and a revised version would be circulated to the Council once complete.

The second action related to establishing a meeting to discuss the relationship between EPUT and Anglia Ruskin University. SSa advised there had been a number of leadership changes at the university and this action would be taken forward once the new individuals had settled into their roles.

PRESENTATION: BRIGHTER DAYS ARE HERE TO STAY

CC delivered a presentation regarding the improvement journey undertaken in Mid Essex Inpatient services, covering the following areas:

- The start of the story for the services, including the key challenges faced, including media coverage, high sickness and low staff morale.
- The work undertaken in 2023 to improve the service and tackle the key challenges, including the key achievements for the year, such as improved staffing levels, reduction in incidents and a reduction in restrictive practice.
- Positive feedback received from patients, families and loved ones and partner services / organisations.
- The impact the changes to the service have had on the rest of EPUT, including sharing learning, leading by example and contributing to the CQC action plan.
- The work that still needed to be done going forward to ensure all challenges are resolved and positive changes are sustained.

SSa congratulated CC on the achievements and positive impact described in the presentation.

PG thanked CC for the presentation and noted the positive areas identified in staff recruitment. PG asked if there were any examples of how restrictive practice had been reduced. CC advised the team had worked on engaging with patients, including the development of sensory boxes. This would help when the patient in de-escalating and

Signed Date

guides staff in how to manage and support the individual, to avoid the need for restrictive interventions.

JJ commented on the use of prone restraint and noted it had reduced greatly over the years. JJ asked whether there was any specific that had allowed prone restraint to be reduced. CC advised it was likely due to staff having greater de-escalation skills and having the confidence through training such as TASI. The approach of engagement and sensory boxes has also helped staff in thinking differently and trying different methods to de-escalate a situation, rather than moving straight to restraint. SSa commented this was a positive holistic approach.

AS commented she had visited Galleywood Ward and felt the culture described in the presentation and observed excellent care. AG agreed and noted she had felt the difference in the services. AW agreed and noted she had visited with the ICB and patients had actively wanted to be involved in the visit to show the services.

CC left the meeting at this point.

005/24 REPORT FROM THE CHAIR

SSa presented a report providing an update to support Governors in holding the NEDs to account both individually and collectively for the performance of the board and to provide an understanding of work of the NEDs.

SSa outlined changes to the Non-Executive Directors, including the arrival of Diane Leacock, Jenny Raine and Ruth Jackson; and the departure of Manny Lewis.

PG noted the reference to MP engagement and asked whether the Trust had been successful in this. SSa advised the Trust was being more proactive with its engagement, which had led to better engagement and had been well-received.

The Council of Governors received and noted the report.

006/24 CHIEF EXECUTIVE OFFICER REPORT

PS presented a report providing a summary of key activities and information to be shared with the Council of Governors. PS advised there had been a good discussion with Governors in the CEO Briefing.

PS outlined changes to the Executive Team, including the arrival of Ann Sheridan and the departure of Frances Bolger.

The Council of Governors received and noted the report.

007/24 ANNUAL REPORT FROM THE CHAIRS OF THE STANDING COMMITTEES

i) Audit Committee

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EL presented a reporting providing a summary of the work undertaken by the Audit Committee January 2023 – January 2024. EL thanked Janet Wood as the previous Chair of Audit Committee for her work and support in the first half of the year.

The Council of Governors received and noted the report.

ii) Finance & Performance Committee

LL presented a report providing a summary of the work undertaken by the Finance & Performance Committee January 2023 – January 2024.

PG commented positively on the report and layout. PG asked whether lessons identified can consider the impact on patients / service users. LL agreed and noted the introduction of Peer Support Workers and the development of the Social Impact Strategy as examples.

The Council of Governors received and noted the report.

ZT left the meeting at this point.

008/24 QUALITY OF CARE STRATEGY

AW delivered a presentation regarding the development of the Quality of Care Strategy. The presentation included the following:

- The context of the strategy, including the people with lived experience creating the vision of the quality of services.
- Details of the enabling strategies across the Trust, in which the strategy sits, to support the Trust in the delivery of its strategic objectives and vision.
- A summary of the Quality of Care Strategy content and the proposed structure to support the delivery of the strategy.
- A detailed look at the component parts of the strategy, including Safety, Effectiveness and Experience

MM described his involvement in the development of the strategy as a Lived Experience Ambassador and described his positive experience of EPUT services. MS highlighted the Psychosis United Group as a positive example of making changes and supporting individuals in their recovery.

PG noted the excellent assurance provided by AW, MM and MS and had been going to ask for examples of co-production which had been provided by MM / MS.

PG commented the strategy did not mention Health Inequalities in detail and asked whether this could be given more prominence. MD commented the strategy had been long in development and was pleased to see it completed. MD noted the concrete examples of co-production provided by MM and advised some of the groups included in the strategy will be chaired by Lived Experience Ambassadors. MD commented the presentation was very corporate and suggested it be revised to ensure individuals are not deterred from being involved.

SSa advised the co-production conference would take place this year and hoped MM would be able to attend.

Signed Date

AW thanked MD for the comments and advised she would review the presentation for external use and references to health inequalities.

The Council of Governors received and noted the presentation.

MM and MS left the meeting at this point.

009/24 QUALITY ACCOUNT

AW presented a report providing information relating to the preparation of the Trust's Quality Account 2023/24. AW outlined the consultation process for the Quality Account. SSa suggested completing the process outside of the meeting.

The Council of Governors received and noted the report.

Action:

- 1. Undertake consultation process for the Quality Account with the Council of Governors. (AW).**

010/24 GOVERNANCE COMMITTEE ANNUAL REPORT & TERMS OF REFERENCE

JJ presented a report providing details of the work of the Council of Governors Governance Committee and the reviewed Terms of Reference for approval.

The Council of Governors received, noted the report and approved the Terms of Reference for the Council of Governors Governance Committee.

011/24 REMUNERATION COMMITTEE ANNUAL REPORT & TERMS OF REFERENCE

JJ presented a report providing details of the work of the Council of Governors Remuneration Committee and the reviewed Terms of Reference for approval.

The Council of Governors received, noted the report and approved the Terms of Reference for the Council of Governors Remuneration Committee.

012/24 TRAINING & DEVELOPMENT COMMITTEE ANNUAL REPORT & TERMS OF REFERENCE

PG presented a report providing details of the work of the Council of Governors Training & Development Committee and the reviewed Terms of Reference for approval.

The Council of Governors received, noted the report and approved the Terms of Reference for the Council of Governors Training & Development Committee.

013/24 COUNCIL OF THE GOVERNORS PROCEDURES

CJ presented a report providing the Significant Transactions Procedure and Appointment of the External Auditors procedure for approval. CJ advised a review had been completed and minor amendments made to the documents. The Council of Governors Governance

Signed Date

Committee had reviewed and agreed to recommend to the Council of Governors for approval.

The Council of Governors received, noted the report and approved the Significant Transactions Procedure and Appointment of the External Auditors Procedure.

014/24 MEMBERSHIP / YOUR VOICE

MD presented a report providing information on the current Membership of the Trust as at January 2024 and details of upcoming Your Voice meetings. MD highlighted the Your Voice meeting for Essex Mid & South and asked Governors to volunteer to chair the meeting.

The Council of Governors received and noted the report.

015/24 ELECTIONS TO THE COUNCIL OF GOVERNORS

CJ presented a report providing details of the Governor Election programme and timetable for 2024. SSa suggested linking with Communications to ensure individuals are encouraged to volunteer for the vacancies.

The Council of Governors received and noted the report.

016/24 CHANGES TO THE COUNCIL OF GOVERNORS AND MEMBERSHIP OF ITS COMMITTEES

CJ presented a report providing details of current sub-committee membership and attendance at the Council of Governors. CJ advised there had been no changes to the composition since the previous meeting and highlighted the current committee vacancies.

The Council of Governors received and noted the report.

017/24 LEAD / DEPUTY LEAD GOVERNOR

JJ presented a report providing an update on activities involving the Lead and Deputy Lead Governors. JJ highlighted the last meeting of the Network of Lead Governors and highlighted some of the key discussion points.

The Council of Governors received and noted the report.

018/24 ANY OTHER BUSINESS

None.

019/24 QUESTIONS AND ANSWERS SESSION

PE commented on the excellent presentation at the beginning of the meeting. PE commented on the lack of communication received for members. DG advised the Membership Strategy was in place which included the aim to improve communication with members and this would be taken forward. MD highlighted the Membership Metrics report and noted the low percentage of members opening emails when circulated by the Trust and

Signed Date

therefore there was a need to think wide than using the membership database as the only method of communication.

020/24 DATE AND TIME OF NEXT MEETING

The next meeting of the Council of Governors is scheduled for Thursday 23 May 2024 at 14:45 via Microsoft Teams.

DRAFT

Signed Date

In the Chair

ESSEX PARTNERSHIP UNIVERSITY NHS FT

Council of Governors Meeting
Action Log (following Part 1 meeting held on 6 March 2024)

Lead	Initials	Lead	Initials	Lead	Initials
Angela Wade	AW	Sheila Salmon	SSa		
Moriam Adekunle	MA				
Chris Jennings	CJ				

Requires immediate attention /overdue for action	
Action in progress within agreed timescale	
Action Completed	
Future Actions	

Minutes Ref	Action	Owner	Dead - line	Outcome	Status Comp/ Open	RAG rating
March 010/24	Undertake consultation process for the Quality Account with the Council of Governors.	AW	May-24	Draft Quality Account included on the agenda for Part 2 Council of Governors on 23 May 2024.	In progress	
December 062/23	Circulate copy of the EPUT Culture of Learning (ECOL) handbook to Governors.	MA	Mar-24	Revised handbook circulated via the Governor Update 17 May 2024	Closed	
	Review feedback form for service visits to include questions regarding any recent learning.	CJ	Mar-24	This action has been superseded by the Quality Visit Framework which will introduce a wide range of information prior to any visits, including key learning.	Closed	
November 041/22	Develop a session with Governors to discuss the relationship between EPUT and Anglia Ruskin University.	SSa / CJ	Apr-23 Oct-23 Apr-24	Joint Board of Directors / Council of Governors Seminar Session held on 17 April 2024 included Education Briefing, which covered the relationship between EPUT and higher education institutions.	Closed	

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1	Agenda Item: 5a
		23 May 2024

Report Title:	Report from the Chair					
Executive/ Non-Executive Lead:	Professor Shelia Salmon, Chair					
Report Author(s):	Angela Laverick, PA to Chair, CEO and NEDs					
Report discussed previously at:	N/A					
Level of Assurance:	Level 1		Level 2	✓	Level 3	

Purpose of the Report	
This report provides the Council of Governors an update report from the Chair of the Trust in support of Governors holding the Non-Executive Directors to account both individually and collectively for the performance of the Board and to provide an understanding of the work of the Non-Executive Directors.	Approval
	Discussion
	Information
	✓

Recommendations/Action Required
The Council of Governors is asked to: <ol style="list-style-type: none"> 1 Note the contents of the report 2 Request any further information or action.

Summary of Key Issues
The report provides an overview of the Chair’s, Non-Executive Directors’ and Board related activities since the last report to the Council of Governors.
An update report from the Chair of the Trust will be provided at each general meeting of the Council of Governors.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	
Data quality issues	
Involvement of Service Users/Healthwatch	
Communication and consultation with stakeholders required	
Service impact/health improvement gains	
Financial implications:	<p style="text-align: right;">Capital £ Revenue £ Non Recurrent £</p>
Governance implications	✓

Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	YES/NO	If YES, EIA Score	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	✓
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			

Supporting Reports/ Appendices /or further reading
Report from the Chair

Lead
Professor Sheila Salmon Chair

REPORT FROM THE CHAIR

1.0 PURPOSE OF REPORT

This paper presents an update report from the Chair of the Trust in support of Governors holding the Non-Executive Directors (NEDs) to account both individually and collectively for the performance of the Board and to provide an understanding of the work of the Chair, NEDs and Board of Directors. This report covers the period since the last report to the Council of Governors.

2.0 ACTIVITY UPDATE FROM CHAIR AND NEDS**i) Professor Sheila Salmon**

Governor elections will take place in June 2024, with vacancies for two staff governors, one clinical and one non-clinical, as well as vacancies for public governors in north east Essex and Suffolk, and west Essex and Hertfordshire. Workshops were held during April for any staff members wishing to find out more about the role with nominations to become an EPUT Governor open from 17 April. Information is also available on the EPUT website for more information and how to apply to vacant governor positions.

As Governors are aware, the end of year appraisals / objectives review process for non-executive directors has now concluded for 2023/24. The appraisals included a performance review against corporate, personal and development objectives over the past year and identified objectives for the coming year. The past year has seen significant changes to the non-executive directors, with two longstanding NEDs leaving the Trust after serving full terms in office. A third NED suffered a long period of unexpected absence through the year due to acute ill health and resigned in March 2024. With the support of governors, the Trust was able to recruit four high quality individuals at specific points during the year to enable transition to happen as seamlessly as possible. Alongside significant change within the Executive Team with the appointment of a new Executive Chief People Officer and Executive Nurse, a refreshed Unitary Board is now in place and continuing to function strongly and dynamically. I believe that the appointments made are strong and bring a wealth of knowledge, experience and approach that will complement the existing Board members to lead the organisation successfully into the future.

The NEDs and I continue to visit services across the geography of the Trust. This is a welcome opportunity to visit our staff on the front line to see and hear first-hand the challenges they face as well as the continuing dedication to support our patients. Since the last COG meeting, visits have included: Brockfield House, Rainbow Centre, Linden Centre, Crystal Centre, Basildon MHU, St Aubyn Centre, Kingswood Centre, Eating Disorders Team, Chaplaincy team, Family Group Conferencing, Specialist Community Forensic Team and Severalls House.

ii) Loy Lobo

The past three months have had two main focal points for activity:

1. Closing out the last financial year and planning for the year ahead.
2. Preparing the Final Business Case (FBC) for the Unified EPR for submission.

The Finance team put in extraordinary effort to meet the committed targets for the year. They kept the NEDs informed about their challenges and progress. The pressure did not lift after the year closing as the planning guidance for the next financial year only arrived at the very last minute, not giving the team any respite. Achieving the targets for the year ahead will require the same financial discipline and attention to detail that I have observed the team demonstrate during my tenure so far and I have no reservations in expressing my commendations.

The Unified EPR project has now been named Nova. The FBC for Nova has been built up and tuned over the last quarter. As I write this report, I am yet to catch up with my email backlog from the past

two weeks when I've been away, but I am expecting the case to be submitted soon for final approval. It will mark the formal initiation of most forward-looking EPR implementation in England and there is a palpable sense of excitement amongst the team.

Amidst this flurry of activity, I visited three services virtually on the same day. I have been keen to try this model to get out to as many community services as possible. The teams visited found the visits useful and it has triggered some follow-on actions to highlight the issues being faced by the teams and to find resolutions or mitigations.

I also had a thought provoking discussion with Oxevision regarding their Research & Development activities and product development roadmap. We are exploring options for using the sensor data to predict potential crises before there is any overt physical manifestation. If the research hypothesis is proved correct, we could have a powerful tool to guide the timing and content of therapeutic interventions to further improve the quality and outcomes of our inpatient services.

iii) **Dr Mateen Jiwani**

It's been a busy time for the Non-Executive Director role, and we I been working hard on standardising committees as well as reviewing any memberships. I continued to attend Board, Board Seminars, Quality Committee, Audit Committee, Charitable Funds Committee, which I am now chairing. The Charitable Funds Committee has now got a steady change in its strategy to further involve other people but also create an ambition for larger footprint within the organisation. I've been attending the Unified Board Meetings for the EPR programme which is well underway with its business case. I've attended Remuneration & Nominations Committee, Council of Governors and People, Equality & Culture Committee and trying to understand how the committees all worked together.

Additionally, I've been involved in strategic meetings with Anglia Ruskin University and ourselves to ensure a further cemented partnership developing the conference for this year and handing over to more executive colleagues to ensure the sustainability of such commitment with our academic partners. Equally, I've been now comfortably overseeing as co-chair of the Lampard Inquiry Oversight Committee, and this has now come to settle down in its assurance metrics to oversee the relationship and the continued progress of facilitating the inquiry true to its success. This inquiry committee is now in regular momentum as the new terms of reference have been published by the Chair of the inquiry.

I have undertaken a number of visits across the organisation focused on West Essex and more recently at the New Mental Health Urgent Care department in Basildon which will be in place for continuous assessment as part of its ongoing progress. It was the first of the visits that we are now doing alongside the Executive Team, and I was pleased to be alongside our new Executive Chief Nurse during this visit. I was pleased to see the impact we are having on the local emergency departments in the acute trusts. I am now challenging who we triangulate this information/data to help show the work the organisation does to benefit our users.

I am now also attending the Herts and West Essex Trust Chair's meeting on behalf of Professor Sheila Salmon and have been continuously involved with these meetings with our local partners in the region to demonstrate our visibility and continuous engagement with partners across the integrated care system.

iv) **Dr Rufus Helm**

The new Quality of Care strategy continues to bed down with the opportunity to provide assurance through a slicker, more focused Quality Committee. We await the team's proposals for a new set of Key Performance Indicators to support this work.

A busy few months for service visits where I met with a number of great clinical and corporate services, including:

- Crisis Resolution and Home Treatment Team - doing a difficult job balancing risks while trying to maintain people with mental health issues in their own communities
- Vulnerable Adult Outreach Service - providing support to particularly vulnerable populations such as immigrants and rough sleepers in and around Ipswich

- Our ground-breaking Urgent Treatment Centre which continues to go from strength to strength
- Our Communications team, who are doing a fantastic job communicating the stories our services have to tell about the work they do to internal and external audiences.

In addition to that, I met up with Paul Taylor (Interim Director –for Education & Learning) and his team together with Moriam Adekunle, our Director of Safety to discuss how Patient Stories and other material could be incorporated into the process of incident resolution in order to provide targeted learning for individuals and teams in a timely manner.

v) Elena Lokteva

It has been a particularly busy period for the Audit Committee in connection with the annual report and financial statements preparation. The Trust has moved to major local audit category, applied IFRS16- PFI, provided for Statutory Inquiry costs. I would like to take this opportunity to thank our finance team for going through these busy months and meeting all challenging deadlines.

In my capacity as NED, I actively participated in the Board meetings, Lampard Inquiry Oversight, Remuneration & Nominations Committee and Quality Committees and chaired two Audit Committees and the Annual Accounts Page Turn Session.

I continue to dedicate time to learning about our patients and staff experiences to ensure that we foster a culture of care, empowerment and continuous learning. During the reporting period, I visited Rainbow Mother and Baby Unit, Linden Centre, Crystal Centre and St. Aubyn Centre; participated in Your Voice Essex Mid & South and West Essex & Hertfordshire sessions and participated in Bedfordshire, Luton & Milton Keynes Constituency Meeting.

To keep abreast of both the dynamics of integrated care and governance best practices, I have attended NHS Confederation Mental Health Network Annual Conference and participated in NHS providers training Working with governors. This helped me to learn best practices and better understand a Board role in ensuring collaboration in times of change

vi) Jenny Raine

In the last two months I have been completing my induction process to the Trust including my first service visit, attendance at an accountability review, an introduction to the Trust estate and attending “Your Voice” sessions, all of which are helping to give me a good overall view of the Trust and its wide range of activity. I have been very impressed by the enthusiasm and commitment of staff and of their willingness to discuss candidly the opportunities and challenges in their services.

I attended a seminar run by the Good Governance Institute and hosted by Sir David Nicholson which was very useful to reflect on the behaviours and qualities of good non executives especially focussing on those who have held previous executive roles. I have had my annual appraisal with the Governors which was another useful opportunity to reflect on the ways I can contribute to the Trust most effectively.

In light of Loy’s increasing responsibilities I have been asked and agreed to take over the Chairing of the Finance and Performance Committee and will work with Loy over the summer to ensure a smooth handover.

vii) Diane Leacock

In the period since my last update to the Council of Governors, I have attended and contributed to the March Board, NED Discussion Groups, the Lampard Inquiry Oversight Committee, and the Finance & Performance Committee. I also chaired my first People, Equality & Culture Committee meeting in late April, following Manny Lewis’ departure. Additionally, I attended the recent “Your Voice” sessions for West Essex & Hertfordshire and North East Essex & Suffolk, an informal meeting with between Governors and non-executive directors, and a joint seminar for the Council of Governors and the Trust Board. I also met with the Trust’s Employee Experience Managers to better understand how the Trust is providing for staff health and well-being.

I was pleased to be able to improve my learning by undertaking three service visits. I first visited Brockfield House with fellow NED colleague Jenny Raine in mid-March and was impressed by the very positive attitude of staff and their willingness to speak openly about some challenging issues.

Earlier this month, I visited the St Aubyn Centre which was a very welcoming environment benefiting from very dedicated and passionate staff and the involvement of service users in décor and design.

In the past fortnight, I also visited the Linden Centre and the Crystal Centre and I was met by very passionate and enthusiastic staff who were proud of the great work they were doing with service users. My final visit in the month was to the Kingswood Centre where I met very enthusiastic and caring staff who were really keen to improve the experience of service users.

3.0 RECOMMENDATIONS AND ACTION REQUIRED

The Council of Governors is asked to:

1. Note the content of this report.

Report prepared by
Angela Laverick
PA to Chair, Chief Executive and NEDs

On behalf of
Professor Sheila Salmon
Chair

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1	Agenda Item: 5b			
		23 May 2024			
Report Title:	Chief Executive Officer (CEO) Report				
Executive/ Non-Executive Lead:	Paul Scott, Chief Executive Officer				
Report Author(s):	Paul Scott, Chief Executive Officer				
Report discussed previously at:	N/A				
Level of Assurance:	Level 1	✓	Level 2		Level 3

Purpose of the Report	
This report provides a summary of key activities and information to be shared with the Council of Governors.	Approval
	Discussion
	Information
	✓

Recommendations/Action Required
The Council of Governors is asked to:
1 Note the contents of the report

Summary of Key Issues
The report attached provides information on behalf of the CEO and Executive Team in respect of performance, strategic developments and operational initiatives.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	
Data quality issues	
Involvement of Service Users/Healthwatch	
Communication and consultation with stakeholders required	
Service impact/health improvement gains	
Financial implications:	
	Capital £
	Revenue £
	Non Recurrent £
Governance implications	
Impact on patient safety/quality	
Impact on equality and diversity	
Equality Impact Assessment (EIA) Completed	YES/NO
	If YES, EIA Score

Impact on Statutory Duties and Responsibilities of Council of Governors

Holding the NEDs to account for the performance of the Trust	✓
Representing the interests of Members and of the public	✓
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report

CEO	Chief Executive Officer		
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Supporting Reports/ Appendices /or further reading

Chief Executive Officer Report

Lead

Paul Scott Chief Executive Officer

CHIEF EXECUTIVE OFFICER REPORT

1. UPDATES**1.1 Changes to Executive Team**

I am pleased to report that Andrew McMenemy has now joined EPUT as Executive Director of People and Culture. Andrew brings a wealth of experience to EPUT with a health care career spanning over 28 years. He has worked in an Executive role on four trust boards and joins us from West Essex Hertfordshire teaching Hospitals NHS Trust where he held the role of Chief People Officer.

Andrew is passionate about inclusion, wellbeing and staff development so I know he will be keen to meet with as many colleagues as possible in the coming months. We are delighted to have Andrew with us and I am sure you will all join me in welcoming him.

I would like to take this opportunity to thank Marcus Riddell for his support and leadership of People and Culture over the last few months. Sadly, Marcus will be leaving us in June to take on the role of Chief People Officer at Hertfordshire NHS Trust. The rest of the Executive team and I wish Marcus every success for the future in his new role.

1.2 Engagement with Local MPs

As part of our continued commitment to engage proactively with local Members of Parliament with constituencies serviced by EPUT services, we continue to provide regular updates on Trust news and hold regular briefings either face to face or online. Members of the Executive Team recently attended a joint MP briefing with system partners from the Mid and South Essex Integrated Care Board (ICB) and Mid & South Essex Foundation Trust (MSEFT) which was well attended and well received. Nigel Leonard and I also meet with Priti Patel MP and John Whittingdale MP to discuss services across the Trust within their constituencies and the Lampard Inquiry. The Trust's Employment Service also recently received a welcome visit from Vicky Ford MP, hosted by our Deputy Chief Executive and Executive Chief Operating Officer, Alex Green.

The Trust was recently mentioned in the House of Commons as part of questions to the Secretary for Health and Social Care. At these regular sessions, MPs from across the country can apply to raise questions or ask the House to join them in making statements about services in their area. Stephen Metcalfe, MP, Member for South Basildon and East Thurrock, asked the Minister to join him in recognising the good work we've been doing "to improve mental health outcomes, including the creation of a pioneering 24/7 urgent mental health care centre, providing urgent help when it is needed". It is so encouraging to hear such positive conservation about the huge strides we are making.

1.3 Electronic Patient Record (EPR)

As Governors will be aware, we have recently announced that we are progressing to final business case for an Electronic Patient Record (EPR) Programme across EPUT and Mid and South Essex Foundation Trust. This will be a critical programme at the heart of how we ensure we have a unified system to improve communication and information sharing between clinical teams. To select a name for the programme, which is critical and at the heart of how we ensure we have a unified system to improve communication and information sharing between clinical teams, colleagues from across both Trusts have been involved and have selected "Nova".

1.4 Positive Practice in Mental Health Awards

Colleagues from the Trust were recognised for their outstanding work at the recent Positive Practice in Mental Health Awards. The Personality Disorder and Complex Needs Service User Network (SUN) were named winner of the Complex Mental Health Needs Award for their work in supporting people with personality disorders and complex needs, and their families and carers. Our Lived Experience Ambassador, Martine Jeremiah and Colleagues from the Urgent Care and Inpatients

Care Unit were highlight commended on their work to update our therapeutic engagement and supportive observations policy for all inpatient wards across the Trust. We have a huge amount to be proud of within the Trust and it is fantastic for colleagues to be recognised for their hard work and dedication to providing effective services for our service users.

1.5 Lampard Inquiry

As Governors will be aware the Terms of Reference for the Lampard Inquiry were confirmed by the Secretary of State for Health and Social Care on 10 April. Investigations have been extended to the end of 2023 and the internal Inquiry Team have taken time to go through the Terms of Reference to understand the implications for the Trust and our partners. Dedicated intranet pages are in place to ensure information and support continues to be available for our staff.

To ensure managers across EPUT are equipped with the most accurate information about the Inquiry to effectively support their staff, management development programme sessions have been scheduled. These sessions will cover the Terms of Reference and Scope of the Inquiry, how EPUT is affected by the Inquiry and the role of staff members throughout. They will also include the expectations of staff in the completion of witness statements, attending public hearings, and what support is available to staff who are affected by the Inquiry.

I recently met with the Chair of the Inquiry, Baroness Lampard, where I emphasised our commitment to do all we can to support the Inquiry to deliver on its terms of reference. As a Trust we welcome the progress of the Inquiry and will be doing all we can to support the Lampard Inquiry Team so that they can deliver the answers that patients, families and carers deserve.

1.6 Launch of the Quality of Care Strategy

With a continued focus on improving care and services across the Trust, and have recently launched our Quality of Care Strategy which focusses on how safety, effectiveness and people's experiences are the three foundations for delivering consistent and reliable care. We have adopted new guideline principles for delivering great care and putting people at the heart of everything we do and build on the significant improvements we have achieved through the Safety First, Safety Always three year strategy which was launched in 2020.

As part of this holistic approach to care, we also launched our new Quality Senate, with the inaugural meeting held 07 May. The Quality Senate will bring together a panel of colleagues and people with lived experience. This will ensure our care in priority areas is evidence based and using best practice.

Report prepared by:

**Paul Scott
Chief Executive Officer**

		Agenda Item No: 5c			
SUMMARY REPORT		COUNCIL OF GOVERNORS PART 1		23 May 2024	
Report Title:		Annual Report from the Chairs of the Standing Committees:			
		<ul style="list-style-type: none"> • Charitable Funds Committee 			
Report Lead:		Dr Mateen Jiwani, Chair of Charitable Funds Committee			
Report Author(s):		Carol Riley, PA to Executive Chief Finance Officer			
Report discussed previously at:		N/A			
Level of Assurance:		Level 1		Level 2	✓ Level 3

Purpose of the Report	
This report provides the Council of Governors with a summary of work undertaken by the Charitable Funds Committee.	Approval
	Discussion
	Information
	✓

Recommendations/Action Required
The Council of Governors is asked to
1. Note the contents of the report

Summary of Key Issues
The Trust Standing Committees are an integral part of the Trust's corporate governance arrangements and committee structure, which has been established in line with statutory and regulatory requirements.
The attached annual reports provide assurance that the Charitable Funds Committee has been fulfilling its Terms of Reference, that any issues and recommendations identified were escalated to other committees and/or Board as appropriate, and that all risks were recorded on the appropriate risk registers.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:		
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives		✓
Data quality issues		
Involvement of Service Users/Healthwatch		
Communication and consultation with stakeholders required		
Service impact/health improvement gains		
Financial implications:		n/a
Governance implications		✓
Impact on patient safety/quality		✓
Impact on equality and diversity		
Equality Impact Assessment (EIA) Completed	YES/NO	If YES, EIA Score

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	✓
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report		

Supporting Documents and/or Further Reading
Accompanying Report

Lead
Dr Mateen Jiwani Non-Executive Director / Senior Independent Director Chair of the Charitable Funds Committee

**BOARD STANDING COMMITTEE REPORT
 CHARITABLE FUNDS COMMITTEE
 1 APRIL 2023 – 30 APRIL 2024**

1.0 INTRODUCTION AND PURPOSE OF THE REPORT

This report provides the Council of Governors with a summary of work undertaken by the Charitable Funds Committee.

On review of the minutes, assurance is provided that they had been fulfilling their terms of reference and that any issues and recommendations identified were escalated to other committees and / or the Board as appropriate, and that all risks were recorded on the appropriate risk registers.

2.0 CHARITABLE FUNDS COMMITTEE

Membership	Administration
<ul style="list-style-type: none"> • The Committee was chaired during the year by Dr Mateen Jiwani. • The Committee is supported by Officers of the Charitable Fund holders, Head of Financial Accounts and Independent Financial Advisors (as necessary or required). • Meetings are held as required. • The three meetings held met the obligations regarding membership, attendance and quoracy. 	<ul style="list-style-type: none"> • The Committee meetings are call as required. • Administration relating to Committee business was undertaken by the Executive Assistant to the Executive Chief Finance Officer. In line with the terms of reference, the agenda and accompanying papers were circulated to members during the week prior to each meeting. • The Chair provides a highlight report on Committee business at the following Trust Board meeting. • Committee minutes are signed as a true record of the meeting.

- A full review of the Charities activities will be published in the Charitable Funds Annual Report and Accounts for 2022/23.

Terms of Reference

The Board of Directors act as ‘corporate trustee’ with day to day management of the funds delegated to the Charitable Funds Committee as per the Trust’s standing orders and schemes of delegation. The duties of the Committee includes:

- Investing, managing and spending charitable donations efficiently in accordance with the Trustee Act 2000 and in line with its charitable objects
- Maintaining a proper distinction between the Corporate Trustee’s responsibilities as a trustee and EPUT’s other functions
- Acting in accordance with the conditions for which a donation is made and keeping general funds separate from designated funds.

The Charitable Funds Committee has been fulfilling its terms of reference during the period of 01 April 2023 and 30 April 2024.

Items the Committee dealt with during the period April 2023 – April 2024:

- Terms of Reference reviewed
- Workplan 2023/24 was approved
- Report of the Financial Trustee
- General bidding process
- M&G Equities Investment Fund for Charities (Charifund)
- Risk Identification
- Communications – Promote awareness of charitable funds and how to increase donations
- Proposal from Independent Advisor

Items of learning identified by the Chair of the Committee during the period April 2023 – April 2024:

This year has been a strategic decision to start setting the vision and progress for improving the charity’s presence and footprint in the organisation. The team has been working hard on ensuring good communication on the spend on projects and services for the charity to showcase the use of its fund for the improvement of service delivery.

The Charitable fund team has been working to put together a strategic plan, now in its infancy, to help steer the ambition moving forward. This also means resetting the investment strategy and additionally divesting underused funds into areas where we can utilise the previously restricted funds.

There are no new risks identified, as there has been work on looking at investment strategies and a potential to get external support in working closer with local businesses and organisations to help promote and further enhance the charitable offer.
My thanks to the team for their hard work this year.

3.0 ACTION REQUIRED

The Council of Governors is asked to:

- Note the contents of the report

**Report prepared by
Carol Riley,
Executive Assistant to the Executive Chief Finance Officer**

On behalf of:

**Dr Mateen Jiwani
Non-Executive Director / Senior Independent Director
Chair of the Charitable Funds Committee**

Agenda Item No: 6a

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1		23 May 2024			
Report Title:	Trust Constitution Review					
Report Lead:	Chris Jennings, Assistant Trust Secretary					
Report Author(s):	Chris Jennings, Assistant Trust Secretary					
Report discussed previously at:	Council of Governors Governance Committee 1 May 2024					
Level of Assurance:	Level 1		Level 2	✓	Level 3	

Purpose of the Report

This report provides the reviewed Trust Constitution for approval.	Approval	✓
	Discussion	
	Information	

Recommendations/Action Required

The Council of Governors is asked to:

1. Approve the reviewed Trust Constitution for onward presentation to the Board of Directors.

Summary of Key Issues

The Trust is required to undertake a review its Constitution on an annual basis. The last review of the Constitution took place in May 2023, where an external review was undertaken against the new Code of Governance for NHS Providers and Health & Care Act 2022.

The review of the Trust Constitution required approval from the Council of Governors and the Board of Directors.

The Trust Constitution has been reviewed and very minor amendments made. The Council of Governors considered the reviewed Constitution at its meeting on the 1 May 2024 and agreed to recommend this to the Council of Governors for approval. The Constitution was circulated to the Board of Directors and Council of Governors for consultation. Responses were received, with no additional amendments identified.

The amended version of the Trust Constitution is attached as Appendix 1.

Relationship to Trust Strategic Objectives

SO1: We will deliver safe, high quality integrated care services	
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	
SO4: We will help our communities to thrive	

Which of the Trust Values are Being Delivered

1: We care	
2: We learn	
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:

Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	
--	--

Data quality issues	
Involvement of Service Users/Health watch	
Communication and consultation with stakeholders required	
Service impact/health improvement gains	
Financial implications:	
Capital £	
Revenue £	
Non Recurrent £	
Governance implications	✓
Impact on patient safety/quality	
Impact on equality and diversity	
Equality Impact Assessment (EIA) Completed	YES/NO
	If YES, EIA Score

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	✓
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report	
CoG	Council of Governors

Supporting Documents and/or Further Reading
Appendix 1: Trust Constitution

Lead
Chris Jennings Assistant Trust Secretary

20240631

Essex Partnership University NHS Foundation Trust
Constitution

**Approved by Council of Governors 23 May 2024 and
Board of Directors 5 June 2024
Next Review Date: 30 June 2025**

TABLE OF CONTENTS

Paragraph

1.	Interpretation and Definitions.....	5
2.	Name	6
3.	Principal Purpose	6
4.	Powers.....	7
5.	Membership and Constituencies	7
6.	Application for Membership	7
7.	Public Constituency	8
8.	Staff Constituency	8
9.	Automatic Membership by Default – Staff	9
10.	NOT USED	9
11.	NOT USED	9
12.	Restriction on Membership	9
13.	Annual Members’ Meeting	9
14.	Council of Governors – Composition	9
15.	Council of Governors – Election of Governors.....	10
16.	Council of Governors – Tenure.....	10
17.	Council of Governors – Disqualification and Removal.....	11
18.	Council of Governors – Duties of Governors	11
19.	Council of Governors – Meetings of Governors.....	12
20.	Council of Governors – Standing Orders	12
21.	NOT USED	12
22.	Council of Governors – Conflicts of Interest of Governors.....	12
23.	Council of Governors – Travel Expenses	13
24.	Council of Governors – Further Provisions	13
25.	Board of Directors – Composition.....	13
26.	Board of Directors – General Duty.....	13
27.	Board of Directors – Qualification for Appointment as a Non-Executive Director	14
28.	Board of Directors – Appointment and Removal of Chair and Other Non- Executive Directors.....	14

29.	NOT USED	15
30.	Board of Directors – Appointment of Vice-Chair, Acting Chair, Senior Independent Director and Deputy Chief Executive	15
31.	Board of Directors – Appointment and Removal of the Chief Executive and Other Executive Directors.....	15
32.	NOT USED	16
33.	Board of Directors – Disqualification.....	16
34.	Board of Directors – Meetings	17
35.	Board of Directors – Standing Orders.....	18
36.	Board of Directors – Conflicts of Interest of Directors.....	18
37.	Board of Directors – Remuneration and Terms of Office.....	19
38.	Registers	19
39.	Admission to and Removal from the Registers.....	20
40.	Registers – Inspection and Copies	20
41.	Documents Available for Public Inspection.....	20
42.	Auditor	22
43.	Audit Committee	22
44.	Accounts.....	22
45.	Annual Report, Forward Plans and Non-NHS Work.....	22
46.	Presentation of the Annual Accounts and Reports to the Governors and Members.....	23
47.	Instruments.....	23
48.	Amendment of the Constitution	24
49.	Mergers, etc, and Significant Transactions.....	24
50.	Indemnities	25
	ANNEX 1: THE PUBLIC CONSTITUENCIES.....	26
	ANNEX 2: THE STAFF CONSTITUENCY.....	27
	ANNEX 3: NOT USED.....	28
	ANNEX 4: COMPOSITION OF COUNCIL OF GOVERNORS.....	29
	ANNEX 4.1: NOT USED	30
	ANNEX 5: THE MODEL ELECTION RULES.....	30
	ANNEX 6: ADDITIONAL PROVISION – COUNCIL OF GOVERNORS.....	30
	ANNEX 7: STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS	36

ANNEX 8: STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE BOARD OF DIRECTORS.....37

ANNEX 9; FURTHER PROVISIONS38

ANNEX 10: ANNUAL MEMBERS' MEETING.....41

1. Interpretation and Definitions

- 1.1 Unless otherwise stated, words or expressions contained in this constitution shall bear the same meaning as in the 2006 Act as amended by the 2012 Act and the 2022 Act.
- 1.2 Words importing the plural shall import the singular and vice-versa.
- 1.3 The **2006 Act** is the National Health Service Act 2006
- 1.4 The **2012 Act** is the Health and Social Care Act 2012
- 1.5 The **2022 Act** is the Health and Care Act 2022
- 1.6 **Annual Members' Meeting** is defined in paragraph 13 of the Constitution
- 1.7 **Board of Directors** or **Board** means the Chair, Executive and Non-Executive Directors of the Trust collectively as a body in accordance with this Constitution
- 1.8 **Board of Directors Nominations Committee** means a committee of the Board described in paragraph 30.4 of the Constitution
- 1.9 **Constitution** means this constitution which has effect in accordance with Section 37(1) of the 2006 Act
- 1.10 **Council of Governors or Council** means the Council of Governors of the Trust as described in paragraph 14 of this Constitution
- 1.11 **Chair** is the person appointed as Chair of the Board of Directors (and Chair of the Council of Governors) under paragraph 28 of this Constitution
- 1.12 **Chief Executive** is the person appointed as the Chief Executive Officer of the Trust under paragraph 31 of this Constitution
- 1.13 **Directors** means the Executive and Non-Executive members of the Board of Directors
- 1.14 **Executive Director** means a member of the Board of Directors appointed under paragraph 25 of the Constitution
- 1.15 **Member** means a person registered as a member of one of the constituencies set out in paragraph 5 of this Constitution
- 1.16 **Model Election Rules** means the Model Election Rules published by Department of Health and/or NHS Providers
- 1.17 **NHS England** is the body corporate as provided by Section 1H of the 2012 Act

- 1.18 Non-Executive Director** means a member of the Board of Directors, including the Chair, appointed by the Council of Governors under paragraph 28 of the Constitution
- 1.19 Officer** means an employee of the Trust or any person holding a paid appointment or office with the Trust
- 1.20 Regulated Activities Regulations** means the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as amended
- 1.21** The **Accounting Officer** is the person who from time to time discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act
- 1.22** The **Trust Secretary** is the person appointed by the Chair and Chief Executive as the Trust Secretary
- 1.23 Vice-Chair** means the Non-Executive Director appointed under paragraph 30.1 and 30.3 of this Constitution
- 1.24 Acting Chair** means the Non-Executive Director appointed under paragraph 30.2 and 30.3 of this Constitution.
- 1.25 Voluntary Organisation** is a body, other than a public or local authority, the activities of which are not carried out for profit
- 1.26 Working Day** means a day of the week which is not a Saturday, Sunday or public holiday in England.

2. Name

- 2.1** The name of the foundation trust is Essex Partnership University NHS Foundation Trust (the Trust).

3. Principal Purpose

- 3.1** The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England
- 3.2** The Trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes
- 3.3** The Trust may provide goods and services for any purposes related to:
- 3.3.1** the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and
 - 3.3.2** the promotion and protection of public health

- 3.4 The Trust may also carry on activities other than those mentioned in the above paragraph for the purpose of making additional income available in order better to carry on its principal purpose.

4. Powers

- 4.1 The powers of the Trust are set out in the 2006 Act
- 4.2 All the powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust
- 4.3 Any of these powers may be delegated to a committee of Directors or to an Executive Director.
- 4.4 In accordance with section 65Z5 of the 2006 Act the Trust may arrange for any functions exercisable by it to be exercised by or jointly with any one or more of the following—
- (a) A relevant body as defined under section 65Z5(2) of the 2006 Act;
 - (b) A local authority (within the meaning of section 2B of the 2006 Act);
 - (c) A combined authority.
- 4.5 Where the Trust arranges for any functions exercisable by it to be exercised jointly the bodies by whom the function is exercisable jointly may—
- (a) Arrange for the function to be exercised by a joint committee of theirs;
 - (b) Arrange for one or more of the bodies, or a joint committee of the bodies, to establish and maintain a pooled fund.

5. Membership and Constituencies

- 5.1 The Trust shall have members, each of whom shall be a member of one of the constituencies in paragraph 5.2
- 5.2 The constituencies of the Trust shall be:
- 5.2.1 a Public Constituency
 - 5.2.2 A Staff Constituency.

6. Application for Membership

- 6.1 An individual who is eligible to become a member of the Trust may do so on application to the Trust subject to paragraphs 8 and 12 below

- 6.2** An applicant will become a member when the Trust has received and accepted the application, and the name of the applicant has been entered in the Trust's Register of Members (see Annex 9: Further Provisions paragraph 2).

7. Public Constituency

- 7.1** An individual who lives in an area specified in Annex 1 as an area for a Public Constituency may become or continue as a member of the Trust
- 7.2** Those individuals who live in an area specified for a Public Constituency are referred to collectively as a Public Constituency
- 7.3** The minimum number of members in each Public Constituency is specified in Annex 1.

8. Staff Constituency

- 8.1** Individuals who are employed by the Trust under a contract of employment with the Trust may become or continue as a member of the Trust provided:
- 8.1.1** they are employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or
 - 8.1.2** they have been continuously employed by the Trust under a contract of employment for at least 12 months
 - 8.1.3** For the avoidance of doubt permanent staff are eligible to be members of the staff constituency. Temporary Staff can be a member of a Public Constituency if the criteria is met.
- 8.2** Individuals who exercise functions for the purposes of the Trust, otherwise than under a contract of employment with the Trust, may become or continue as members of the Staff Constituency provided such individuals have exercised these functions continuously for a period of at least 12 months. For the avoidance of doubt, this does not include those who assist or provide services to the Trust on a voluntary basis
- 8.3** Those individuals who are eligible for membership of the Trust by reason of the previous provisions are referred to collectively as the Staff Constituency
- 8.4** The Staff Constituency shall be divided into two descriptions of individuals who are eligible for membership of the Staff Constituency; each description of individuals being specified within Annex 2 and being referred to as a class within the Staff Constituency
- 8.5** The minimum number of members in each class of the Staff Constituency is specified in Annex 2.

9. Automatic Membership by Default – Staff

9.1 An individual who is:

9.1.1 eligible to become a member of the Staff Constituency, and

9.1.2 invited by the Trust to become a member of the Staff Constituency and a member of the appropriate class within the Staff Constituency,

shall become a member of the Trust as a member of the Staff Constituency and appropriate class within the Staff Constituency without an application being made, unless they inform the Trust that they do not wish to do so.

10. NOT USED

11. NOT USED

12. Restriction on Membership

12.1 An individual who is a member of a constituency, or of a class within a constituency, may not, while membership of that constituency or class continues, be a member of any other constituency or class

12.2 An individual who satisfies the criteria for membership of the Staff Constituency may not become or continue as a member of any constituency other than the Staff Constituency

12.3 An individual must be at least 12 years old to become a member of the Trust

12.4 Further provisions as to the circumstances in which an individual may not become or continue as a member of the Trust are set out in Annex 9: Further Provisions paragraph 2.

13. Annual Members' Meeting

13.1 The Trust shall hold an annual meeting of its members (Annual Members' Meeting). The Annual Members' Meeting shall be open to members of the public

13.2 Annual Members' Meetings shall be conducted in accordance with paragraph 27A of Schedule 7 of the 2006 Act (and as set out in paragraph 46 of this constitution) and the standing orders for the practice and procedure of Annual Members' Meetings as set out in Annex 10: Annual Members' Meeting.

14. Council of Governors – Composition

14.1 The Trust is to have a Council of Governors, which shall comprise both

elected and appointed Governors

- 14.2** The composition of the Council of Governors is specified in Annex 4
- 14.3** The members of the Council of Governors, other than the appointed members, shall be chosen by election by their constituency or, where there are classes within a constituency, by their class within that constituency. The number of Governors to be elected by each constituency, or, where appropriate, by each class of each constituency, is specified in Annex 4.

15. Council of Governors – Election of Governors

- 15.1** Elections for elected members of the Council of Governors shall be conducted in accordance with the Model Election Rules adopting Single Transferable Vote (STV)
- 15.2** The Model Election Rules are attached-referenced at Annex 5 but they do not form part of this constitution
- 15.3** A variation of the Model Election Rules by the Department of Health or NHS Providers shall not constitute a variation of the terms of this constitution for the purposes of paragraph 48 of the constitution (amendment of the constitution)
- 15.4** An election, if contested, shall be by secret ballot
- 15.5** Where a vacancy arises from amongst the elected Governors within the first 24-months of their term of office, the Trust Secretary shall offer the next highest polling candidate in the most recent election for that post the opportunity to assume the vacancy for the unexpired balance of the former member's term of office. If that candidate does not wish to fill the vacancy, it will then be offered to the next highest polling candidate and so on until the vacancy is filled.
- 15.6** Governors must be at least 16 years of age at the date they are nominated for election or appointment

16. Council of Governors – Tenure

- 16.1** An elected Governor may hold office for a period of up to three Years. The period of office shall be known as the 'term'
- 16.2** Elected Governors shall cease to hold office if they cease to be a member of the constituency or class by which they were elected
- 16.3** Elected Governors shall be eligible for re-election at the end of their term
- 16.4** Appointed Governors may hold office for a period of up to three Years

- 16.5** Appointed Governors shall cease to hold office if the appointing organisation withdraws its sponsorship of them or if the appointing organisation ceases to exist and there is no successor in title to its business
- 16.6** Appointed Governors shall be eligible for re-appointment at the end of their term
- 16.7** A Governor may serve a maximum of three terms of each up to three years in office and shall be eligible to stand for election or appointment as a Governor again following a break of at least a Year
- 16.8** “Year’ in this clause 16 means the period commencing on the date of election or appointment (as the case may be) and ending 12 months after such election or appointment.

17. Council of Governors – Disqualification and Removal

- 17.1** The following may not become or continue as a member of the Council of Governors:
- 17.1.1** a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged
 - 17.1.2** a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986)
 - 17.1.3** people who have made a composition or arrangement with, or granted a Trust deed for their creditors and have not been discharged in respect of it
 - 17.1.4** people who within the preceding five years have been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on them
- 17.2** Further provisions as to the circumstances in which an individual may not become or continue as a member of the Council of Governors and for the removal of Governors are set out in Annex 6 paragraphs 4 and 5.

18. Council of Governors – Duties of Governors

- 18.1** The general duties of the Council of Governors are:
- 18.1.1** to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and
 - 18.1.2** to represent the interests of the members of the Trust as a whole and the interests of the public

- 18.2** Further provision as to the roles and responsibilities of the Council of Governors is set out in Annex 6
- 18.3** The Trust must take steps to ensure that Governors are equipped with the skills and knowledge they require in their capacity as such.

19. Council of Governors – Meetings of Governors

- 19.1** The Chair of the Trust (i.e. the Chair of the Board of Directors, appointed in accordance with the provisions of paragraph 28 of this constitution) or, in their absence the Vice-Chair or Acting Chair (appointed in accordance with the provisions of paragraph 30 of this constitution), shall preside at meetings of the Council of Governors except as otherwise provided pursuant to the standing orders for the Council of Governors as at Annex 7
- 19.2** Meetings of the Council of Governors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons. Special reasons include for reasons of commercial confidentiality. The Chair may exclude any person from a meeting of the Council of Governors if that person is interfering with or preventing the proper conduct of the meeting
- 19.3** For the purposes of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the Trust's or Directors' performance), the Council of Governors may require one or more of the Directors to attend a meeting.

20. Council of Governors – Standing Orders

- 20.1** The standing orders for the practice and procedure of the Council of Governors are referenced at Annex 7
- 20.2** The standing orders do not form part of this constitution. Any amendment of the standing orders shall not constitute an amendment of the terms of this constitution for the purposes of paragraph 48 of this constitution.

21. NOT USED

22. Council of Governors – Conflicts of Interest of Governors

- 22.1** If Governors have a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, Governors shall disclose that interest to the members of the Council of Governors as soon as they become aware of it. The standing orders for the Council of Governors shall make provision for the disclosure of interests and arrangements for the exclusion of a Governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.

23. Council of Governors – Travel Expenses

- 23.1** The Trust may pay travelling and other expenses to Governors that are incurred in carrying out their duties at rates determined by the Trust. These expenses are to be disclosed in the Trust's annual report
- 23.2** Governors do not receive remuneration when undertaking their duties and role as a Governor.

24. Council of Governors – Further Provisions

- 24.1** Further provisions with respect to the Council of Governors are set out in Annex 6.

25. Board of Directors – Composition

- 25.1** The Trust is to have a Board of Directors, which shall comprise both Executive and Non-Executive Directors
- 25.2** The Board of Directors is to comprise:
- 25.2.1** a Non-Executive Chair
 - 25.2.2** not less than five and not more than eight other Non-Executive Directors; and
 - 25.2.3** not less than four and not more than eight Executive Directors,
- so that the number of Non-Executive Directors including the Chair shall always exceed the number of Executive Directors including the Chief Executive in a voting capacity.
- 25.3** One of the Executive Directors shall be the Chief Executive
- 25.4** The Chief Executive shall be the Accounting Officer
- 25.5** One of the Executive Directors shall be the Finance Director
- 25.6** One of the Executive Directors is to be a registered Medical Practitioner or a registered Dentist (within the meaning of the Dentists Act 1984)
- 25.7** One of the Executive Directors is to be a registered Nurse or a registered Midwife.

26. Board of Directors – General Duty

- 26.1** The general duty of the Board of Directors and of each Director individually, is to act with a view to promoting the success of the Trust so as to maximise

the benefits for the members of the Trust as a whole and for the public.

26.2 In making a decision about the exercise of its functions, an NHS foundation trust must have regard to all likely effects of the decision in relation to—

- (a) The health and well-being of the people of England;
- (b) The quality of services provided to individuals—
 - (i) By relevant bodies, or
 - (ii) In pursuance of arrangements made by relevant bodies,

for or in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England;

(c) efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.

27. Board of Directors – Qualification for Appointment as a Non-Executive Director

A person may be appointed as a Non-Executive Director only if:

- 27.1** they are a member of a Public Constituency, or
- 27.2** where any of the Trust’s hospitals includes a medical or dental school provided by a university, they exercise functions for the purposes of that university, and
- 27.3** They are not disqualified by virtue of paragraph 33 of this constitution.

28. Board of Directors – Appointment and Removal of Chair and Other Non-Executive Directors
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- 28.1** The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Chair of the Trust and the other Non-Executive Directors
- 28.2** Appointment of the Chair or another Non-Executive Director shall require the approval of a majority of the Council of Governors present at a meeting of the Council of Governors
- 28.3** Removal of the Chair or another Non-Executive Director shall require the approval of three-quarters of the members of the Council of Governors
- 28.4** The Council of Governors shall adopt a procedure for appointing/removing the Chair and/or other Non-Executive Directors in accordance with any

guidance issued by NHS England.

29. NOT USED

30. Board of Directors – Appointment of Vice-Chair, Acting Chair, Senior Independent Director and Deputy Chief Executive

- 30.1** The Council of Governors at a general meeting of the Council of Governors shall appoint one of the Non-Executive Directors as the Vice-Chair
- 30.2** When the absence of the Chair has or will exceed a period of 3 months the Council of Governors at a meeting shall appoint one of the Non-Executive Directors as the Acting Chair.
- 30.3** Before a resolution for such appointments is passed, the Chair shall be entitled to advise the Council of Governors of the Non-Executive Director who is recommended by the Board of Directors for that appointment. This recommendation will not, however, be binding upon the Council of Governors; it will be presented to the Council of Governors at its meeting before it comes to its decision.
- 30.4** The Board of Directors shall, following consultation with the Council of Governors, appoint one of the Non-Executive Directors as the Senior Independent Director to act in accordance with NHS England's *Code of Governance for NHS Provider Trusts* (as may be amended and replaced from time to time) and the Trust's standing orders.
- 30.5** The Board of Directors Remuneration and Nominations Committee, which comprises of all the Non-Executive Directors, shall appoint an Executive Director as the Deputy Chief Executive in line with agreed procedure.

31. Board of Directors – Appointment and Removal of the Chief Executive and Other Executive Directors
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- 31.1** The Non-Executive Directors shall appoint or remove the Chief Executive
- 31.2** A committee consisting of the Chair and Non-Executive Directors shall appoint the Chief Executive.
- 31.3** The appointment of the Chief Executive shall require the approval of a majority of the Council of Governors present at a meeting of the Council of Governors in accordance with the procedure agreed by the Council of Governors from time to time
- 31.4** A committee consisting of the Chair, the Chief Executive and the other Non-Executive Directors shall appoint or remove the other Executive Directors
- 31.5** An Executive Director's post may be held by two individuals on a job share basis (save that the Executive positions of registered Medical Practitioner or

registered Dentist and registered Nurse or registered Midwife cannot be shared between the two professions). Where such an arrangement is in force, the two individuals may only exercise one vote between them at any meeting of the Board of Directors as in the standing orders.

32. NOT USED

33. Board of Directors – Disqualification
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The following may not become or continue as a member of the Board of Directors:

- 33.1** a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged
- 33.2** a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986)
- 33.3** people who have made a composition or arrangement with, or granted a Trust deed for, their creditors and have not been discharged in respect of it
- 33.4** a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on them
- 33.5** a person who is subject of a disqualification order made under the Company Directors Disqualification Act 1986 and/or who is disqualified from being a trustee of a charity under the Charities Act 2011
- 33.6** people where disclosures revealed by a Disclosure & Barring Service check against such people are such that it would be inappropriate for them to become or continue as a Director or would adversely affect public confidence in the Trust or otherwise bring the Trust into disrepute
- 33.7** people whose tenure of office as Chair or as a member or Director of a health service body has been terminated on the grounds that their appointment is not in the interests of the health service for reasons including non-attendance at meetings, or for non-disclosure of a pecuniary interest
- 33.8** a person who has within the preceding two years been dismissed: otherwise than by reason of redundancy or for ill health, from any paid employment with;
 - 33.8.1** a health service body or a local authority;
 - 33.8.2** any other public body; or
 - 33.8.3** a private provider or health or social care services;

unless approved by the Board of Directors for Executive Directors or the Council of Governors for Non-Executive Directors

- 33.9** a person who is the subject of a Sexual Offenders Order under the Sexual Offences Act 2003
- 33.10** a person who is included in any barred list established under the Safeguarding Vulnerable Adults Act 2006 or any equivalent list maintained under the laws of Scotland or Northern Ireland
- 33.11** a person who is a Director or Governor or Governing Body member or equivalent of another NHS body, unless any conflict of interest has been reviewed and approved by the Board of Directors for Executive Directors or the Council of Governors for Non-Executive Directors
- 33.12** a person who is a member of the Council of Governors
- 33.13** in the case of Non-Executive Directors, a person who is no longer a member of one of the public constituencies
- 33.14** in the case of Non-Executive Directors, a person who has refused without any reasonable cause to fulfil any training requirement established by the Board of Directors
- 33.15** a person who is a member of a Local Authority's Overview & Scrutiny Committee covering health matters or of a Local Health watch Board or of a Health & Wellbeing Board
- 33.16** a person who is the spouse, partner, parent or child of a member of the Trust's Board of Directors
- 33.17** a person who has displayed aggressive or violent behavior at any NHS establishment or against any of the Trust's staff or persons exercising functions for the Trust
- 33.18** a person who fails to satisfy the requirements of the Regulated Activities Regulations
- 33.19** a person who has failed to sign and return to the Trust Secretary a statement in the form required by the Board of Directors confirming acceptance of the code of conduct for the Board of Directors
- 33.20** a person who has acted in a manner inconsistent with or who has failed to comply with the Trust's terms of authorisation, standing orders, standing financial instructions and/ or the code of conduct for the Board of Directors.

34. Board of Directors – Meetings

- 34.1** Meetings of the Board of Directors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons. Special reasons include for reasons of commercial confidentiality. The Chair

may exclude any person from a meeting of the Board of Directors if that person is interfering with or preventing the proper conduct of the meeting

- 34.2** Before holding a meeting, the Board of Directors must send a copy of the agenda of the meeting to the Council of Governors. As soon as practicable after holding a meeting, the Board of Directors must send a copy of the Part 1 minutes of the meeting to the Council of Governors. A summary of Part 2 minutes will be provided to the Council of Governors.

35. Board of Directors – Standing Orders

- 35.1** The Board of Directors has adopted the standing orders for the practice and procedure of the Board of Directors referred to at Annex 8.
- 35.2** The standing orders do not form part of this constitution. Any amendment of the standing orders shall not constitute an amendment of the terms of this constitution for the purposes of paragraph 48 of the constitution.

36. Board of Directors – Conflicts of Interest of Directors

- 36.1** The duties that a Director of the Trust has by virtue of being a Director include in particular:
- 36.1.1** a duty to avoid a situation in which the Director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust
 - 36.1.2** a duty not to accept a benefit from a third party by reason of being a Director or doing (or not doing) anything in that capacity
- 36.2** The duty referred to in sub-paragraph 36.1.1 is not infringed if:
- 36.2.1** the situation cannot reasonably be regarded as likely to give rise to a conflict of interest, or
 - 36.2.2** the matter has been authorised in accordance with the constitution if it has been considered and approved by the Board of Directors
- 36.3** The duty referred to in sub-paragraph 36.1.2 is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest
- 36.4** In sub-paragraph 36.1.2, “third party” means a person other than:
- 36.4.1** the Trust, or
 - 36.4.2** a person acting on its behalf
- 36.5** If a Director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must

declare the nature and extent of that interest to the other Directors

- 36.6** If a declaration under this paragraph proves to be, or becomes, inaccurate, incomplete, a further declaration must be made
- 36.7** Any declaration required by this paragraph must be made before the Trust enters into the transaction or arrangement
- 36.8** This paragraph does not require a declaration of an interest of which the Director is not aware or where the Director is not aware of the transaction or arrangement in question
- 36.9** A Director need not declare an interest:
- 36.9.1** if it cannot reasonably be regarded as likely to give rise to a conflict of interest
 - 36.9.2** if, or to the extent that, the Directors are already aware of it
 - 36.9.3** if, or to the extent that, it concerns terms of the Director's appointment that have been or are to be considered:
 - 36.9.3.1 by a meeting of the Board of Directors, or
 - 36.9.3.2 by a committee of the Directors appointed for the purpose under the constitution
- 36.10** The standing orders for the Board of Directors make further provision for the disclosure of interests.

37. Board of Directors – Remuneration and Terms of Office

- 37.1** The Council of Governors at a general meeting of the Council of Governors shall decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other Non-Executive Directors
- 37.2** The Trust shall establish a committee of Non-Executive Directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other Executive Directors.

38. Registers

The Trust shall have:

- 38.1** a register of members showing, in respect of each member, the constituency to which they belong and, where there are classes within it, the class to which they belong
- 38.2** a register of members of the Council of Governors

- 38.3 a register of interests of Governors
- 38.4 a register of Directors, and
- 38.5 a register of interests of the Directors.

39. Admission to and Removal from the Registers

- 39.1 The Trust Secretary shall be responsible for fulfilling the obligations of the Trust in relation to the maintenance of, admission to and removal from the registers under the provisions of this constitution and as set out in paragraph 38.
- 39.2 Directors and Governors shall advise the Trust Secretary as soon as practicable of anything which comes to their attention or of which they are aware and which might affect the accuracy of the matters recorded in any of the registers referred to in paragraph 38.

40. Registers – Inspection and Copies

- 40.1 The Trust shall make the registers specified in paragraph 38 above available for inspection by members of the public, except in the circumstances prescribed below or as otherwise prescribed
- 40.2 The Trust may withhold all or part of the registers from inspection where disclosure of information could give rise to a real risk of harm or is prohibited by law.
- 40.3 So far as the registers are required to be made available:
 - 40.3.1 they are to be available for inspection free of charge at all reasonable times, and
 - 40.3.2 a person who requests a copy of or extract from the registers is to be provided with a copy or extract
- 40.4 If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

41. Documents Available for Public Inspection

- 41.1 The Trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times:
 - 41.1.1 a copy of the current constitution,
 - 41.1.2 a copy of the latest annual accounts and of any report of the auditor

on them, and

41.1.3 a copy of the latest annual report

41.2 The Trust shall also make the following documents relating to a special administration of the Trust available for inspection by members of the public free of charge at all reasonable times:

41.2.1 a copy of any order made under section 65D (appointment of Trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L(Trusts coming out of administration) or 65LA (Trusts to be dissolved) of the 2006 Act

41.2.2 a copy of any report laid under section 65D (appointment of Trust special administrator) of the 2006 Act

41.2.3 a copy of any information published under section 65D (appointment of Trust special administrator) of the 2006 Act

41.2.4 a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act

41.2.5 a copy of any statement provided under section 65F(administrator's draft report) of the 2006 Act

41.2.6 a copy of any notice published under section 65F(administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA(NHS England's decision), 65KB (Secretary of State's response to NHS England's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act

41.2.7 a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act

41.2.8 a copy of any final report published under section 65I (administrator's final report) of the 2006 Act

41.2.9 a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act

41.2.10 a copy of any information published under section 65M (replacement of Trust special administrator) of the 2006 Act

41.3 Any person who requests a copy of or extract from any of the above documents is to be provided with a copy

- 41.4** If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

42. Auditor

- 42.1** The Trust shall have an auditor
- 42.2** The Council of Governors shall appoint or remove the auditor at a general meeting of the Council of Governors
- 42.3** The auditor shall comply with Schedule 10 of the 2006 Act in auditing the accounts of the Trust.

43. Audit Committee

- 43.1** The Board of Directors shall establish a committee comprising Non-Executive Directors (at least one of whom has competence in accounting and/or auditing and recent and relevant financial experience) as an Audit Committee to perform such monitoring, reviewing and other functions as are appropriate
- 43.2** The Audit Committee as a whole shall have competence relevant to the NHS sector.

44. Accounts

- 44.1** The Trust must keep proper accounts and proper records in relation to the accounts
- 44.2** NHS England may with the approval of the Secretary of State give directions to the Trust as to the content and form of its accounts
- 44.3** The accounts are to be audited by the Trust's auditor
- 44.4** The Trust shall prepare in respect of each financial year annual accounts in such form as NHS England may with the approval of the Secretary of State direct
- 44.5** The functions of the Trust with respect to the preparation of the annual accounts, as set out in paragraph 25 of Schedule 7 of the 2006 Act, shall be delegated to the Accounting Officer.

45. Annual Report, Forward Plans and Non-NHS Work

- 45.1** The Trust shall prepare an annual report and send it to NHS England
- 45.2** The Trust shall give information as to its forward planning in respect of each financial year to NHS England

- 45.3** The forward plan shall be prepared by the Directors
- 45.4** In preparing the forward plan, the Directors shall have regard to the views of the Council of Governors
- 45.5** Each forward plan must include information about:
- 45.5.1** the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on, and
 - 45.5.2** the income it expects to receive from doing so
- 45.6** Where a forward plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 45.5.1 the Council of Governors must:
- 45.6.1** determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the Trust of its principal purpose or the performance of its other functions, and
 - 45.6.2** notify the Directors of the Trust of its determination
- 45.7** A Trust which proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England may implement the proposal only if more than half of the members of the Council of Governors of the Trust voting approve its implementation.

46. Presentation of the Annual Accounts and Reports to the Governors and Members

- 46.1** The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors:
- 46.1.1** the annual accounts
 - 46.1.2** any report of the auditor on them
 - 46.1.3** the annual report
- 46.2** The documents shall also be presented to the members of the Trust at the Annual Members' Meeting by at least one Board Director in attendance
- 46.3** The Trust may combine a meeting of the Council of Governors convened for the purposes of sub-paragraph 46.1 with the Annual Members' Meeting.

47. Instruments

- 47.1** The Trust shall have a seal
- 47.2** The seal shall not be affixed except under the authority of the Board of Directors.

48. Amendment of the Constitution
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- 48.1** The Trust may make amendments of its constitution only if:
- 48.1.1** more than half of the members of the Council of Governors of the Trust voting approve the amendments, and
 - 48.1.2** more than half of the members of the Board of Directors of the Trust voting approve the amendments
- 48.2** Amendments made under sub-paragraph 48.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the constitution would, as a result of the amendment, not accord with Schedule 7 of the 2006 Act
- 48.3** Where an amendment is made to the constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust):
- 48.3.1** at least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment, and
 - 48.3.2** the Trust must give the members an opportunity to vote on whether they approve the amendment
- If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result. Actions taken by the Trust under the amended constitution, prior to the amendment ceasing to have effect, remain valid
- 48.4** Amendments by the Trust of its constitution are to be notified to NHS England.

49. Mergers, etc., and Significant Transactions
--

- 49.1** The Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors
- 49.2** The Trust may enter into a significant transaction unless it is a merger, acquisition, separation or dissolution only if more than half of the members of the Council of Governors of the Trust voting, approve entering into the transaction

49.3 The definition of “significant transaction” for the purposes of paragraph 49.2 and section 51A of the 2006 Act is set out in Annex 9 paragraph 1.

50. Indemnities

50.1 Members of the Board of Directors, members of the Council of Governors and the Trust Secretary who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their functions, save where they have acted recklessly. Any costs arising in this way will be met by the Trust

50.2 The Trust may purchase and maintain insurance against this liability for its own benefit and for the benefit of the Board of Directors, the Council of Governors and the Trust Secretary.

ANNEX 1: THE PUBLIC CONSTITUENCIES

(Paragraphs 7.1 and 7.3)

THE PUBLIC CONSTITUENCIES			
Constituency Name	Area of the Constituency	No of Governors to be Elected	Minimum No of Members
Essex Mid & South	<p>The electoral wards covered by:</p> <ul style="list-style-type: none"> • Basildon Borough Council • Braintree District Council • Brentwood Borough Council • Castle Point Borough Council • Chelmsford Borough Council • Maldon District Council • Rochford District Council • Southend on Sea Borough Council • Thurrock Borough Council 	9	60
North East Essex & Suffolk	<ul style="list-style-type: none"> • Colchester Borough Council • Suffolk County Council • Tendring District Council 	3	60
West Essex & Herts	<ul style="list-style-type: none"> • Borough of Broxbourne Council • East Herts District Council • Epping Forrest District Council • Harlow Council • North Herts District Council • Stevenage Borough Council • Uttlesford District Council • Welwyn Hatfield Borough Council 	5	60
Milton Keynes, Bedfordshire & Luton, and Rest of England	<ul style="list-style-type: none"> • Bedford Borough Council • Central Bedfordshire Council • Luton Borough Council • Milton Keynes Council • Any other Council in England unless named in Annex 1 to the Trust's Constitution 	2	60

ANNEX 2: THE STAFF CONSTITUENCY

(Paragraph 8.4 and 8.5)

THE STAFF CONSTITUENCIES			
Constituency Name	Area of the Constituency	No of Governors to be Elected	Minimum No of Members
Clinical (Mental Health)	<ul style="list-style-type: none">Registered medical practitioners and registered dentists	3	60
Clinical (Physical Health)	<ul style="list-style-type: none">Registered nurses and registered midwivesHealthcare professionalsSocial workers	1	60
Non-Clinical	<ul style="list-style-type: none">Support staffCorporate Staff	2	60

ANNEX 4: COMPOSITION OF COUNCIL OF GOVERNORS

(Paragraphs 14.2 and 14.3)

Public Governors		19
Essex Mid & South	9	
North East Essex & Suffolk	3	
West Essex & Herts	5	
Milton Keynes, Bedfordshire & Luton, and Rest of England	2	
Staff Governors		
		6
Clinical (Mental Health)	3	
Clinical (Physical Health)	1	
Non-Clinical	2	
Appointed and Partnership Governors		
		5
Essex County Council	1	
Southend Borough Council	1	
Thurrock Council	1	
Anglian Ruskin and Essex Universities (joint appointment)	1	
Third Sector / Voluntary Sector	1	
Total Council of Governors		30

ANNEX 4.1: NOT USED

ANNEX 5: THE MODEL ELECTION RULES

(Paragraph 15.2)

The Model Election Rules 2014 are included as a separate document to this constitution. (<https://nhsproviders.org/resources/briefings/model-election-rules>)

ANNEX 6: ADDITIONAL PROVISION – COUNCIL OF GOVERNORS

(Paragraphs 17.3, 18.2 and 24.1)

1. Roles and Responsibilities of the Council of Governors

The roles and responsibilities of the Council of Governors which are to be carried out in accordance with the constitution, the Trust's license and NHS England's *Code of Governance for NHS Provider Trusts* include

1.1 General Duties

- 1.1.1 to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, including ensuring that the Board of Directors acts so that the Trust does not breach the terms of its license. "Holding the Non-Executive Directors to account" includes scrutinising how well the Board is working, challenging the Board in respect of its effectiveness, and asking the Board to demonstrate that it has sufficient quality assurance in respect of the overall performance of the Trust, questioning Non-Executive Directors about the performance of the Board and of the Trust and making sure to represent the interests of the Trust's members and of the public in doing so
- 1.1.2 to represent the interests of the members of the Trust and the interests of the public

2.1 Non-Executive Directors, Chief Executive and Auditor

- 2.1.1 to approve the policies and procedures for the appointment and removal of the Chair and Non-Executive Directors on the recommendation of the Nomination Committee of the Council of Governors
- 2.1.2 to appoint the Chair and Non-Executive Directors
- 2.1.3 to remove the Chair and the Non-Executive Directors. However, the Council should only exercise its power to remove the Chair or any Non-Executive Directors after exhausting all means of

engagement with the Board

- 2.1.4** to approve the policies and procedures for the appraisal of the Chair, and Non-Executive Directors on the recommendation of the remuneration committee of the Council of Governors. All Non-Executive Directors should be submitted for re-appointment at regular intervals. The Council of Governors should ensure planned and progressive refreshing of the Non-Executive Directors
- 2.1.5** to decide the remuneration of Non-Executive Directors and the Chair and to approve changes to the remuneration, allowances and other terms of office for the Chair and the Non-Executive Directors having regard to the recommendations of the Remuneration Committee of the Council of Governors
- 2.1.6** to approve the appointment of the Chief Executive of the Trust
- 2.1.7** to approve the criteria for the appointment, removal and reappointment of the auditor
- 2.1.8** to appoint, remove and reappoint the auditor, having regards to the recommendation of the Audit Committee

3.1 Strategy Planning

- 3.1.1** to provide feedback to the Board of Directors on the development of the strategic direction of the Trust, as appropriate
- 3.1.2** to collaborate with the Board of Directors in the development of the forward plan
- 3.1.3** where the forward plan contains a proposal that the Trust will carry out activities other than the provision of goods and services for the purposes of the NHS in England, to determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the Trust of its principal purpose or the performance of its other functions and notify its determination to the Board of Directors
- 3.1.4** where the Trust proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the NHS in England, approve such a proposal
- 3.1.5** to approve the entering into of any significant transaction (as

defined in this constitution) in accordance with the 2006 Act and the constitution

- 3.1.6** to approve proposals from the Board of Directors for merger, acquisition, dissolution or separation in accordance with 2006 Act and the constitution
- 3.1.7** when appropriate, to make recommendations for the revision of the constitution and approve any amendments to the constitution in accordance with the 2006 Act and the constitution
- 3.1.8** to receive the Trust's annual accounts, any report of the auditor on them, and the annual report at a general meeting of the Council of Governors

3.2 Representing Members and the Public

- 3.2.1** to prepare and from time to time review the Trust's membership engagement strategy and policy
- 3.2.2** to notify NHS England, via the Lead Governor, if the Council is concerned that the Trust is at risk of breaching the terms of its license, and if these concerns cannot be resolved at local level
- 3.2.3** to report to the members annually on the performance of the Council of Governors
- 3.2.4** to promote membership of the Trust and contribute to opportunities to recruit members in accordance the membership strategy
- 3.2.5** to seek the views of stakeholders and feed back to the Board of Directors.

(Paragraphs 17.3 and 24.1)

4. Eligibility to be a Governor

- 4.1** A person may not become a Governor of the Trust, and if already holding such office will immediately cease to do so, if:
 - 4.1.1** they are a Director of the Trust, or a director of another health service body
 - 4.1.2** they are the spouse, partner, parent or child of a member of the Board of Directors for the Trust

- 4.1.3 they are the subject of a disqualification order made under the Company Directors Disqualification Act 1986
- 4.1.4 they are subject to a Sexual Offenders Order under the Sexual Offences Act 2003
- 4.1.5 they are included in any barred list established under the Safeguarding Vulnerable Adults Act 2006 or any equivalent list maintained under the laws of Scotland or Northern Ireland
- 4.1.6 they are undergoing a period of disqualification from a statutory health or social care register
- 4.1.7 they have been disqualified from being a member of a relevant authority under the provisions of the Local Government Act 2000
- 4.1.8 they have been dismissed, otherwise than by reason of redundancy or ill health, from any paid employment with a health service body
- 4.1.9 they are a vexatious complainant as determined in accordance with the Trust's complaints procedure
- 4.1.10 within 5 years prior to their nomination for election or appointment to the Council of Governors, they have had their office of Governor terminated for the reasons set out in paragraphs 5.1.4 – 5.1.9 of this Annex 6.
- 4.1.11 they have been expelled from other NHS Bodies and /or demonstrably hold views / act in ways that are inconsistent with Trust [vision, objectives and values](#).

(Paragraph 17)

5. Termination of Office and Removal of Governors

- 5.1 People holding office as a Governor shall cease to do so if:
 - 5.1.1. they resign by notice in writing to the Trust Secretary
 - 5.1.2 in the case of elected Governors, they cease to be member of the area of the constituency or class of the constituency by which they were elected
 - 5.1.3. in the case of an appointed or partnership Governor, the appointing organisation terminates the appointment of the individual

- 5.1.4. they consistently and unjustifiably fail to attend the meetings of the Council of Governors in line with the Governor Attendance policy as agreed by the Council of Governors
 - 5.1.5. they have refused without reasonable cause to undertake any training which the Trust requires all Governors to undertake
 - 5.1.6. they have failed to sign and deliver to the Trust Secretary a statement in the form required confirming acceptance of the code of conduct for Governors
 - 5.1.7. they have failed to complete a submission identifying any conflict of interest or they have knowingly provided false or misleading information in this regard.
 - 5.1.8. they have committed a serious breach of the code of conduct for Governors or fails to abide by the Council of Governors standing orders
 - 5.1.9. they have acted in a manner detrimental to the interests of the Trust
 - 5.1.10. they have expressed opinions which are incompatible with the values of the Trust
 - 5.1.11. they are incapable by reason of mental disorder, illness or injury of managing and administering his property and affairs
- 5.2 Governors who are to be removed under any of the grounds set out in paragraph 5.1 above (with the exception of sub-paragraph 5.1.1 – 5.1.3) above shall be removed from the Council of Governors by a resolution approved by the majority of the remaining Governors present and voting
- 5.3 There shall be a working group/committee of the Council of Governors whose function shall be to:
- 5.3.1 receive and consider concerns about the conduct of any governor and/or
 - 5.3.2 consider whether there are grounds to remove a Governor from office and to make recommendations to the Council of Governors. Membership of the working group/committee shall be determined from time to time
- 5.4 If the Council of Governors receives a complaint in writing about any Governor or is asked to consider whether an individual is eligible to

become or remain a Governor, the working group shall investigate the matter and make a recommendation to the Council of Governors, which may include a recommendation that a Governor is removed from office pursuant to paragraph 5.2 above

- 5.5 The Council of Governors may decide that whilst the working group is carrying out its investigation, the Governor concerned shall be suspended from office. Suspension is a neutral act and any decision to suspend the Governor concerned shall not be seen as an indicator of, or have any bearing on, the eventual recommendation of the working group
- 5.6 The decision of the Council of Governors to terminate the tenure of office of the Governor concerned shall not take effect until seven (7) days after the date of decision
- 5.7 The Governor shall be suspended from office (if they have not already been suspended from office pursuant to paragraph 5.5 above) with effect from the date of the Council of Governors' decision until the of the date set out in paragraph 5.5 above

ANNEX 7: STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS

(Paragraph 19.1 and 20)

Standing Orders For The Practice And Procedure Of The Council Of Governors are included as a separate document to this constitution.

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ANNEX 8: STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE BOARD OF DIRECTORS

(Paragraph 35)

Standing Orders For The Practice And Procedure Of The Board Of Directors are included as a separate document to this constitution.

ANNEX 9 – FURTHER PROVISIONS

(Paragraph 49)

1. SIGNIFICANT TRANSACTIONS

- 1.1 In accordance with section 51A of the National Health Service Act 2006, the Trust may enter into a Significant Transaction only if more than half of the members of the Council of Governors of the Trust voting approve entering into the transaction
- 1.2 For the purpose of this paragraph 1 and subject to paragraph 1.4 below, “Significant Transaction” means a “transaction” as defined in paragraph 1.3 below which meets any one of the following tests:
 - 1.2.1 the assets which are the subject of the transaction exceed 25% of the total fixed assets of the Trust (Asset Test); or
 - 1.2.2 the income of the Trust will increase or decrease by more than 25% following the completion of the relevant transaction (Income Test); or
 - 1.2.3 the gross capital of the company or business being acquired or divested represents more than 25% of the total capital of the trust following completion (where “gross capital” is the market value of the relevant company or business’s shares and debt securities plus the excess of current liabilities over current assets, and the Trust’s capital is determined by reference to its balance sheet) (Gross Capital Test); or
 - 1.2.4 the Asset Test, the Income Test and the Gross Capital Test are not satisfied but the transaction, in the reasonable opinion of the Board of Directors:
 - (a) would impact on the manner in which health services are delivered by the Trust and/or the range of health services the Trust delivers; or
 - (b) exceeds a total value of £10,000,000 (£10 million) and has an overall risk rating which in the reasonable opinion of the Board of Directors is considered to be significant. The Board of Directors will assess the significance of the overall risk of the transaction against the applicable Trust’s own risk management framework in force at the time the risk assessment is conducted by the Board of Directors
- 1.3 “Transaction” means any agreement (including an amendment to an agreement) entered into by the Trust in respect of a merger, demerger, joint venture, divestment, or any other arrangement for the acquisition, disposal or delivery of health services, but, for the avoidance of doubt, it does not include:

- 1.3.1 an agreement entered into or changes to the health services carried out by the Trust following a reconfiguration of the health services led by the commissioners of such health services; or
- 1.3.2 a grant of public dividend capital or the entering into a working capital facility or other loan, which does not involve the acquisition or disposal of any fixed asset of the trust
- 1.3.3 For the purpose of this paragraph 1.3 the following definitions apply:
 - (a) “merger” means a transaction that involves one organisation acquiring / transferring the assets and liabilities of another, either wholly or in part;
 - (b) “demerger” means a transaction that involves the disaggregation of a single corporate body into two or more new corporate bodies;
 - (c) “joint venture” means a transaction involving an agreement between two or more parties to undertake economic activity together which establishes a separate legal entity.; and
 - (d) “divestment” means a transaction that involves the disposal, in whole or in part, of an organisation’s business, services or assets and liabilities where the Board of Directors has made a decision to do so.

1.4 A transaction is not a Significant Transaction if it is:

- 1.4.1 a transaction which is a statutory merger, acquisition, separation or dissolution under sections 56, 56A, 56B or 57A of the National Health Service Act 2006; or
- 1.4.2 a transaction in the ordinary course of current business from time to time (including the expiry, termination, renewal, extension of, or the entering into an agreement in respect of the health services carried out by the Trust).
- 1.4.3 a transaction that involves the disposal, in whole or in part, of an organisation’s business services or assets and liabilities where the Board of Directors has not made a decision and therefore is outside Trust control.

(Paragraphs 6.2 and 12.4)

2. TERMINATION OF MEMBERSHIP

2.1 A member shall not become or continue to be a member if:

- 2.1.1 it is reasonably suspected by the Board that in the five years prior to the individual’s application for membership of the Trust or during the

period of their membership of the Trust, they have been involved as a perpetrator in what the Board reasonably considers to be a sufficiently serious incident of intimidation, threat, harassment, assault or violence against:

- a) any of the Trust's employees or other persons who exercise functions for the purpose of the Trust, or against any volunteers; or
- b) any employee of another health service body or any person who exercises functions for the purposes of another health service body or against any person who volunteers with another health service body; or
- c) any service user, carer or visitor to the Trust or any service user, carer or visitor to any other health service body

2.1.2 they have been excluded from the Trust's premises within the previous five years

2.1.3 they are expelled from membership by resolution of the Council of Governors

2.1.4 they cease to be eligible under this Constitution to be a member

2.1.5 they die

2.1.6 they have been expelled from other NHS Bodies and /or demonstrably hold views / act in ways that are inconsistent with Trust [vision, objectives and values](#).

2.2 It is the responsibility of members to ensure their eligibility at all times and not the responsibility of the Trust to do so on their behalf. Members who become aware of their ineligibility shall inform the Trust as soon as practicable and their names shall be removed from the Register of Members

2.3 Where the Trust has reason to believe that members cease to be eligible for membership or their membership can be terminated under this constitution, the Trust Secretary shall carry out reasonable enquiries to establish if this is the case.

ANNEX 10: ANNUAL MEMBERS' MEETING

(Paragraphs 13 and 46)

1. Interpretation

- 1.1. Save as permitted by law, the Chair shall be the final authority on the interpretation of these standing orders (on which the Chair shall be advised by the Chief Executive and the Trust Secretary)

2. General Information

- 2.1. The purpose of the standing orders for Annual Members' Meetings is to ensure that the highest standards of corporate governance and conduct are applied to all Annual Members' Meetings
- 2.2. All business shall be conducted in the name of the Trust

3. Attendance

- 3.1. Each member shall be entitled to attend an Annual Members' Meeting

4. Meetings in Public

- 4.1. Meetings of the Annual Members' Meetings must be open to the public subject to the provisions of paragraph 4.2 below
- 4.2. The Chair may exclude members of the public from an Annual Members' Meeting if they are interfering with or preventing the reasonable conduct of the meeting
- 4.3. Annual Members' Meetings shall be held annually at such times and places as the Chair may determine

5. Notice of Meetings

- 5.1. Before each Annual Members' Meeting, a notice of the meeting, specifying the business proposed to be transacted at it, and signed by the Chair, or by an officer of the Trust authorised by the Chair to sign on their behalf, shall be served upon every member at least 10 clear days before the meeting and posted on the Trust's website and displayed at its headquarters
- 5.2. The Annual Report and Accounts shall be circulated to Governors and published on the website at the earliest and appropriate opportunity. Copies of the Annual Report and Accounts shall be sent to any member upon written request to the Trust Secretary and shall be available for inspection by a member free of charge at the place of the meeting

6. Setting the Agenda

- 6.1. The Chair shall determine the agenda for Annual Members' Meetings which must include the business required by the Act

7. Chair of Annual Members' Meetings

- 7.1. The Chair, if present, shall preside. If the Chair is absent from the meeting, the Vice-Chair or Acting Chair shall preside. If neither the Chair, Vice-Chair nor Acting Chair is present the Directors and Governors shall elect one of their number to act as Chair

8. Chair's Ruling

- 8.1. Statements of members made at Annual Members' Meetings shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevancy, regularity and any other matters shall be final

9. Voting

- 9.1. Decisions at meetings shall be determined by a majority of the votes of the members present and voting. In the case of any equality of votes, the person presiding shall have a second or casting vote subject to the Act
- 9.2. All decisions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands
- 9.3. In no circumstances may an absent member vote by proxy

10. Suspension of Standing Orders

- 10.1. Except where this would contravene any statutory provision, any one or more of these standing orders may be suspended at an Annual Members' Meeting, provided that a majority of members present vote in favour of suspension
- 10.2. A decision to suspend the standing orders shall be recorded in the minutes of the meeting
- 10.3. A separate record of matters discussed during the suspension of the standing orders shall be made and shall be available to the members
- 10.4. No formal business may be transacted while the standing orders are suspended
- 10.5. The Trust's Audit Committee shall review every decision to suspend the standing orders

11. Variation and Amendment of Standing Orders

- 11.1. These standing orders may be amended in accordance with paragraph 48 of the constitution

12. Record of Attendance

- 12.1. The Trust Secretary shall keep a record of the names of the members present at an Annual Members' Meeting

13. Minutes

- 13.1. The minutes of the proceedings of an Annual Members' Meeting shall be drawn up and maintained as a public record. They will be submitted for agreement at the next Annual Members' Meeting where they will be signed by the person presiding at it
- 13.2. No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the meeting
- 13.3. The minutes of an Annual Members' Meeting shall be made available to the public on the Trust's website

14. Quorum

- 14.1. No business shall be transacted at an Annual Members' Meeting unless at least 20 members are present.

Agenda Item No: 6b

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1		23 May 2024			
Report Title:		Code of Governance for Foundation Trusts Review 2023/24				
Report Lead:		Chris Jennings, Assistant Trust Secretary				
Report Author(s):		Chris Jennings, Assistant Trust Secretary				
Report discussed previously at:		CoG Governance Committee – 01.05.2024				
Level of Assurance:		Level 1	✓	Level 2		Level 3

Purpose of the Report

This report provides an update and assurance on the Trust’s compliance with the provisions in <i>Code of Governance for NHS Providers 2022</i> (the Code) in preparation for the inclusion of the ‘comply/explain’ principals and necessary disclosures as part of the Trust’s Annual Report 2023/24 submission.	Approval	✓
	Discussion	
	Information	

Recommendations/Action Required

The Council of Governors is asked to:

- 1 Consider the findings of the internal review of the Trust’s compliance with the Code as a pre-requisite assurance to the Board of Directors in the preparation of the Trust’s Annual Report 2023-24;
- 2 Confirm acceptance of assurance given as evidence that the Trust complies with the provisions of the Code and/or there is sufficient explanation as to why it has departed from the Code if applicable;
- 3 Request any further information or action.

Summary of Key Issues

The purpose of the Code is to provide guidance to help Trusts deliver effective and quality corporate governance, contribute to better organisational performance and ultimately discharge their duties in the best interests of patients.

The Trust’s Annual Report must include a statement as to how the Trust applies the Code and also confirm that the Trust ‘complies’ with the provisions, or if not, provide an explanation as to why it has departed from the Code.

The review process to be followed is as follows:

- Self-assessment against the Code of Governance
- Internal independent assessment by the Council of Governors Governance Committee (Completed)
- Report to Council of Governors (23 May)
- Assurance report to Finance & Performance Committee (23 May)
- Final annual report, including relevant statement to Board of Directors (5 June)

The self-assessment review of the Trust’s position against the Code was undertaken by the Assistant Trust Secretary.

The review indicated the Trust is fully compliant with all provisions, except E.2.2 where the Trust has deviated due to following the principles of the Chair and NED Remuneration Framework, whilst ensuring it considers extra time commitments and uplifts recommended by NHS England since the framework was published in 2019. There are some provisions where actions is required to strengthen and this has been detailed in the review.

The Code of Governance was reviewed by the Governance Committee on the 1 May 2024 and it was agreed to recommend to the CoG to accept the assurance given as evidence that the Trust complies with the provisions of the Code and there is sufficient explanation as to why it has departed from the Code.

The findings of the Council in relation to the comply / explain requirements for inclusion in the annual report will be presented to the Board of Directors Finance & Performance Committee for assurance and thereafter to the Board of Directors in June 2024.

Relationship to Trust Strategic Objectives

SO1: We will deliver safe, high quality integrated care services	
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	
SO4: We will help our communities to thrive	

Which of the Trust Values are Being Delivered

1: We care	
2: We learn	
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:

Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	
Data quality issues	
Involvement of Service Users/Health watch	
Communication and consultation with stakeholders required	
Service impact/health improvement gains	
Financial implications:	Capital £ Revenue £ Non Recurrent £
Governance implications	✓
Impact on patient safety/quality	
Impact on equality and diversity	
Equality Impact Assessment (EIA) Completed	YES/NO
	If YES, EIA Score

Impact on Statutory Duties and Responsibilities of Council of Governors

Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	

Another non-statutory responsibility of the Council of Governors (please detail):	
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- Providing assurance in relation to Code of Governance Self-Assessment

✓

Acronyms/Terms Used in the Report		
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CoG	Council of Governors		
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Supporting Documents and/or Further Reading	
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Code of Governance Review 2023-24	
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Lead

Chris Jennings

Assistant Trust Secretary

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST
CODE OF GOVERNANCE FOR NHS PROVIDERS END OF YEAR REVIEW
2023/24

Code	Provision	Comply	Narrative
Section A: BOARD LEADERSHIP & PURPOSE			
A.1. Principles			
			<p>A.1.1. Every trust should be led by an effective and diverse board that is innovative and flexible, and whose role it is to promote the long-term sustainability of the trust as part of the ICS and wider healthcare system in England, generating value for members in the case of foundation trusts, and for all trusts, patients, service users and the public.</p> <p>A.1.2. The board of directors should establish the trust’s vision, values and strategy, ensuring alignment with the ICP’s integrated care strategy and ensuring decision-making complies with the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources. The board of directors must satisfy itself that the trust’s vision, values and culture are aligned. All directors must act with integrity, lead by example and promote the desired culture.</p> <p>A.1.3. The board of directors should give particular attention to the trust’s role in reducing health inequalities in access, experience and outcomes.</p> <p>A.1.4. The board of directors should ensure that the necessary resources are in place for the trust to meet its objectives, including the trust’s contribution to the objectives set out in the five-year joint plan and annual capital plan agreed by the ICB and its partners, and measure performance against them. The board of directors should also establish a framework of prudent and effective controls that enable risk to be assessed and managed. For their part, all board members – and in particular non-executives whose time may be constrained – should ensure they collectively have sufficient time and resource to carry out their functions.</p> <p>A.1.5. For the trust to meet its responsibilities to stakeholders, including patients, staff, the community and system partners, the board of directors should ensure effective engagement with them, and encourage collaborative working at all levels with system partners.</p> <p>A.1.6. The board of directors should ensure that workforce policies and practices are consistent with the trust’s values and support its long-term sustainability. The workforce should be able to raise any matters of concern. The board is responsible for ensuring effective workforce planning aimed at delivering high quality of care.</p>

Code	Provision	Comply	Narrative
A.2. Provisions			
A.2.1	<p>The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaborates. The trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.</p>	✓	<ul style="list-style-type: none"> • The Board of Directors undertakes a review of its effectiveness to ensure efficiency and economy. A review is undertaken annually as part of the Board sign-off of operational plans. These plans include both revenue and prioritised capital budgets with Operational Plans subject to NHS approval. • On an annual basis, the Trust External Auditors perform an Annual Audit Review which includes Value for Money (VFM) assessment. The assessment reviews the proper arrangements are in place to secure economy, efficiency and effective Use of Resources. The 2022/23 annual assessment concluded there were no matters to report by exception on VFM. • The Trust is currently undertaking a Well-Led Review facilitated by NHS England. • The Trust has performance, quality and finance management systems in place to measure and monitor the Trust effectiveness, efficiency, economy and quality of services on a day-to-day basis. The internal processes are monitored via an integrated performance dashboard and a series of audit processes, including External Audit, Internal Audit and Clinical Audit programmes. • The Target Operating Model provides for individual care units to make decisions on the delivery of services by clinical managers which ensures the quality and safety of services for patients. The Accountability Framework provides clarity on the level of responsibility and accountability for the decisions made within the clinical care units. • The Board receives a Quality & Performance Scorecard which provides detailed data to measure the effectiveness, efficiency, economy and quality of services on a regular basis. The scorecard is scrutinised by the Board standing committees and the new Power BI report allows for a more detailed review of all data, including any hotspots and mitigating actions.

Code	Provision	Comply	Narrative
			<ul style="list-style-type: none"> • The Board Assurance Framework (BAF) is presented at each Board meeting and relevant standing committees, reviewing any key strategic risks and providing updates on any mitigating actions or hotspots for escalation. • The Trust is inspected by the Care Quality Commission (CQC) and the outcomes of any inspection are reported to the Board of Directors to provide assurance on services provided or identifying any issues highlighted by the CQC. • The Trust has developed a CQC Improvement Plan, which incorporates all areas for improvement identified. The plan is monitored via a CQC Action Leads meeting, which is attended by Care Unit leaders for the identification and implementation of improvement actions. There is also an Evidence Assurance Group, which reviews evidence of action completion to provide additional assurance and ensure impact has led to sustainable change. The Evidence Assurance Group is comprised of our partners from all three ICBs and is chaired by a member of the MSEICB to provide challenge for any actions deemed to have been closed and provide any support for actions requiring input by the wider system. • The Compliance Team complete an internal review programme which provides additional assurance in relation to the quality of services and respond to any information requests / inquiries from the CQC. • The Trust works closely with system partners and is involved in collaborative working across the system. Examples include: The Mid & South Essex Community Collaborative partners (EPUT, NELFT & Provide); Mental Health Specialist Commissioning Collaborative detailed in the annual report; and joint working with MSEFT for the joint procurement of new Electronic Patient Record. • The Annual Report for 2022/23 provides a section Key Issues, Opportunities and Risk (Page 13) which includes information on opportunities and risks to future sustainability, lined to the strategic objectives for the organisation.

Code	Provision	Comply	Narrative
A.2.2	<p>The board of directors should develop, embody and articulate a clear vision and values for the trust, with reference to the ICP's integrated care strategy and the trust's role within system and place-based partnerships, and provider collaborates. This should be a formally agreed statement of the organisation's purpose and intended outcomes, and the behaviours used to achieve them. It can be used as a basis for the organisation's overall strategy, planning, collaboration with system partners and other decisions.</p>	✓	<ul style="list-style-type: none"> • The vision and values of the organisation are underpinned by partnership working. The Vision and Values for the organisation were developed in September 2021 as part of the development of Strategic Objectives, which included consideration of the development of ICB's and the focus on place-based delivery of services. These were developed in consultation with a range of key system partners. • The Vision and Values are underpinned by an overall purpose, which articulates working together with patients, families and system partners as part of the ICB working to ensure there are joined-up services. • The Vision and Values led to the development of Strategic Objectives, which includes a focus on transformation to develop the culture within the organisation to deliver the vision and values. • The Strategic Impact report to the Board of Directors provides an update on key transformation work to develop and drive the culture and behaviours within the organisation to achieve the vision and values of the organisation.
A.2.3	<p>The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.</p>	✓	<ul style="list-style-type: none"> • The Quality & Performance Scorecard includes a Workforce & Culture section which provides a range of KPI's for monitoring culture, including staff turnover and sickness absence. • The Staff Survey results are discussed by the Board of Directors on an annual basis, which provides a key indicator in terms of the culture of the organisation. Where the results raise cultural issues, these are developed into action plans to identify and address the concerns. • The Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) are additionally used as a measure of internal culture. The results from previous years as well as national comparisons are used to identify potential issues and actions identified to address the concerns. The Board of Directors focused on racial incidents at its meeting in March 2024, which demonstrated action being taken at board-level.

Code	Provision	Comply	Narrative
			<ul style="list-style-type: none"> The Annual Report 2022/23 (Page 63), includes information on staff wellbeing, involvement and recognition, including staff networks, engagement champions and staff recognition scheme.
A.2.4	<p>The board of directors should ensure that adequate systems and processes are maintained to measure and monitor the trust's effectiveness, efficiency and economy, the quality of its healthcare delivery, the success of its contribution to the delivery of the five-year joint plan for health services and annual capital plan agreed by the ICB and its partners (This may also include working to deliver the financial duties and objectives the trust is collectively responsible for with ICB partners, and improving quality and outcomes and reducing unwarranted variation and inequalities across the system), and that risk is managed effectively. The board should regularly review the trust's performance in these areas against regulatory and contractual obligations, and approved plans and objectives, including those agreed through place-based partnerships and provider collaborative.</p>	✓	<ul style="list-style-type: none"> The Quality & Performance Scorecard provides a range of operational and financial KPI's to regularly monitor the effectiveness, efficiency, economy and the quality of health services provided by the Trust. This is supported by narrative provided in the CEO Report, providing information on key success and hotspots in relation to operational and financial performance. The KPI's are developed to take into consideration regulatory / contractual requirements and operational / strategic plans which take into consideration partnership and collaborative working. The Finance & Performance Committee scrutinises the Scorecard and provides any challenge prior to presenting to the Board of Directors. The Quality Committee oversees elements of the quality of services, including the development of the new Quality of Care Strategy. The Financial Plan for 2024/25 was presented to the Board of Directors in March 2024 and provides information in relation to the development of the Revenue and Capital Plan, which includes meetings at national, regional and local level to agree the financial allocations and plans.
A.2.5	<p>In line with principle 1.3 above, the board of directors should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed</p>	✓	<ul style="list-style-type: none"> Quality & Performance Scorecard at each Board of Directors meeting and at relevant Committee level (Finance & Performance, People Equality & Culture

Code	Provision	Comply	Narrative
	<p>so as to understand and assess progress and performance, ensuring performance reports are disaggregated by ethnicity and deprivation where relevant. Where appropriate and particularly in high risk or complex areas, the board of directors should commission independent advice, e.g. from the internal audit function, to provide an adequate and reliable level of assurance.</p>		<p>and Quality). The Power BI scorecard allows data to be reviewed in detail and broken down by relevant demographics.</p> <ul style="list-style-type: none"> Internal Audit function in place, with programme of work. Audit Committee oversees the programme and provides assurance to the Board of Directors via the Committee Chairs Report.
A.2.6	<p>The board of directors should report on its approach to clinical governance and its plan for the improvement of clinical quality in the context of guidance set out by the Department of Health and Social Care (DHSC), NHS England and the Care Quality Commission (CQC). The board should record where in the structure of the organisation clinical governance matters are considered.</p>	✓	<ul style="list-style-type: none"> The EPUT Strategic Plan 2023-2028 contains plans for each of the clinical care units, which provides information on the local approach to clinical governance. The Quality of Care Strategy (January 2024) sets-out the Trust approach to clinical governance, including the replacement of the Clinical Governance & Quality Sub-Committee with a multi-professional quality senate. The Trust has in place a clinical governance structure, which includes subject matter experts, forums and procedural documents. For 2024/25 the clinical governance structure has been redesigned to align with the Quality of Care Strategy with the development of Executive led groups for Safety of Care; Effectiveness of Care and Experience of Care. This is set out in the Quality of Care Strategy. The Quality Committee focuses on the Trust approach to quality and outcomes. It oversees the establishment of appropriate systems for ensuring effective clinical governance and quality management arrangements are in place throughout the Trust.

Code	Provision	Comply	Narrative
			<ul style="list-style-type: none"> The Trust employees key subject matters experts who lead of specific areas of clinical governance e.g. Director of Patient Experience and Participation; Director of Patient Safety; Director of Infection Prevention and Control; etc.
A.2.7	<p>The chair and board should regularly engage with stakeholders, including patients, staff, the community and system partners, in a culturally competent way, to understand their views on governance and performance against the trust’s vision. Committee chairs should engage with stakeholders on significant matters related to their areas of responsibility. The chair should ensure that the board of directors as a whole has a clear understanding of the views of all stakeholders including system partners. NHS foundation trusts must hold a members’ meeting at least annually. Provisions regarding the role of the council of governors in stakeholder engagement are contained in Appendix B.</p>	✓	<ul style="list-style-type: none"> The Trust has a continuing positive relationship with stakeholders and staff through the delivery of strategic plans and delivering performance against contracts. Any risks to public stakeholders are managed through formal review processes with NHS England and the ICBs through joint actions on specific issues. Risks are also reviewed via scrutiny meetings with Local Authorities Health and Overview Scrutiny Committees (HOSC). Members of the Board of Directors engage regularly with the ICB’s, including membership of the individual Boards (ICB and ICP). The Working In Partnership with People and Communities Strategy sets-out the movement towards co-production and co-design, which includes having service user representatives on various groups, quality improvement initiatives and service led programmes. The Trust has in place a Membership Strategy, which aims to enhance the engagement with its members. The papers for the Board of Directors are published and members of the public can review performance data using the Power BI system. Members of the public are invited to attend the meeting and submit any questions on any information contained within the Board reports. The Council of Governors Engagement with the Board of Directors Policy and Procedures sets-out the processes in which the Board of Directors will engage with the Council of Governors, including information to be provided to allow

Code	Provision	Comply	Narrative
			<p>Governors to represent the views of the members at all levels of the organisation.</p> <ul style="list-style-type: none"> • The Board of Directors (Executive and Non-Executive) regularly attend the Council of Governors meetings. • Executive and Non-Executive Directors attend the Your Voice Meetings, where members of the public are invited to share their views on a particular subject and there is an open session for members of the public to share their views on any subject. • The Trust Annual Members Meeting was last held on the 6 November 2023. • Executive Directors, Non-Executive Directors and Governors undertake service visits to engage with staff, patients, service users and family members to understand the level and quality of services being provided and represent any views during relevant Board-level discussions.
A.2.8	<p>The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective.</p>	✓	<ul style="list-style-type: none"> • Annual Report 2022/23 (Page 98) includes an Involvement of Stakeholders section. • The Annual Report 2022/23 (Page 114) includes details of the Mental Health Provider Collaborates in which the Trust is involved. • The Annual Report 2022/23 (Page 11) includes details of our Care Unit structure and that they are place-based, and describes our key partnerships across four integrated care systems, to maximise local delivery for the local community.
A.2.9	<p>The workforce should have a means to raise concerns in confidence and – if they wish – anonymously. The board of directors should routinely review this and</p>	✓	<ul style="list-style-type: none"> • The Trust appointed a new Freedom to Speak-Up Principal Guardian (Bernadette Rochford) in 2023/24 to complement existing systems for raising any concerns including line management, Employee Relations, Safeguarding and Student Facilitators.

Code	Provision	Comply	Narrative
	<p>the reports arising from its operation. It should ensure that arrangements are in place for the proportionate and independent investigation of such matters and for follow-up action.</p>		<ul style="list-style-type: none"> • The Trust has a Freedom to Speak-Up / Whistleblowing Policy, which supports existing arrangements. • The Principal Guardian completed a review of current processes and advised the Board of Directors in January 2024 that colleagues raising concerns via this method is encouraging. The Principal Guardian is completing a review of the use of the system to understand why people are raising issues through this method, to ensure the service is able to meet expectations and demand. • The Principal Guardian will produce thematic reports for the Board of Directors, summarising concerns raised and any investigations completed. • The Freedom to Speak-Up Principal Guarding has an open invitation to address the Board of Directors if there are any significant concerns identified.
A.2.10	<p>The board of directors should take action to identify and manage conflicts of interest and ensure that the influence of third parties does not compromise or override independent judgement (directors are required to declare any business interests, position of authority in a charity or voluntary body in the field of health and social care, and any connection with bodies contracting for NHS services. The trust must enter these into a register available to the public in line with Managing conflicts of interest in the NHS: Guidance for staff and organisations. In addition, NHS foundation trust directors have a statutory duty to manage conflicts of interest. In the case</p>	✓	<ul style="list-style-type: none"> • The Board of Directors has in place a Conflict of Interest Policy and Procedure which clearly sets-out the process to be followed should a conflict of interest arise. • The Board of Directors has an item at each meeting for Board members to declare any conflict of interest for items on the agenda and action is taken by the Chair should a conflict arise. • The Conflict of Interest register is available on the Public Website.

Code	Provision	Comply	Narrative
	of NHS trusts, certain individuals are disqualified from being directors on the basis of conflicting interests).		
A.2.11	Where directors have concerns about the operation of the board or the management of the trust that cannot be resolved, these should be recorded in the board minutes. If on resignation a non-executive director has any such concerns, they should provide a written statement to the chair, for circulation to the board.	✓	<ul style="list-style-type: none"> • Board of Director meetings are comprehensively and accurately record in the minutes and include any concerns raised by Directors. • Evidence contained in the minutes that Directors seek assurance relating to concerns they may have and request assurance or action where it is not immediately available. • There have been no instances where a Non-Executive Director has resigned due to having concerns. However, concerns would be circulated to the Board of Directors if this situation were to arise.

Section B: Division of Responsibilities

B.1. Principles

B.1.1. The chair leads the board of directors and, for foundation trusts, the council of governors, and is responsible for its overall effectiveness in leading and directing the trust. They should demonstrate objective judgement throughout their tenure and promote a culture of honesty, openness, trust and debate. In addition, the chair facilitates constructive board relations and the effective contribution of all non-executive directors, and ensures that directors and, for foundation trusts, governors receive accurate, timely and clear information.

B.1.2. Responsibilities should be clearly divided between the leadership of the board and the executive leadership of the trust's operations. No individual should have unfettered powers of decision.

B.1.3. Non-executive directors should have sufficient time to meet their board responsibilities. They should provide constructive challenge and strategic guidance, offer specialist advice and lead in holding the executive to account.

B.1.4. The board of directors should ensure that it has the policies, processes, information, time and resources it needs to function effectively, efficiently and economically.

B.1.5. The board is collectively responsible for the performance of the trust.

Code	Provision	Comply	Narrative
B.1.6.	The board of directors as a whole is responsible for ensuring the quality and safety of the healthcare services, education, training and research delivered by the trust, and applying the principles and standards of clinical governance set out by DHSC, NHS England, the CQC and other relevant NHS bodies.		
B.1.7.	All members of the board of directors have joint responsibility for every board decision regardless of their individual skills or status. This does not impact on the particular responsibilities of the chief executive as the accounting officer.		
B.2. Provisions			
B.2.1	The chair is responsible for leading on setting the agenda for the board of directors and, for foundation trusts, the council of governors, and ensuring that adequate time is available for discussion of all agenda items, in particular strategic issues.	✓	<ul style="list-style-type: none"> • The Board of Directors schedule of business provides items for all future meetings and is used to develop each agenda. The agenda is discussed with the Chair to ensure they are satisfied with the focus of the business and there is adequate time for discussion on all items. • The Chair is provided with an annotated agenda prior to any meeting, which provides information on each item to help ensure the right amount of time is dedicated to each item. • The Council of Governors schedule of business provides the items for all future meetings and is used to develop each agenda. The Lead / Deputy Lead Governor meets with the Chair prior to the Council of Governors to review and agree the agenda. • The Standing Orders for the Board of Directors and Standing Orders for the Council of Governors includes provisions for setting the agenda, including any additional items being added with written permission from the Chair.
B.2.2	The chair is also responsible for ensuring that directors and, for foundation trusts, governors receive accurate, timely and clear information that enables them to perform their duties effectively. A foundation trust chair should take steps to ensure that governors have the necessary	✓	<ul style="list-style-type: none"> • Papers and information for Board meetings are shared with Directors via a Board Portal, which allows papers to be uploaded as they are made available. • The papers are circulated to the Council of Governors prior to the Board meetings and for public board meetings posted on our externally facing website.

Code	Provision	Comply	Narrative
	skills and knowledge to undertake their role.		<ul style="list-style-type: none"> • The Standing Orders for the Board of Directors provides the minimum time for papers to be circulated to Directors prior to any Board of Director meeting. • Governors receive a weekly Governor Update, which includes any additional information to enable them to perform their duties effectively. • The Learning and Development Plan for Governors provides topics to ensure Governors have the necessary skills and knowledge to undertake their role. The plan is developed and monitored by the Council of Governors Training & Development Committee. • The Governors receive a Governor Induction booklet upon election and annually, which provides detailed information on the Trust and the role of a Governor.
B.2.3	The chair should promote a culture of honesty, openness, trust and debate by facilitating the effective contribution of non-executive directors in particular, and ensuring a constructive relationship between executive and non-executive directors.	✓	<ul style="list-style-type: none"> • The Trust operates an open and honest culture, which is underpinned by the Code of Conduct for the Board of Directors, which is based on the Nolan Principles. • The Chair promotes a culture of honesty, openness, trust and debate at each Board of Directors meeting, ensuring that Executive Directors / Non-Executive Directors are provided with the opportunity to constructively challenge each other in an open environment. • The Standing Committees of the Board are chaired by Non-Executive Directors, allowing a detailed scrutiny of items prior to the Board of Director meetings. • The Chief Executive Officer regularly meets with the Non-Executive Directors to share details of the operating of the Trust and any topical / emergent issues.

Code	Provision	Comply	Narrative
			<ul style="list-style-type: none"> • There is a programme of Board Seminar / Development sessions where Executive and Non-Executive Directors meet to discuss certain topics or upcoming strategies / services. For examples in 2023/24 a development session was held on what it meant to be a digitally enabled organisation.
B.2.4	A foundation trust chair is responsible for ensuring that the board and council work together effectively.	✓	<ul style="list-style-type: none"> • The Council of Governors Relationship with the Board of Directors Policy & Procedure sets-out how the Board and Council will work together effectively, including in the event of any dispute. • The Board and Council hold joint seminar sessions twice per-year to discuss key topics of shared interest. • Executive and Non-Executive Directors regularly attend (by invitation) Council of Governor meetings. • Non-Executive Directors meet with Governors quarterly at a constituency level.
B.2.5	The chair should be independent on appointment when assessed against the criteria set out in provision 2.6 below. The roles of chair and chief executive must not be exercised by the same individual. A chief executive should not become chair of the same trust. The board should identify a deputy or vice chair who could be the senior independent director. The chair should not sit on the audit committee. The chair of the audit committee, ideally, should not be the deputy or vice chair or senior independent director.	✓	<ul style="list-style-type: none"> • The independence of the Chair is set-out in the recruitment criteria for any appointment. • The Trust operates an electronic declaration of interest system where individuals, including the Chair, are required to make annual declarations. • The role of Chair (Professor Sheila Salmon) and CEO (Paul Scott) are held by separate individuals. The current Chair has not been a CEO of the Trust. • The Trust has a Vice Chair (Manny Lewis until March 2024, Loy Lobo, from April 2024). The role and appointment of the Vice Chair is set-out in the Managing the Absence of the Chair Procedure. • The Trust has a Senior Independent Director (Dr Mateen Jiwani) • The Chair is not a member of the Audit Committee. The Chair of the Audit Committee is Elena Lokteva.

Code	Provision	Comply	Narrative
B.2.6	<p>The board of directors should identify in the annual report each non-executive director it considers to be independent. Circumstances that are likely to impair, or could appear to impair, a non-executive director's independence include, but are not limited to, whether a director:</p> <ul style="list-style-type: none"> • has been an employee of the trust within the last two years • has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, material shareholder, director or senior employee of a body that has such a relationship with the trust • has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme • has close family ties with any of the trust's advisers, directors or senior employees • holds cross-directorships or has significant links with other directors through involvement with other companies or bodies • has served on the trust board for more than six years from the date 	✓	<ul style="list-style-type: none"> • The Annual Report 2022/23 (Pg78) provides a statement confirming the independence of the Non-Executive Directors following review of the Code of Governance. • The electronic declaration of interest system requires Non-Executive Directors to make an annual declaration. The Board of Directors agenda includes an item for Board members to declare any interest that may impact their independence for any items on the agenda. • As at 31 March 2024 there are no circumstances identified which are likely to impair the independence of the Non-Executive Directors as outlined in this provision. • The Chair of the Trust has served longer than six-years, however, this was due to an extension to their term of office of one-year, which was agreed through appropriate governance with NHS England.

Code	Provision	Comply	Narrative
	<p>of their first appointment (but note 4.3 in Section C below, where chairs and NEDs can serve beyond six years subject to rigorous review and NHS England approval).</p> <ul style="list-style-type: none"> is an appointed representative of the trust's university medical or dental school. <p>Where any of these or other relevant circumstances apply, and the board of directors nonetheless considers that the non-executive director is independent, it needs to be clearly explained why.</p>		
B.2.7	At least half the board of directors, excluding the chair, should be non-executive directors whom the board considers to be independent.	✓	<ul style="list-style-type: none"> The Board of Directors in 2022/23 had seven Non-Executive Directors (excluding the Chair) and seven Executive Directors in a voting capacity. This requirement is set-out in the Trust Constitution. The Trust is currently undertaking a recruitment process to replace a Non-Executive Director who stepped down due to ill health.
B.2.8	No individual should hold the positions of director and governor of any NHS foundation trust at the same time.	✓	<ul style="list-style-type: none"> There are no Directors who are also Governors of the Trust.
B.2.9	The value of ensuring that committee membership is refreshed and that no undue reliance is placed on particular individuals should be taken into account in deciding chairship and membership of committees. For foundation trusts, the council of governors should take into	✓	<ul style="list-style-type: none"> The Trust reviews the roles of Non-Executive Directors, including membership / chairing of Standing Committees. This is reviewed and refreshed on appointment of new Non-Executive Directors. The Council of Governors Nominations Committee reviews a skills matrix to ensure any gaps in skill sets, backgrounds and lived experience are

Code	Provision	Comply	Narrative
	account the value of appointing a non-executive director with a clinical background to the board of directors, as well as the importance of appointing diverse non-executive directors with a range of skill sets, backgrounds and lived experience.		considered as part of any appointment process. This includes ensuring at least one Non-Executive Director has a clinical background.
B.2.10	Only the committee chair and committee members are entitled to be present at nominations, audit or remuneration committee meetings, but others may attend by invitation of the particular committee.	✓	<ul style="list-style-type: none"> • The Audit and Remuneration & Nominations Committee have clear Terms of Reference in place, setting-out the Chair and Membership. • Other individuals attend the Committees to present papers and discuss items within their portfolio or area of expertise. For the Remuneration & Nominations Committee this is usually only the CEO and Chief People Officer.
B.2.11	In consultation with the council of governors, NHS foundation trust boards should appoint one of the independent non-executive directors to be the senior independent director: to provide a sounding board for the chair and serve as an intermediary for the other directors when necessary. Led by the senior independent director, the foundation trust non-executive directors should meet without the chair present at least annually to appraise the chair's performance, and on other occasions as necessary, and seek input from other key stakeholders. For NHS trusts the process is the same but the appraisal is overseen by NHS England	✓	<ul style="list-style-type: none"> • Dr Mateen Jiwani is the current Senior Independent Director. The appointment was undertaken as an expression of interest, approved by the Board of Directors and endorsed by the Council of Governors at respective meetings. • The Senior Independent Director appraises the Chair on an annual basis. The process includes receiving and considering views from the Board of Directors, Council of Governors and a range of external stakeholders / partners.

Code	Provision	Comply	Narrative
	as set out in the Chair appraisal framework .		
B.2.12	Non-executive directors have a prime role in appointing and removing executive directors. They should scrutinise and hold to account the performance of management and individual executive directors against agreed performance objectives. The chair should hold meetings with the non-executive directors without the executive directors present.	✓	<ul style="list-style-type: none"> • The Board of Directors Remuneration & Nominations Committee leads on any Executive Director recruitment, including final approval of candidates. This is evidenced from the appointment of an Executive Nurse and Executive Chief People Officer in 2023/24. • The Interview Panels and Stakeholder Groups included Non-Executive Directors. • The Board of Directors Remuneration & Nominations Committee receives the outcome of annual appraisals of Executive Directors, including achievement of objectives and the setting of future objectives. The Committee receives an update via a mid-year review of objectives from the CEO. • The Chair meets with Non-Executive Directors on a weekly basis, without the presence of Executive Directors.
B.2.13	The responsibilities of the chair, chief executive, senior independent director if applicable, board and committees should be clear, set out in writing, agreed by the board of directors and publicly available. The annual report should give the number of times the board and its committees met, and individual director attendance.	✓	<ul style="list-style-type: none"> • The Standing Orders for the Board of Directors sets-out the role of the Chair and Chief Executive. The appointment of the Senior Independent Director is included and the role outlined as part of descriptions of specific processes led by the SID. • The Scheme of Reservation & Delegation (SoRD) provides the responsibilities reserved for the Board of Directors and the delegated authority provided to the Standing Committees. • The Standing Committees of the Board of Directors each have a Terms of Reference setting-out the responsibilities of each Committee. • The Annual Report 2022/23 provides records of Board and Standing Committee attendance for individual Directors. • All documents are available on request.

Code	Provision	Comply	Narrative
B.2.14	When appointing a director, the board of directors should take into account other demands on their time. Prior to appointment, the individual should disclose their significant commitments with an indication of the time involved. They should not take on material additional external appointments without prior approval of the board of directors, with the reasons for permitting significant appointments explained in the annual report. Full-time executive directors should not take on more than one non-executive directorship of another trust or organisation of comparable size and complexity, and not the chair ship of such an organisation.	✓	<ul style="list-style-type: none"> • The job descriptions (Executive Directors) and Terms & Conditions (Non-Executive Directors) sets-out the time commitment for the specific roles. • Directors are required to disclose any significant commitments prior to their appointment. • The Declaration of Interest system requires Directors to make annual declarations and identify any new commitments. Any significant commitments would require approval by the Board of Directors Remuneration & Nomination Committee. (Evidenced by CEO appointment as a non-executive director for Carradale Futures). • No current Executive Directors holds a non-executive directorship of another trust or organisation of comparable size and complexity to EPUT.
B.2.15	All directors should have access to the advice of the company secretary, who is responsible for advising the board of directors on all governance matters. Both the appointment and removal of the company secretary should be a matter for the whole board.	✓	<ul style="list-style-type: none"> • The Senior Director of Corporate Governance (Denver Greenhalgh) acts as the company secretary (Trust Secretary) and is accessible for all directors. • The Senior Director of Corporate Governance is a member of the Board (non-voting) and provides any relevant governance advice as required.
B.2.16	All directors, executive and non-executive, have a responsibility to constructively challenge during board discussions and help develop proposals on priorities, risk mitigation, values,	✓	<ul style="list-style-type: none"> • Non-Executive Directors have the opportunity at Board meetings and standing committee meetings to challenge as well as at Board Development Sessions. • The Board of Directors receives a Quality & Performance Scorecard using Power BI, which allows directors to undertake deep dive reviews of financial

Code	Provision	Comply	Narrative
	standards and strategy. In particular, non-executive directors should scrutinise the performance of the executive management in meeting agreed goals and objectives, request further information if necessary, and monitor the reporting of performance. They should satisfy themselves as to the integrity of financial, clinical and other information, and make sure that financial and clinical quality controls, and systems of risk management and governance, are robust and implemented.		<p>and clinical quality data which allows for the scrutiny of performance and assessment of the integrity of internal controls.</p> <ul style="list-style-type: none"> • The Board Assurance Framework provides relevant information on the risks and internal control mechanisms. • All Board Standing Committees have Non-Executive Director representation and are chaired by a Non-Executive Director. • Any such challenges are recorded in the minutes
B.2.17	The board of directors should meet sufficiently regularly to discharge its duties effectively. A schedule of matters should be reserved specifically for its decisions. For foundation trusts, this schedule should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by the board, the council of governors, board committees	✓	<ul style="list-style-type: none"> • The Board of Directors meets a minimum of six-times per year and holds Extra-Ordinary meetings to consider relevant items outside of this schedule of business. The Board of Directors met eight times in 2023/24. • The Scheme of Reservation & Delegation (SoRD) clearly provides the matters reserved specifically for its decisions. The Board of Directors Schedule of Business provides a list of items for consideration and / or decision for the financial year. • The Standing Orders for the Council of Governors provides the roles and responsibilities of the Council of Governors. The Standing Orders also includes a section setting-out the process for resolving any disagreement between the Board and Council. • The Council of Governors Relationship with the Board of Directors Policy & Procedure provides for the action to be taken should there be a disagreement. The Council of Governors also has a number of procedures in place detailing processes to be undertaken for any statutory function, including a section on the action to be taken should there be a disagreement.

Code	Provision	Comply	Narrative
	and the types of decisions that are delegated to the executive management of the board of directors.		<ul style="list-style-type: none"> The Annual Report 2022/23 provides details of the governance arrangements for the Trust, including the Board of Directors, Standing Committees and the Council of Governors. The report provides information on any key decisions made, including appointment / re-appointment of Directors.
SECTION C: COMPOSITION, SUCCESSION AND EVALUATION			
C.1: Principles			
<ul style="list-style-type: none"> C.1.1 Appointments to the board of directors should follow a formal, rigorous and transparent procedure, and an effective succession plan should be maintained for board and senior management. Appointments should be made solely in the public interest, with decisions based on integrity, merit, openness and fairness. Both appointments and succession plans should be based on merit and objective criteria and, within this context, should promote diversity of gender, social and ethnic backgrounds, disability, and cognitive and personal strengths (for more information refer to the Equality Act 2010, The NHS' successive Equality Delivery Systems (EDS) and the NHS Workforce Race Equality Standard (WRES)). In particular, the board should have published plans for how it and senior managers will in percentage terms at least match the overall black and minority composition of its overall workforce, or its local community, whichever is the higher. C.1.2 The board of directors and its committees should have a diversity of skills, experience and knowledge. The board should be of sufficient size for the requirements of its duties, but should not be so large as to be unwieldy. Consideration should be given to the length of service of the board of directors as a whole and membership regularly refreshed. C.1.3 Annual evaluation of the board of directors should consider its composition, diversity and how effectively members work together to achieve objectives. Individual evaluation should demonstrate whether each director continues to contribute effectively. 			
C.2: Provisions for Foundation Trusts Board Appointments			
C.2.1	The nominations committee or committees of foundation trusts, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors. The nominations	✓	<ul style="list-style-type: none"> The Trust has two committees responsible for Executive Director appointments and Non-Executive Directors appointments / reappointments as set out in their terms of reference: <ul style="list-style-type: none"> <u>Board of Directors Remuneration and Nominations Committee</u> reviews the structure, size and composition of the Board of Directors, considers succession planning and makes recommendations for changes as

Code	Provision	Comply	Narrative
	<p>committee should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the trust, and the skills and expertise required within the board of directors to meet them. Best practice is that the selection panel for a post should include at least one external assessor from NHS England and/or a representative from a relevant ICB, and the foundation trust should engage with NHS England to agree the approach.</p>		<p>appropriate; it is responsible for the Executive Director appointment process.</p> <ul style="list-style-type: none"> - <u>Council of Governors Nominations Committee</u> implements the procedure for the identification and nomination of suitable candidates for Chair and Non-Executive Director appointments / reappointments (for recommendation to the full Council) that fit the succession planning criteria recommended by the Board of Director Remuneration and Nominations Committee. • Recruitment processes for the Executive Nurse, Executive Chief People Officer and Non-Executive Directors included a representative from either NHS England or the ICB as part of the interview process.
C.2.2	<p>There may be one or two nominations committees. If there are two, one will be responsible for considering nominations for executive directors and the other for non-executive directors (including the chair). The nominations committee(s) should regularly review the structure, size and composition of the board of directors and recommend changes where appropriate. In particular, the nominations committee(s) should evaluate, at least annually, the balance of skills, knowledge, experience and diversity on the board of directors and, in the light of this evaluation, describe the role and capabilities required for appointment of both executive and non-executive directors, including the chair.</p>	✓	<ul style="list-style-type: none"> • See C.2.1 • Composition of the Board of Directors considered as part of appointment process for Board members. • A regular review of skills and experience is undertaken to ensure that the Board has the right skill mix to discharge its duties, including when appointing new Non-Executive Directors. • The Trust is currently in the process of implementing the new competency framework published by NHS England, which will support the regular review of skills mix and capability of the Board of Directors.

Code	Provision	Comply	Narrative
C.2.3	The chair or an independent non-executive director should chair the nominations committee(s). At the discretion of the committee, a governor can chair the committee in the case of appointments of non-executive directors or the chair.	✓	<ul style="list-style-type: none"> The Chair (Professor Sheila Salmon) chairs both the Board of Directors Remuneration & Nominations Committee and the Council of Governors Nominations Committee. The Lead Governor or the Vice Chair acts as Chair of the Council of Governors Nominations Committee where items are related to the Chair.
C.2.4	The governors should agree with the nominations committee a clear process for the nomination of a new chair and non-executive directors. Once suitable candidates have been identified, the nominations committee should make recommendations to the council of governors.	✓	<ul style="list-style-type: none"> The Council of Governors Nominations Committee leads on the appointment of the Chair and Non-Executive Directors. The Council of Governors Appointment of the Chair and Non-Executive Directors Procedure provides the process.
C.2.5	Open advertising and advice from NHS England's Non-Executive Talent and Appointments team is available for use by nominations committees to support the council of governors in the appointment of the chair and non-executive directors. If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors.	✓	<ul style="list-style-type: none"> The Trust engages Executive Search organisations for the recruitment of Directors. In 2023/24 the Trust engaged Alumni for Executive Directors and Hunter Healthcare for Non-Executive Directors to provide independent support. This will be included in the Annual Report for 2023/24.

Code	Provision	Comply	Narrative
C.2.6	Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should have governors and/or independent members in the majority. If only one nominations committee exists, when nominations for non-executives, including the appointment of a chair or a deputy chair, are being discussed, governors and/or independent members should be in the majority on the committee and also on the interview panel.	✓	<ul style="list-style-type: none"> • The Council of Governors Nominations Committee membership has Governors in the majority, which is outlined in the Terms of Reference for the Committee. • The Interview Panel for the appointment of the Chair and Non-Executive Directors includes Governors as the majority in a voting capacity, as outlined in the Appointment of the Chair / Non-Executive Directors Procedure. • An independent external chair joins the interview panel to provide an objective view of suitability for post for Non-Executive Directors.
C.2.7	When considering the appointment of non-executive directors, the council of governors should take into account the views of the board of directors and the nominations committee on the qualifications, skills and experience required for each position.	✓	<ul style="list-style-type: none"> • Arrangements in place between the Board of Directors Remuneration and Nominations Committee and Council of Governors Nominations Committee to ensure there is a dialogue between the two Committees (as detailed in terms of reference, for continuity Chair of the Trust is Chair of both committees • Appointment process took place in 2023/24 and a report was provided to the Council of Governors Nomination Committee by the Senior Director of Corporate Governance providing information to support discussions, including the views of the Chair / Board of Directors. • Members of the Board of Directors participate in Stakeholder Panels for the appointment of Non-Executive Directors. The views of the Stakeholder Panel are provided to the Interview Panel for consideration.
C.2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-	✓	<ul style="list-style-type: none"> • The Annual Report 2022/23 (Page 80-81) provides details of appointment / re-appointment process undertaken during the financial year.

Code	Provision	Comply	Narrative
	executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.		<ul style="list-style-type: none"> The Terms of Reference for the Council of Governors Nominations Committee is available on request.
C.2.9	Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The names of governors submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to make an informed decision on their election. This should include prior performance information.	✓	<ul style="list-style-type: none"> The Trust Constitution process for Governors to hold terms of office of up-to three years before re-election. The election process completed in 2023/24 were undertaken using CIVICA Election Services, which provided the names and biographical information for candidates. The Trust would include any performance related information as necessary.
C.2.10	A requirement of the National Health Service Act 2006 as amended (the 2006 Act) is that the chair, the other non-executive directors and – except in the case of the appointment of a chief executive – the chief executive are responsible for deciding the appointment of executive directors. The nominations committee with responsibility for executive director nominations should identify suitable candidates to fill executive director vacancies as they arise and make recommendations to the chair, the other non-executives directors and,	✓	<ul style="list-style-type: none"> The Board of Directors Remuneration & Nominations Committee leads on the appointment of Executive Directors, as outlined in the Terms of Reference.

Code	Provision	Comply	Narrative
	except in the case of the appointment of a chief executive, the chief executive.		
C.2.11	It is for the non-executive directors to appoint and remove the chief executive. The appointment of a chief executive requires the approval of the council of governors.	✓	<ul style="list-style-type: none"> • The Board of Directors Remuneration & Nominations Committee leads on the appointment of Executive Directors, as outlined in the Terms of Reference. • The Trust Constitution provides for the Chief Executive Officer to be appointed and removed by Non-Executive Directors, with the appointment being approved by the majority of members of Council of Governors present and voting at a general meeting. • The Appointment of the Chief Executive Officer Procedure in place sets-out the process for Governor involvement in the process and process for the Council to approve the appointment. The procedure sets-out the minimum requirement and the actual process may change in agreement with the Council.
C.2.12	The governors are responsible at a general meeting for the appointment, re-appointment and removal of the chair and other non-executive directors.	✓	<ul style="list-style-type: none"> • Procedure for the recruitment of Chair / Non-Executive Directors in place. • Council of Governors Nominations Committee has a clear terms of reference • Recommendations made to Council of Governors by Council of Governors Nominations Committee for appointment of Non-Executive Directors and are recorded in the minutes. • Re-appointment / appointment of Non-Executive Directors undertaken in 2023/24 managed by the Council of Governors Nomination Committee and approved by the Council of Governors.
C.2.13	Non-executive directors, including the chair, should be appointed by the council of governors for the specified terms subject to re-appointment thereafter at intervals of no more than three years and	✓	<ul style="list-style-type: none"> • The Council of Governors appoint Non-Executive Directors for a specific term of office that does not exceed three-years. This is outlined in any reports to the Council and subsequent minutes. • The Trust Constitution provides clear criteria, in line with the 2006 Act, for the removal of a Director and this would be undertaken if required.

Code	Provision	Comply	Narrative
	subject to the 2006 Act provisions relating to removal of a director.		
C.2.14	The terms and conditions of appointment of non-executive directors should be made available to the council of governors. The letter of appointment should set out the expected time commitment. Non-executive directors should undertake that they will have sufficient time to do what is expected of them. Their other significant commitments should be disclosed to the council of governors before appointment, with a broad indication of the time involved, and the council of governors should be informed of subsequent changes.	✓	<ul style="list-style-type: none"> • The Terms and Conditions for Non-Executive Directors are available to the Council of Governors on request. • The letters of appointment for Non-Executive Directors sets-out the expected time commitment. This is established as part of the recruitment process with Non-Executive Directors agreeing to the time commitment. • Any additional significant commitments are provided to the Council of Governors Nominations Committee as part of the recruitment process. • The publically available declaration of interest system provides for any new commitments and a process is undertaken to approve any NED who is appointed as a NED of another NHS Body. • The time commitment of Non-Executive Directors is informally monitored as part of regular NED team meetings. Any issues with time commitment would be reported to the Council of Governors as required. Governors can also raise concerns regarding the time commitment of NEDs if required.
C.3: Provisions for NHS Trust Board Appointments (N/A)			
C.4: Board Appointments: Provisions Applicable to both NHS Foundation Trusts and NHS Trusts			
C.4.1	Directors on the board of directors and, for foundation trusts, governors on the council of governors should meet the 'fit and proper' persons test described in the provider licence. For the purpose of the licence and application criteria, 'fit and proper' persons are defined as those having the qualifications, competence,	✓	<ul style="list-style-type: none"> • The Fit and Proper Persons Policy & Procedure sets-out the process for assessing if a person is fit and proper. • The Trust is implementing the new Fit & Proper Persons Test requirements issued by NHS England. The Trust Secretary's Office complete all relevant checks of Directors and identifies any concerns to the Chair / CEO for consideration in annual appraisals.

Code	Provision	Comply	Narrative
	<p>skills, experience and ability to properly perform the functions of a director. They must also have no issues of serious misconduct or mismanagement, no disbarment in relation to safeguarding vulnerable groups and disqualification from office, be without certain recent criminal convictions and director disqualifications, and not bankrupt (undischarged). Trusts should also have a policy for ensuring compliance with the CQC's guidance Regulation 5: Fit and proper persons: directors.</p>		<ul style="list-style-type: none"> • Following annual appraisals, the Chair is required to sign the Fit and Proper Persons Test form to confirm an individual Director is Fit and Proper. Action would be taken if there are any concerns raised as part of this process. • The Trust Constitution sets-out the criteria for disqualification as a Director and Governor, in line with the FPPT requirements. • Directors complete an annual Self-Attestation confirming they do not meet any of the disqualification criteria, as part of the overall FPPT test. • Governors complete a Self-Attestation on appointment, confirming they do not meet any of the disqualification criteria and sign-up to the Council of Governors Code of Conduct.
C.4.2	<p>The board of directors should include in the annual report a description of each director's skills, expertise and experience. Alongside this, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the trust. Both statements should also be available on the trust's website.</p>	✓	<ul style="list-style-type: none"> • The Annual Report 2022/23 (Page 40 – 46) provides biographies of the Board of Directors, including skills, expertise and experience. • The Annual Report 2022/23 (Page 79) provides a statement of the balance, completeness and appropriateness of the membership of the Board of Directors. • The Annual Report is available on the Public Website.
C.4.3	<p>Chairs or NEDs should not remain in post beyond nine years from the date of their first appointment to the board of directors and any decision to extend a term beyond six years should be subject to rigorous review. To facilitate effective succession planning and the development of a diverse board, this period of nine years</p>	✓	<ul style="list-style-type: none"> • No current Non-Executive Director has exceeded nine-years in post. • The Chair has been in post for seven years following an extension of their term of office. This was agreed with the Council of Governors and NHS England, including clear rationale.

Code	Provision	Comply	Narrative
	<p>can be extended for a limited time, particularly where on appointment a chair was an existing non-executive director. The need for all extensions should be clearly explained and should have been agreed with NHS England. A NED becoming chair after a three-year term as a non-executive director would not trigger a review after three years in post as chair.</p>		
C.4.4	<p>Elected foundation trust governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The governor names submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to make an informed decision on their election. This should include prior performance information. Best practice is that governors do not serve more than three consecutive terms to ensure that they retain the objectivity and independence required to fulfil their roles.</p>	✓	<ul style="list-style-type: none"> • See section C.2.9 • The Trust Constitution provides for Governors to serve a maximum of three terms of office of up to three-years, before having a break of a year before seeking any further term of office.
C.4.5	<p>There should be a formal and rigorous annual evaluation of the performance of the board of directors, its committees, the chair and individual directors. For NHS foundation trusts, the council of governors should take the lead on agreeing a</p>	✓	<ul style="list-style-type: none"> • The Annual Report 2022/23 (Page 101 – 103) provides details of the regular review of the performance of the Board / Organisation, including internal and external audit. • The Trust Well-Led Review was undertaken by Deloitte in 2019 and identified no areas of concern. The Trust has commissioned an independent

Code	Provision	Comply	Narrative
	<p>process for the evaluation of the chair and non-executive directors. The governors should bear in mind that it may be desirable to use the senior independent director to lead the evaluation of the chair. NHS England leads the evaluation of the chair and non-executive directors of NHS trusts.</p>		<p>Well-Led Review to be undertaken by NHS England in 2024/25, which is currently underway.</p> <ul style="list-style-type: none"> • The Council of Governors complete an annual effectiveness review, including its own performance and that of its sub-committees. • The Board and standing committees undertake an annual effectiveness review. • The Chair and Chief Executive Officer complete annual appraisals of Non-Executive Directors and Executive Directors respectively, which includes a review of performance against objectives. • The appraisal of the Chair is undertaken by the Senior Independent Director. • The Council of Governors Remuneration Committee reviews Non-Executive Director appraisals and meets with each individual to discuss the content. The Committee considers the quality and accuracy of the appraisals and reports back to the Council of Governors.
C.4.6	<p>The chair should act on the results of the evaluation by recognising the strengths and addressing any weaknesses of the board of directors. Each director should engage with the process and take appropriate action where development needs are identified.</p>	✓	<ul style="list-style-type: none"> • Any action plans from annual reviews are presented to the Board of Directors and monitored by the relevant Standing Committee. • The Chair / Senior Independent Director acts on the outcome of appraisals of Non-Executive Directors, recognising strengths and addressing any weaknesses. • The Chief Executive Officer shares the outcome of the Executive Director appraisals with the Board of Directors Remuneration & Nominations Committee to identify strengths and discusses addressing areas of weakness.
C.4.7	<p>All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years,</p>	✓	<ul style="list-style-type: none"> • The last externally facilitated development review of leadership and governance using the Well-Led Review was undertaken by Deloitte in 2019 and a Well-Led Review is now underway by NHS England.

Code	Provision	Comply	Narrative
	<p>according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors or governors.</p>		
<p>C.4.8</p>	<p>Led by the chair, foundation trust councils of governors should periodically assess their collective performance and regularly communicate to members and the public how they have discharged their responsibilities, including their impact and effectiveness on:</p> <ul style="list-style-type: none"> • holding the non-executive directors individually and collectively to account for the performance of the board of directors • communicating with their member constituencies and the public and transmitting their views to the board of directors • contributing to the development of the foundation trust’s forward plans. <p>The council of governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice. Further information can be found in Your statutory duties: a reference guide for NHS</p>	<p>✓</p>	<ul style="list-style-type: none"> • The Council of Governors completes an annual effectiveness review of its own performance and its sub-committees. The results are presented to the Council of Governors for discussion and the identification of any actions to be taken forward.

Code	Provision	Comply	Narrative
	foundation trust governors and an Addendum to Your statutory duties – A reference guide for NHS foundation trust governors .		
C.4.9	<p>The council of governors should agree and adopt a clear policy and a fair process for the removal of any governor who consistently and unjustifiably fails to attend its meetings or has an actual or potential conflict of interest that prevents the proper exercise of their duties. This should be shared with governors.</p>	✓	<ul style="list-style-type: none"> • The Trust Constitution sets-out the criteria for the disqualification of a Governor, including failing to attend Council meetings and conflicts of interest. The Constitution also provides for the process to be followed for the removal of a Governor if the need arises, which is supported by the Council of Governors Code of Conduct. • The Monitoring of Council of Governors Attendance Procedure provides further context to the terms “consistently and unjustifiably fails to attend” and the process to be followed. The procedure was developed and approved by the Council of Governors.
C.4.10	<p>In addition, it may be appropriate for the process to provide for removal from the council of governors if a governor or group of governors behaves or acts in a way that may be incompatible with the values and behaviours of the NHS foundation trust. NHS England’s model core constitution suggests that a governor can be removed by a 75% voting majority; however, trusts are free to stipulate a lower threshold if considered appropriate. Where there is any disagreement as to whether the proposal for removal is justified, an independent assessor agreeable to both parties should be asked to consider the evidence and determine whether or not the proposed</p>	✓	<ul style="list-style-type: none"> • The Trust Constitution includes criteria for the disqualification of a Governor and removal from office where their values and behaviours are not compatible with the Trust. • As above re. process for removal of a Governor. • The Council of Governors Code of Conduct is based on the Nolan Principles and is based on the Trust values. Governors are required to agree to the Code of Conduct on appointment and includes the process to be followed should a Governor breach the Code.

Code	Provision	Comply	Narrative
	<p>removal is reasonable. NHS England can only use its enforcement powers to require a trust to remove a governor in very limited circumstances: where it has imposed an additional condition relating to governance in the trust's licence because the governance of the trust is such that the trust would otherwise fail to comply with its licence and the trust has breached or is breaching that additional condition. It is more likely that NHS England would have cause to require a trust to remove a director under its enforcement powers than a governor.</p>		
C.4.11	<p>The board of directors should ensure it retains the necessary skills across its directors and works with the council of governors to ensure there is appropriate succession planning.</p>	✓	<ul style="list-style-type: none"> • See Section C.2.1
C.4.12	<p>The remuneration committee should not agree to an executive member of the board leaving the employment of the trust except in accordance with the terms of their contract of employment, including but not limited to serving their full notice period and/or material reductions in their time commitment to the role, without the board first completing and approving a full risk assessment.</p>	✓	<ul style="list-style-type: none"> • To date no Executive Directors have left the Trust outside of the terms of their employment contract.

Code	Provision	Comply	Narrative
C.4.13	<p>The annual report should describe the work of the nominations committee(s), including:</p> <ul style="list-style-type: none"> the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of directors, governors and individual directors, the outcomes and actions taken, and how these have or will influence board composition the policy on diversity and inclusion, including in relation to disability, its objectives and linkage to trust strategy, how it has been implemented and progress on achieving the objectives the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the 	✓	<ul style="list-style-type: none"> The Annual Report 2022/23 (Page 80 – 81) provides details of the Board of Directors Remuneration & Nominations Committee and the Council of Governors Nominations Committee. The Annual Report 2022/23 (Page 27) provides details of the Equality Monitoring policies in place. Page 33 provides information relating to the race equality of the workforce, linked with the WRES. The Annual Report 2022/23 (Page 62) provides a workforce profile, which provides gender balance for senior management and their direct reports. Information on the diversity of the Board and Senior Managers in comparison with the workforce needs to be included in the annual report for 2023/24.

Code	Provision	Comply	Narrative
	<p>trust's workforce and communities served</p> <ul style="list-style-type: none"> the gender balance of senior management and their direct reports. 		
C.5: Development, Information and Support			
C.5.1	<p>All directors and, for foundation trusts, governors should receive appropriate induction on joining the board of directors or the council of governors, and should regularly update and refresh their skills and knowledge. Both directors and, for foundation trusts, governors should make every effort to participate in training that is offered.</p>	✓	<p>Director induction</p> <ul style="list-style-type: none"> NED induction is included in NED's objectives and is monitored and reviewed by Chair NED and ED induction programme and information pack reviewed and updated in line with good practice; induction programme is tailored to the Director's requirements based on skills and experience All Directors new to the NED role completed the NED induction programme NEDs are encouraged to attend relevant briefings and conferences organised by NHS Providers and other national NHS-related organisations, and provide feedback at the NEDs Discussion Group meeting Executive Directors undertake corporate induction training programme; additional induction and ongoing training requirements will be identified relevant to role. The Executive Director induction is managed through the Trust's Supervision and Appraisal Policy and Procedure. Executive Directors are given a 6-month probationary period following commencement with the Trust. Objectives are set for achievement within this probationary period and these are formally reviewed at the end of the probationary period. The outcome of the review is provided to the BoD RemNom Committee.

Code	Provision	Comply	Narrative
			<ul style="list-style-type: none"> • Non-Executive Directors are given a one-year probationary period following appointment, which is reviewed by the Council of Governors at the end of the 12-month period. S <p>Governor induction</p> <ul style="list-style-type: none"> • Governor induction programme reviewed and included as part of the Governor Learning & Development Schedule and regularly updated taking account of good practice and relevance to the Trust • Governor Induction Handbook based on documents developed by NHS Providers provided to any new Governors. • Individual induction sessions held with new Governors joining the Trust throughout the year due to Governor resignations and Appointed Governors.
C.5.2	<p>The chair should ensure that directors and, for foundation trusts, governors continually update their skills, knowledge and familiarity with the trust and its obligations for them to fulfil their role on the board, the council of governors and committees. Directors should also be familiar with the integrated care system(s) that commission material levels of services from the trust. The trust should provide the necessary resources for its directors and, for foundation trusts, governors to develop and update their skills, knowledge and capabilities. Where directors or, for foundation trusts, governors are involved in recruitment, they should receive appropriate training,</p>	✓	<ul style="list-style-type: none"> • Directors individual appraisal and performance evaluations undertaken annually with six monthly reviews • Directors have individual personal objectives and professional/personal development plans. The Trust is currently implementing the NHS England Competency Framework. • Directors have access to training courses/materials as identified in their individual personal development plan • Non-Executive Directors personal development objectives received by Council of Governors Remuneration Committee as part of review/assurance of Non-Executive Directors performance. • The Council of Governors have a Learning & Development Plan, monitored by the Council of Governors Training & Development Committee which identifies a wide range of topics for learning and development. The Plan is regularly reviewed and updated with any new learning requirements. • The Council of Governors Nominations Committee receives training in recruitment prior to any NED appointment process. In 2023/24, this was

Code	Provision	Comply	Narrative
	including on equality, diversity and inclusion, and unconscious bias.		provided by the Interim Chief People Officer and included areas such as equality, diversity, inclusion and unconscious bias.
C.5.3	To function effectively, all directors need appropriate knowledge of the trust and access to its operations and staff. Directors and governors also need to be appropriately briefed on values and all policies and procedures adopted by the trust.	✓	<ul style="list-style-type: none"> • The induction programme includes details about the Trust, including operations and key issues, for both Board and Council members. • The Quality & Performance Scorecard presented to the Board of Directors includes Key Performance Indicators developed to monitor the operational practices of the Trust. The Chairs Report and CEO Report to the Board of Directors / Council Governors provides regular updates on operational matters. • Directors and Governors complete service visits to understand the operations of the Trust. The Trust is currently implementing a Quality Visits Framework which will formalise the process and ensure a wider range of services are visited. • The Staff Governors meet with Non-Executive Directors as part of Staff Constituency meetings to share the views of staff members. • The summary reports for the Board of Directors and Council of Governors contain boxes providing the Trust Values and indicating if the report impacts any of the values of the Trust. The Board of Directors and Council of Governors were involved in the development of the values when first implemented. • Directors have access to the intranet which includes policies and procedures developed by the Trust. Governors can access policies and procedures through the publication scheme and procedures relevant to the Council are monitored via the Council of Governors Governance Committee and approved by the Council of Governors.
C.5.4	The chair should ensure that new directors and, for foundation trusts, governors receive a full and tailored	✓	<ul style="list-style-type: none"> • See Section C.5.1

Code	Provision	Comply	Narrative
	<p>induction on joining the board or the council of governors. As part of this, directors should seek opportunities to engage with stakeholders, including patients, clinicians and other staff, and system partners. Directors should also have access at the trust's expense to training courses and/or materials that are consistent with their individual and collective development programme.</p>		<ul style="list-style-type: none"> • Directors and Governors are invited to attend a wider range of stakeholder meetings and events to engage with stakeholders, this includes constituency meetings, patient forums, Your Voice meetings, ICB meetings, service visits etc. • Directors are able to claim expenses through the internal EASY expense system, with NEDs accessing this via the Chairs Office. Governors are able to submit expenses to the Trust Secretary's Office for any expense incurred whilst undertaking their role of a Governor.
C.5.5	<p>The chair should regularly review and agree with each director their training and development needs as they relate to their role on the board.</p>	✓	<ul style="list-style-type: none"> • The appraisal process reviews and agrees training and development needs for each Director. This is undertaken by the Chair (NEDs) and CEO (Executive Directors). • The Trust is currently implementing the new competency framework published by NHS England which will strengthen this area.
C.5.6	<p>A foundation trust board has a duty to take steps to ensure that governors are equipped with the skills and knowledge they need to discharge their duties appropriately.</p>	✓	<ul style="list-style-type: none"> • See Section C.5.2 regarding the Learning & Development Plan.
C.5.7	<p>The board of directors and, for foundation trusts, the council of governors should be given relevant information in a timely manner, form and quality that enables them to discharge their respective duties. Foundation trust governors should be provided with information on ICS plans, decisions and delivery that directly affect</p>	✓	<ul style="list-style-type: none"> • Comprehensive reports and executive summaries (including detailed appendices) circulated prior to each Board of Directors and Council of Governors meetings, as well as Committee meetings. Standardised approach for all meetings. Information available on website/intranet. • Annual meeting business schedule in place for Board of Directors and Council of Governors.

Code	Provision	Comply	Narrative
	<p>the organisation and its patients. Statutory requirements on the provision of information from the foundation trust board of directors to the council of governors are provided in Your statutory duties: a reference guide for NHS foundation trust governors.</p>		<ul style="list-style-type: none"> • All Board of Director and Council of Governors standing committees have developed a work plan and progress against the plan is regularly monitored • Circulation of papers / uploading of papers to the Board Portal requirements detailed in Board of Director and Council of Governors standing orders • Directors and Governors able to request information as necessary. • Informal confidential briefings prior to each Council of Governors meeting by the Chief Executive Officer • Governor Updates distributed regularly to all Governors • Information on ICS plans, decisions and delivery that directly affect the organisation and its patients are included within reports as relevant to the subject matter.
C.5.8	<p>The chair is responsible for ensuring that directors and governors receive accurate, timely and clear information. Management has an obligation to provide such information but directors and, for foundation trusts, governors should seek clarification or detail where necessary.</p>	✓	<ul style="list-style-type: none"> • See section C.5.7
C.5.9	<p>The chair's responsibilities include ensuring good information flows across the board and, for foundation trusts, across the council of governors and their committees; between directors and governors; and for all trusts, between senior management and non-executive directors; as well as facilitating</p>	✓	<ul style="list-style-type: none"> • This is covered by Sections above relating to the sharing of information, the induction programmes, the relationship between Executive Directors and Non-Executive Directors and communication between the Board of Directors and Council of Governors.

Code	Provision	Comply	Narrative
	appropriate induction and assisting with professional development as required.		
C.5.10	The board of directors and, for foundation trusts, the council of governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make. The board of directors and, for foundation trusts, the council of governors should agree their respective information needs with the executive directors through the chair. The information for boards should be concise, objective, accurate and timely, and complex issues should be clearly explained. The board of directors should have complete access to any information about the trust that it deems necessary to discharge its duties, as well as access to senior management and other employees.	✓	<ul style="list-style-type: none"> • See Section C.5.7 • The Board of Directors Schedule of Business is developed in conjunction with Executive Directors. Standing Committees of the Board of Directors have clear Terms of Reference and clear work plans are currently being developed. • The Council of Governors Schedule of Business is discussed with the Chair and the Lead / Deputy Lead Governor when planning the agenda for each Council of Governors meeting. The Lead / Deputy Lead Governor can request any additional items to be added to the agenda following consultation with fellow Governors. • Board papers are developed and approved by relevant Board directors to ensure these are concise, accurate and timely. These are reviewed by the Trust Secretary's Office prior to uploading to the Board Portal.
C.5.11	The board of directors and in particular non-executive directors may reasonably wish to challenge assurances received from the executive management. They do not need to appoint a relevant adviser for each and every subject area that comes before the board of directors, but should ensure that they have sufficient information and understanding to enable challenge and to take decisions on an	✓	<ul style="list-style-type: none"> • Non-Executive Directors have the opportunity at Board meetings and sub-committee meetings to challenge as well as at Board Development Sessions • All Board sub-committees have Non-Executive Director representation and are chaired by a Non-Executive Director. • Advice will be sought from relevant adviser if required as detailed in terms of reference • Any such challenges are recorded in the minutes

Code	Provision	Comply	Narrative
	<p>informed basis. When complex or high-risk issues arise, the first course of action should normally be to encourage further and deeper analysis within the trust in a timely manner. On occasion, non-executives may reasonably decide that external assurance is appropriate.</p>		
C.5.12	<p>The board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the trust's expense, where they judge it necessary to discharge their responsibilities as directors. The decision to appoint an external adviser should be the collective decision of the majority of non-executive directors. The availability of independent external sources of advice should be made clear at the time of appointment.</p>	✓	<ul style="list-style-type: none"> • Independent professional advice is made available at the Trust's expense to directors in respect of critical or significant activities, e.g. audit, Mental Health Act Managers, legal advisors, other specialist advisors • Appointment of advisers in relation to significant transactions is approved by the Board and the process scrutinised by the Audit Committee. • Board of Director Committees are provided with support as identified in their terms of reference • Board of Director Remuneration and Nominations Committee may, at the Trust's expense, appoint independent consultants or commission independent professional advice if considered necessary (included in terms of reference)
C.5.13	<p>Committees should be provided with sufficient resources to undertake their duties. The board of directors of foundation trusts should also ensure that the council of governors is provided with sufficient resources to undertake its duties with such arrangements agreed in advance.</p>	✓	<ul style="list-style-type: none"> • Board of Director Committees are provided with support as identified in their terms of reference. • All Council meetings and committee meetings are supported directly by the Trust Secretary's Office • Trust Secretary's Office also provides day to day support to Governors including regular communications and updates, advice, managing queries, etc.

Code	Provision	Comply	Narrative
C.5.14	Non-executive directors should consider whether they are receiving the necessary information in a timely manner and feel able to appropriately challenge board recommendations, in particular by making full use of their skills and experience gained both as a director of the trust and in other leadership roles. They should expect and apply similar standards of care and quality in their role as a non-executive director of a trust as they would in other similar roles.	✓	<ul style="list-style-type: none"> • Non-Executive Directors have the opportunity at Board meetings and sub-committee meetings to challenge and/or to request 1:1 meetings with EDs to seek further clarification/assurance • Regular briefing with the CEO with NEDs. • All Board sub-committees have Non-Executive Director representation and are chaired by a Non-Executive Director. • Any such challenges are recorded in the minutes • Non-Executive Director skills balance considered in succession planning
C.5.15	Foundation trust governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	✓	<ul style="list-style-type: none"> • Public and members meetings (Your Voice) held virtually. • Governors invited to participate in discussions for the new EPUT Strategy. • The Trust has developed a Membership Strategy which sets-out the priorities to ensure Governors are able to canvass the opinion of Trust members and represent these to the Board of Directors. • Annual Report 2022/23 (Page 87) outlines how Governors have 'canvassed' members/public
C.5.16	Where appropriate, the board of directors should in a timely manner take account of the views of the council of governors on the forward plan, and then inform the council of governors which of their views	✓	<ul style="list-style-type: none"> • Governors have been involved in the forward plans of the organisation, included being included in the development of key enabling strategies in the Trust. This has been undertaken as part of stakeholder engagement and Joint Board / Council Seminar Sessions.

Code	Provision	Comply	Narrative
	have been incorporated in the NHS foundation trust's plans, and explain the reasons for any not being included.		
	The board of directors must have regard to the council of governors' views on the NHS foundation trust's forward plan.	✓	
C.1.17	NHS Resolution's Liabilities to Third Parties Scheme includes liability cover for trusts' directors and officers. Assuming foundation trust governors have acted in good faith and in accordance with their duties, and proper process has been followed, the potential for liability for the council should be negligible. While there is no legal requirement for trusts to provide an indemnity or insurance for governors to cover their service on the council of governors, where an indemnity or insurance policy is given, this can be detailed in the trust's constitution.	✓	<ul style="list-style-type: none"> The Trust Constitution (Section 50) includes information on liabilities for the Board of Directors and Council of Governors in-line with this provision.

SECTION D: AUDIT, RISK & INTERNAL CONTROL

D.1. PRINCIPLES

D.1.1. The board of directors should establish formal and transparent policies and procedures to ensure the independence and effectiveness of internal and external audit functions, and satisfy itself on the integrity of financial and narrative statements.

D.1.2. The board of directors should present a fair, balanced and understandable assessment of the trust's position and prospects.

Code	Provision	Comply	Narrative
D.1.3.	The board of directors should establish procedures to manage risk, oversee the internal control framework, and determine the nature and extent of the principal risks the trust is willing to take to achieve its long-term strategic objectives.		
D.1.4.	Organisations should also refer to Audit and assurance: a guide to governance for providers and commissioners .		
D.2. PROVISIONS			
D.2.1	The board of directors should establish an audit committee of independent non-executive directors, with a minimum membership of three or two in the case of smaller trusts. The chair of the board of directors should not be a member and the vice chair or senior independent director should not chair the audit committee. The board of directors should satisfy itself that at least one member has recent and relevant financial experience. The committee as a whole should have competence relevant to the sector in which the trust operates.	✓	<ul style="list-style-type: none"> • The Trust has an established Audit Committee with the membership including three Non-Executive Directors. • The Chair of the Board of Directors is not a member of the Committee. • The Chair of the Audit Committee (Elena Lokteva) is not the Vice Chair or the Senior Independent Director. • The Terms of Reference provides for at least one member of the Committee to have recent and relevant financial experience. This is currently with the Chair of the Committee (Elena Lokteva). • The Terms of Reference provides for a regular attendance of key individuals to support the Committee to ensure competence relevant to the sector in which it operates, including the Executive Chief Finance Officer.
D.2.2	<p>The main roles and responsibilities of the audit committee should include:</p> <ul style="list-style-type: none"> • monitoring the integrity of the financial statements of the trust and any formal announcements relating to the trust's financial performance, and reviewing significant financial reporting judgements contained in them 	✓	<ul style="list-style-type: none"> • The Audit Committee Terms of Reference outlines the role and responsibilities of the Committee and covers each of the points included in this provision. Evidence of discussion is included in the minutes of the meeting. • The Audit Committee reports to the Board of Directors at each meeting via the Committee Chairs Report, summarising the work of the Committee in the preceding months.

Code	Provision	Comply	Narrative
	<ul style="list-style-type: none"> • providing advice (where requested by the board of directors) on whether the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's position and performance, business model and strategy • reviewing the trust's internal financial controls and internal control and risk management systems, unless expressly addressed by a separate board risk committee composed of independent non-executive directors or by the board itself • monitoring and reviewing the effectiveness of the trust's internal audit function or, where there is not one, considering annually whether there is a need for one and making a recommendation to the board of directors • reviewing and monitoring the external auditor's independence and objectivity • reviewing the effectiveness of the external audit process, taking into consideration relevant UK professional and regulatory requirements 		

Code	Provision	Comply	Narrative
	<ul style="list-style-type: none"> reporting to the board of directors on how it has discharged its responsibilities. 		
D.2.3	<p>A trust should change its external audit firm at least every 20 years. Legislation requires an NHS trust to newly appoint its external auditor at least every five years. An NHS foundation trust should re-tender its external audit at least every 10 years and in most cases more frequently than this. These timeframes are not affected by an NHS trust becoming a foundation trust.</p>	✓	<ul style="list-style-type: none"> The Trust completed a market testing exercise of the External Auditors in 2021/22 and appointed Ernst & Young (EY). The contract is for five-years, with a review every year to confirm re-appointment by the Council of Governors.
D.2.4	<p>The annual report should include:</p> <ul style="list-style-type: none"> the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans 	✓	<ul style="list-style-type: none"> The Annual Report 2022/23 (Page 82) includes a section on the work of the Audit Committee, which includes significant issues relating to financial statements. The Annual Report 2022/23 (Page 82) confirms the External Auditors did not complete any non-audit work. The section also includes the details of the market testing exercise completed in 2021/22 and identifies Ernst & Young as the External Auditors. The section also includes details of the length and value of the contract. The Annual Report 2022/23 (Page 104) provides an independent report to the Council of Governors by the External Auditor into how the audit opinion was reached and the work undertaken by the External Auditors. The Audit Committee completes an annual review of Audit Services and last completed the review in July 2023. The review supports the Council of Governors in reviewing and re-appointing the External Auditors on an annual basis. However, this needs to be included in the annual report.

Code	Provision	Comply	Narrative
	<ul style="list-style-type: none"> an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services. 		<p>Action: Annual Report for 2023/24 needs to include more detail on how the Audit Committee has assessed the independence and effectiveness of the audit process.</p>
D.2.5	<p>Legislation requires an NHS trust to have a policy on its purchase of non-audit services from its external auditor. An NHS foundation trust's audit committee should develop and implement a policy on the engagement of the external auditor to supply non-audit services. The council of governors is responsible for appointing external governors.</p>	✓	<ul style="list-style-type: none"> The Standing Financial Instructions (SFI's) include a section on the responsibilities of the External Auditors, which does not provide for any non-audit services to be undertaken. The External Auditors do not currently undertake any non-audit work for the Trust and this is not permitted. However, this could be strengthened by stating in a specific protocol. The Standing Orders for the Council of Governors provide for the Council of Governors to appoint and remove the External Auditors. The Council of Governors Appointment of the External Auditors procedure sets-out the process to be followed. <p>Action: Consider amending the Detailed Scheme of Delegation (DSoD) to outline a process to engaging the External Auditor to supply non-audit services, should this arise in the future.</p>
D.2.6	<p>The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.</p>	✓	<ul style="list-style-type: none"> The Annual Report 2022/23 (Page 46) provides a section outlining the director's responsibility for preparing the annual report and accounts. The section includes a statement that the Directors consider the annual report taken as a whole as fair, balance and understandable and provides the information necessary for stakeholders to assess the Trust's performance, business model and strategy.

Code	Provision	Comply	Narrative
D.2.7	The board of directors should carry out a robust assessment of the trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report.	✓	<ul style="list-style-type: none"> • The Board Assurance Framework has been developed to identify and assess emerging and principle risks to the Trust achieving its strategic objectives. The framework is regularly discussed by the Executive Team and presented to the Board of Directors, including any mitigation to emerging risks. • The Annual Report 2022/23 (Page 95 – 98) provides details of the assessments completed to identify and manage risk within the organisation. This includes the identification of significant risks to the achievement of its strategic objectives as at 31 March 2023.
D.2.8	The board of directors should monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report.	✓	<ul style="list-style-type: none"> • As above regarding the Board Assurance Framework and annual report information, which also includes reviewing internal controls relating to quality governance. • The Annual Report (Page 95 – 97) provides the Annual Governance Statement and includes all material controls, including financial, operational and compliance controls.
D.2.9	In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Trusts should refer to the DHSC group accounting manual and NHS foundation trust annual reporting manual , which explain that this assessment should be	✓	<ul style="list-style-type: none"> • The Annual Report 2022/23 (Page 113) provides a statement concluding the adoption of the going concern basis of accounting when preparing the annual accounts. The statement identifies any material uncertainties considered when making the statement.

Code	Provision	Comply	Narrative
	based on whether a trust anticipates it will continue to provide its services in the public sector. As a result, material uncertainties over a going concern are expected to be rare.		

SECTION E: REMUNERATION

E.1. PRINCIPLES

E.1.1. Levels of remuneration should be sufficient to attract, retain and motivate directors of quality, with the skills and experience required to lead the trust successfully, and collaborate effectively with system partners. Trusts should avoid paying more than is necessary for this purpose and should consider all relevant and current directions relating to contractual benefits such as pay and redundancy entitlements. Trusts should follow NHS England’s [Guidance on pay for very senior managers in NHS trusts and foundation trusts](#) and NHS trusts should also follow [Guidance on senior appointments in NHS trusts](#).

E.1.2. Any performance-related elements of executive directors’ remuneration should be transparent, stretching and designed to promote the long-term sustainability of the NHS foundation trust. They should also take as a baseline for performance any required competencies specified in the job description for the post.

E.1.3. The remuneration committee should decide if a proportion of executive directors’ remuneration should be linked to corporate and individual performance. The remuneration committee should judge where to position its NHS foundation trust relative to other NHS foundation trusts and comparable organisations. Such comparisons should be used with caution to avoid any risk of an increase in remuneration despite no corresponding improvement in performance.

E.1.4. The remuneration committee should also be sensitive to pay and employment conditions elsewhere in the NHS, especially when determining annual salary increases.

E.1.5. There should be a formal and transparent procedure for developing policy on executive remuneration and for fixing the remuneration packages of individual directors. No director should be involved in deciding their own remuneration.

E.1.6. The remuneration committee should take care to recognise and manage conflicts of interest when receiving views from executive directors or senior management, or consulting the chief executive about its proposals (for further information on conflicts of interest see [Managing conflicts of interest in the NHS: Guidance for staff and organisations](#)).

Code	Provision	Comply	Narrative
	<p>E.1.7. The remuneration committee should also be responsible for appointing any independent consultants in respect of executive director remuneration.</p> <p>E.1.8. Where executive directors or senior management are involved in advising or supporting the remuneration committee, care should be taken to recognise and avoid conflicts of interest.</p> <p>E.1.9. NHS trusts should wait for notification and instruction from NHS England before implementing any cost of living increases.</p>		
E.2. PROVISIONS			
E.2.1	<p>Any performance-related elements of executive directors' remuneration should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels. In designing schemes of performance-related remuneration, the remuneration committee should consider the following provisions.</p> <ul style="list-style-type: none"> • Whether the directors should be eligible for annual bonuses in line with local procedures. If so, performance conditions should be relevant, stretching and designed to match the long-term interests of the public and patients. • Pay-outs or grants under all incentive schemes should be subject to challenging performance criteria reflecting the objectives of the trust. Consideration should be given to 	✓	<ul style="list-style-type: none"> • The Chief Executive Officer has a contractual due payment in place (2.5k per quarter) which is based upon achievement of objectives related to the strategic objectives of the organisation. The strategic objectives were developed to align with the interests of service users, patients and use of public money. • The Board of Directors Remuneration & Nominations Committee receives a quarterly report outlining the key achievements of the CEO for that period, aligned to the strategic objectives. The Committee considers the report and approves (or not) the contractual due payment for the quarterly period. • The Terms and Conditions for the Non-Executive Directors are set by the Council of Governors Remuneration Committee and Council of Governors. The Terms and Conditions are standard and any changes are approved by the Remuneration Committee, in line with any adjustment to remuneration.

Code	Provision	Comply	Narrative
	<p>criteria that reflect the performance of the trust against some key indicators and relative to a group of comparator trusts, and the taking of independent and expert advice where appropriate.</p> <ul style="list-style-type: none"> • Performance criteria and any upper limits for annual bonuses and incentive schemes should be set and disclosed, and must be limited to the lower of £17,500 or 10% of basic salary. • For NHS foundation trusts, non-executive terms and conditions are set by the trust’s council of governors. • The remuneration committee should consider the pension consequences and associated costs to the trust of basic salary increases and any other changes in pensionable remuneration, especially for directors close to retirement. 		
E.2.2	<p>Levels of remuneration for the chair and other non-executive directors should reflect the Chair and non-executive director remuneration structure.</p>	-	<ul style="list-style-type: none"> • The Council of Governors agreed to adopt the principles of the Chair and Non-Executive Director Remuneration Structure Framework when setting remuneration levels, whilst not being bound to any previous decision of the Council in the setting of future remuneration. • The Council of Governors Remuneration Committee considers the framework when agreeing any adjustment to Chair / NED Remuneration. However, it

Code	Provision	Comply	Narrative
			<p>should be noted the framework has not been updated since 2019 and does not consider any recommended annual uplift from NHS England.</p> <ul style="list-style-type: none"> • The remuneration of the Chair is set using the table included in the Framework considering the annual turnover of the Trust. • The remuneration of the Non-Executive Directors was originally set in line with the framework, with an adjustment to the uplift recommended to ensure it reflected the additional time commitment of the Vice Chair and Chair of the Audit Committee.
E.2.3	Where a trust releases an executive director, e.g. to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings.	✓	<ul style="list-style-type: none"> • Executive Directors are required to make annual declarations of interest which would identify any positions held such as a non-executive director role. • If an Executive Director is released to serve as a Non-Executive Director of another organisation, a statement would be included in the Annual Report as required.
E.2.4	The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination. The aim should be to avoid rewarding poor performance. Contracts should allow for compensation to be reduced to reflect a departing director's obligation to mitigate loss. Appropriate claw-back provisions should be considered where a director returns to the NHS within the period of any putative notice.	✓	<ul style="list-style-type: none"> • The responsibility for the approval of termination of employment arrangements and / or making of any extra contractual payments to Executive Directors is within the remit of the Board of Directors Remuneration & Nominations Committee and referenced in the Terms of Reference. • During the year, no extra contractual payments have been made to Executive Directors following termination of employment.

Code	Provision	Comply	Narrative
E.2.5	Trusts should discuss any director-level severance payment, whether contractual or non-contractual, with their NHS England regional director at the earliest opportunity (severance payment includes any payment whether included in a settlement agreement or not, redundancy payment, a secondment arrangement, pay in lieu of notice, garden leave and pension enhancements).	✓	<ul style="list-style-type: none"> The secondment arrangement for the Executive Director of People & Culture was discussed with NHS England regional director.
E.2.6	The board of directors should establish a remuneration committee of independent non-executive directors, with a minimum membership of three. The remuneration committee should make its terms of reference available, explaining its role and the authority delegated to it by the board of directors. The board member with responsibility for HR should sit as an advisor on the remuneration committee. Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the trust.	✓	<ul style="list-style-type: none"> The Trust has an established Remuneration & Nominations Committee that includes all Non-Executive Directors as members. The Terms of Reference for the Committee sets-out the roles and responsibilities for the Committee. The Executive Chief People Officer / Interim Chief People Officer attends the meeting from time-to-time as required to provide HR advice and is outlined in the Terms of Reference. The Trust has not used remuneration consultants.
E.2.7	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments. The committee	✓	<ul style="list-style-type: none"> The Remuneration & Nomination Committee Terms of Reference provides the remit of the Committee, including setting remuneration for Executive Directors, including pension rights and any compensation payments.

Code	Provision	Comply	Narrative
	should also recommend and monitor the level and structure of remuneration for senior management. The board should define senior management for this purpose and this should normally include the first layer of management below board level.		<ul style="list-style-type: none"> The Terms of Reference includes for the remit of the Committee the level and structure of remuneration for very senior managers (VSM's).
E.2.8	The council of governors is responsible for setting the remuneration of a foundation trust's non-executive directors and the chair.	✓	<ul style="list-style-type: none"> The Council of Governors Remuneration Committee is responsible for agreeing the remuneration for the Chair and Non-Executive Directors. Recommendations are made to the Council of Governors for approval.

		Agenda Item: 6c				
SUMMARY REPORT		COUNCIL OF GOVERNORS PART 1			23 May 2024	
Report Title:	NHS England Self-Certification: Governor Training					
Report Lead:	Paula Grayson, Chair of the Council of Governors Training & Development Committee					
Report Author(s):	Paula Grayson, Chair of the Council of Governors Training & Development Committee					
Report discussed previously at:	Council of Governors Training and Development Committee 10 May 2024					
Level of Assurance:	Level 1		Level 2	✓	Level 3	

Purpose of the Report		
This report provides the Council of Governors with action taken to agree the statement detailing the learning and training completed by Governors in 2023/24 to support the Board of Directors' self-certification for NHS England	Approval	✓
	Discussion	
	Information	

Recommendations/Action Required
The Council of Governors is asked to: <ol style="list-style-type: none"> 1 Note the contents of this report. 2 Agree the NHS England requirement of Governor training has been met.

Summary of Key Issues
<p>Usually, NHS Foundation Trusts are required to make annual self-certifications to NHS England under the requirements of the NHS (Monitor) Licence, Risk Assessment Framework and the Health and Social Care Act 2012.</p> <p>The Health Social Care Act, Section 151(5) states in paragraph 10BA :</p> <ul style="list-style-type: none"> • “public benefit corporation must take steps to secure that the governors are equipped with the skills and knowledge they require in their capacity as such.” <p>NHS England also requires the Board of Directors to submit a self-certification in respect of the training of Governors as follows:</p> <ul style="list-style-type: none"> • <i>The Board is satisfied that during the financial year most recently ended the licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role. (Statement 3)</i> <p>The Chair of the Council of Governors Training and Development Committee developed a report providing details of the learning and training undertaken by Governors in 2023/24. The document is attached to this report. The Council of Governors Training and Development committee reviewed the document on the 10 May 2024 and agreed to make a recommendation to the Council of Governors that the requirements in relation to Governor training have been met.</p>

Relationship to Trust Strategic Objectives	
SO 1: Continuously improve service user experiences and outcomes	✓
SO 2: Achieve top 25% performance	✓
SO 3: Valued system leader focused on integrated solutions	✓

Which of the Trust Values are Being Delivered	
1: Open	✓
2: Compassionate	✓
3: Empowering	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			
Data quality issues			
Involvement of Service Users/Health watch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications			
Governance implications			
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed?	YES/NO	If YES, EIA Score	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	
<ul style="list-style-type: none"> NHS England Self-Certification 	✓

Acronyms/Terms Used in the Report			
CoG	Council of Governors	NED	Non-Executive Director

Supporting Documents and/or Further Reading
Accompanying Report

Lead
Paula Grayson Chair of the Council of Governors Training & Development Committee

NHS ENGLAND SELF-CERTIFICATION FOR 2023/24 GOVERNOR TRAINING

1.0 INTRODUCTION

This report provides the Council of Governors with action taken to agree the statement detailing the learning and training completed by Governors in 2023/24 to support the Board of Directors' self-certification for NHS England

2.0 REQUIREMENTS FOR SELF-CERTIFICATION

The Health Social Care Act, Section 151(5) states in paragraph 10BA :

- “public benefit corporation must take steps to secure that the governors are equipped with the skills and knowledge they require in their capacity as such.”

NHS England also requires the Board of Directors to submit a self-certification in respect of the training of Governors as follows:

- *The Board is satisfied that during the financial year most recently ended the licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role. (Statement 3)*

The Council of Governors Training & Development Committee will consider this report and make recommendations to the Council of Governors. The outcome will be used by the Board of Directors to support completion of the self-certification process.

3.0 COUNCIL OF GOVERNORS SELF-CERTIFICATION INFORMATION

Activities carried out in 2023/24 which ensured Governors have been equipped with the skills and knowledge required for their roles, including relevant training.

3.1 Methods for holding NEDs to account:

3.1.1 Learning and Development in gaining assurance on NED appraisals

The Council of Governors asked for assurance on the NED appraisal process. The process was delegated to the Remuneration committee members. Prior to virtually meeting the NEDs, points made in their appraisals were noted by the committee members. In individual virtual discussion sessions with Remuneration committee members, each NED and the Chair, was asked to provide an example of how one key objective had been achieved during the year, what learning had been gained and to give an example of holding an Executive Director to account. They were asked for an example of demonstrating their independence. They were asked to provide an example of working or engaging with Governors. Based on learning from these sessions, reviewing the formal appraisals, then noting the cited highlights during the discussions and objectives for next year, Remuneration committee members provided assurance on the process to the Council of Governors.

Remuneration committee members learned about benchmark remuneration data from a national reward survey and from EPUT staff. At the subsequent CoG meeting, Governors were updated on the results of the discussions.

3.1.2 Learning and development in understanding NEDs' contributions to the Trust

Governors and NEDs, with the Chair, met quarterly at informal virtual sessions and one face-to-face session with no Executive Directors present. Discussions allowed Governors to learn that either through their NED roles on Board standing committees, or through their formal

questions during the Board meetings held in public, NEDs had actively contributed to strategic matters, risk management and to holding the Executive Directors to account. The Chair continued to provide a paper for the Council of Governors' agenda, setting out the triangulation visits, involvement and quality assurance activities taken on by each NED within the Foundation Trust and in the wider health economy since the previous CoG. Annual assurance reports from the Chairs of Board standing committees have been presented to each virtual Council of Governors' meeting: Remuneration and Nomination; Quality; People, Equality and Culture; Charitable Funds; Audit; Finance and Performance. Continuing to respond to the request from the CoG, Board standing committee members have had a Governor observer attending the virtual part 1 sessions of the Board standing committees. The Trust Secretary's Office staff designed a brief report to be completed by the Governor observer following the meeting. The template allowed Governors to comment on the extent to which they observed NEDs fulfilling their duties, particularly in chairing each committee including ensuring "probity and professional curiosity" and "sufficient discussions". Governor observers report to the Council of Governors on their evidence of NEDs fulfilling their duties.

3.2 Learning about Improving Governance

3.2.1 Gaining knowledge from meetings, assurance and decisions

The CoG met virtually on five occasions during 2023/24. Four CoG meetings included a private briefing from the Chief Executive, setting out key scrutiny issues around performance and future risks. Key performance issues and corresponding learning were summarised in the Chief Executive's formal report to CoG. Governors wishing to consider the full performance scorecard attended the Board of Directors' virtual and face-to-face meetings.

Each virtual CoG has included one-off information sessions on topics raised by Governors, the Chair or in preparation for contributing to the Quality Account, the Annual Report and Accounts, CQC visits and other statutory obligations such as choosing the local indicator for external assurance (Quality Account). A sequence of Board Standing committee assurance reports has allowed Governors to learn about the work of those committees and how assurance has been gained. Papers and presentations given during the virtual and face-to-face Board meetings held in public have provided guidance to Governors on governance improvements, such as: Learning Lessons; Co-Production conference; Social impact strategy; CQC report and action plan.

Governance committee members have considered amendments to the Trust Constitution which improve assurance and governance processes. At CoG meetings, in training sessions and in workshops, Governors learned about methods for improving assurance and governance.

3.2.2 Gaining knowledge from analysis

An efficacy and effectiveness review was carried out by using a website based questionnaire asking questions of members of each CoG sub-committee. Governors were asked if they believed they were achieving the outcomes set out in the Terms of Reference for their own sub-committees as well as from the perspective of being a Governor more generally. Governors were asked if sub-committees were perceived to be effective. The results of the review were discussed at each sub-committee and with a Council of Governors meeting to determine ways forward. The agreed changes are being progressed through the sub-committees and the CoG agenda.

3.2.3 Learning about representing members and the public

From the formation of EPUT in 2017/18, in matching the necessary constituencies based on the distribution of FT members and the existing services, the CoG required 40 Governors which was subsequently revised and reduced to 30. Membership committee has continued

to review the representation of members and the public by the CoG elected Public Governors, the appointed Governors and Staff Governors. The CoG discussed the Membership Strategy in December 2023 setting out plans for increasing learning from members and the public.

At formation, Governors were allocated either two or three year terms to reduce future disruption and ensure some continuity. Prior to the useful face-to-face and virtual induction sessions in 2023, the updated Governor Workbook and "Prospective Governors Guide" contents were reviewed by the Training and Development committee. The revised documents were used for the Prospective Governor Workshops in 2023. Prospective Governors were taken through the documents, with our current Governors explaining the practicalities of being a Governor in representing members and the public.

3.2.4 Learning how to listen to members and the public

Face-to-face "Your Voice" public meetings were held in the summer of 2023 in each constituency. Learning from those sessions has been discussed at Training and Development committee meetings and at Membership committee meetings because in some locations, members had not necessarily seen the relevance of the Trust's public meetings to their personal requirements of the health service. Governors provided ideas for future "Your Voice" sessions which could increase relevance. Membership committee agreed to a revised format for "Your Voice" sessions with a well-attended virtual event on 22 November 2023 for the whole Trust area. Virtual constituency "Your Voice" meetings were held in March 2024. Governors chaired the virtual and face-to-face sessions with topics presented by staff, volunteers, carers and service users. Members learned about key healthcare issues from the presenters. Staff presenters and Governors learned about issues of concern to members to the public and to staff from their questions and comments.

At the Annual Members face-to-face meeting, held on the evening of 6 November 2023, the Trust provided formal presentations from Executive Directors, the Chair and the Lead Governor. Trust departments explained their services, demonstrating how they work with stakeholders, patients/service users and carers/supporters. Governors listened to the presentations and the content of the public questions, learning about the issues of importance to members.

Governors have been invited to listen to the virtual staff briefings since January 2021 which allows them to understand issues for staff members of the Trust, given the questions are in the chat box, are read out and answered verbally or in writing. Governors are sent the Wednesday Weekly staff briefing which includes examples of demonstrating how staff concerns are addressed and how staff are supported.

3.2.5 Learning how to contribute to Trust plans

Governors discussed the Trust Operational Plan on 22 May 2023. A face-to-face joint Board of Director and CoG development session held on 18 October 2023 allowed Governors, NEDs and Executive Directors to discuss the Trust's strategies on Working with People and Communities; Membership; Communicating the Trust Strategy. Some Governors attended the National NHS Providers' (NHSP) Governors' face-to-face meeting on 23 May 2023, during which Governors learned from good practice case studies how to contribute to Trust plans. Governors attending NHSP sessions wrote notes for circulation to all Governors to share learning. Information about the potential contribution from the Trust into the appropriate Integrated Care Systems, Provider Collaboratives and Health Alliances was circulated to Governors and presented during the year. During CoG meetings, Governors noted learning derived from Quality visits (carried out virtually and face-to-face with NEDs and Executive Directors) as well as from discussions with members to ensure that services are appropriately patient-centred, safe, clinically appropriate and working towards the clinical transformation plans which have been set out at Board meetings and the CoG. Some

Governors took part in PLACE visits, reporting their learning to CoG meetings to contribute in improving plans for services.

3.2.6 Learning how to contribute to inspections and assessments

During the induction modules in 2023, new and existing Governors were given guidance on methods for contributing to assurance processes, working effectively as a Council and how to ask questions. Other induction modules explained the role of Governors when attending meetings and making visits. New Governors were issued with the Governor Induction Workbook which introduced them to the mandatory, statutory and information gathering opportunities available to Governors.

Outcomes from the virtual and face-to-face Quality Visits have been recorded and summarised in the subsequent CoG papers.

3.2.7 Learning how to contribute to triangulation and testing of services

The induction modules in 2023 and early 2024 provided guidance to new and existing Governors on: the Governor Code of Conduct; obligations; accountability; governance skills and clinical services within each Integrated Care System. Special training and briefing sessions for Governors have provided learning on: Family Group conferencing; Target Operating Model; Trauma Informed Care. Some Governor/NED constituency virtual meetings have included both staff and patient representatives, allowing direct questions about patient and staff experiences. Governors have asked formal questions at Board meetings in the public section. Each question has been recorded with the responses either at the time or after further enquiry, allowing Governors to gain knowledge from those responses. Governors share this information. During the quarterly Governor informal sessions without the Chair/NEDs/Executive Directors, Governors discussed points made by members of the public, FT members, service users, carers and their own experiences. A Governor recorded questions which were sent to the Chair and Trust Secretary. The questions and responses have been recorded to become part of the CoG papers, demonstrating active testing of services and providing learning. A rolling Action Plan features in the Part 2 papers, setting out the questions and providing responses from relevant Trust staff.

In the revised 2023/24 system for PLACE visits, some Governors took part in face-to-face PLACE visits to services, working closely with Lived Experience Ambassadors, staff from Complaints department and Facilities staff. Through jointly assessing the required PLACE categories with patients and staff, Governors learned how to compare the experienced reality with the performance scorecard reported to the Board. Some Governors took part in the 15 Steps Quality visits when face-to-face visits resumed. Reports of the visits were summarised and presented to all Governors during CoG meetings.

Governors receive the staff Wednesday Weekly bulletins. These e-mails provide regular updates on clinical issues including: Lessons Identified, "safety first, safety always" service provision; reminders to complete patient records consistently; to follow infection prevention and control in working arrangements; to ensure safe use of Personal Protective Equipment to protect service users/patients and other staff; to obtain vaccinations; to use the available increased resources for supporting wellbeing. Governors are invited to attend the regular Staff Updates, listening to the points made by staff about their experiences.

3.3 Learning how to improve active membership

3.3.1 Learning how to analyse and improve membership effectiveness

The Membership Strategy was extensively discussed and agreed in 2023/24. Staff had previously presented a comprehensive analysis of membership data allowing Governors to

understand the key details. Membership committee members discussed the extent to which members demonstrate active interest in the Trust, other than by voting in elections. The Trust had a large public membership base many of whom could only be contacted by post. Governors have discussed the Membership committee reports in CoG meetings. Following good attendance of virtual meetings during 2023/24, Membership committee members initially agreed to continue with Trust wide "Your Voice" themed virtual meetings during the colder months. The service users/patients and carers provided useful information to Governors and staff during these meetings. In the summer of 2023 there were face-to-face "Your Voice" meetings in each constituency to discuss local issues with members to understand how they use their membership. Membership committee members agreed that the March 2024 "Your Voice" meetings would be virtual and constituency based so there is clarity about which services are provided in each area.

3.3.2 Learning how to gain value from Volunteers

Some Governors are also volunteers, Lived Experience Ambassadors, Peer Support Workers, Patient Safety Partners and provide buddy experiences for new staff and newly qualified staff during their induction. In February 2024, Governors contributed to the Lived Experience Patient Experience Framework stakeholder virtual session along with volunteers, patients/service users, carers/supporters and staff. Governors listened to contributions from volunteers while suggesting ideas towards creating the new framework which will include guidance on how EPUT can work meaningfully with people with lived and living experience. Governors learned about the principles of lived and living experience and how co-production is being increased across EPUT. Some Governors attended the face-to-face Co-production conference on 23 October 2023. The conference membership included the full spectrum of volunteers who support patients/service users and carers/supporters when Trust services are accessed. Governors worked with the volunteers in the discussions during the conference, learning about their input as well as talking to some partners from Voluntary, Community and Social Enterprise organisations who were exhibiting their support services at the conference.

3.4 Governors learning how to understand their role and the Trust

3.4.1 Learning from induction

Prospective Governors were offered sessions during June and July 2023 to learn about the role of Governors. Current Governors joined those sessions to talk about their experiences. Governors who joined during 2023 were invited to five induction modules setting out the Governor role and responsibilities. One module was for new Governors. Existing Governors were invited to the other modules to refresh their skills and knowledge. New Governors were given the Induction Workbook to understand their statutory, mandatory and assurance roles. The Induction Workbook included the Governor Work Plan designed by the Governance committee.

3.4.2 Co-ordination of learning by the Training and Development committee

At formation and as part of the Trust's governance framework, a Council of Governors Training and Development Committee was established to provide support to the Council on training and development. The Terms of Reference include ensuring that effective and robust training and development arrangements are in place to develop Governors' skills, knowledge and capabilities enabling them to be confident, effective, engaged and informed members of the CoG. The Governor Learning & Development Pathway was designed and used to cover the life-cycle of Governors from prospective Governors, through induction and additional ongoing learning and development to support the role. During 2023/24, there were 110 training, learning and developmental subjects provided at special training sessions, special briefings, Council of Governor meetings, attendance at Trust workshops, circulated information from other Governors and at the Board of Directors' meetings held in public.

3.4.3 Developing skills

Governors attended skills training sessions during the virtual and face-to-face induction modules particularly the face-to-face module 5 on team building skills. The Joint Board/CoG face-to-face session on 18 October 2023 included a skills session on communicating strategy to members and the public.

3.4.4 Developing knowledge of the Trust and the wider health economy

In February 2024 Governors attended the stakeholder session developing the Terms of Reference for the Experience of Care sub-committee. Special briefing sessions were held in 2023/24 on topics requested by Governors or relevant to the Trust's values, vision and operational plans: Trust Services; Trauma Informed Care, Family Group Conferencing, Freedom to Speak Up. Speakers were mainly Trust middle and senior managers and Board members. Governors asked questions for clarification and to understand how services were being improved. Governors challenged speakers when services still needed improvements or efficiency programmes were not delivering the necessary recurrent savings. Documents about the appropriate Integrated Care Systems were sent to Governors. Governors attended the joint Governor meeting with Mid and South Essex Hospitals FT on 9 March 2024. Governors shared information about strategies and key challenges including co-production and service user involvement. Governors learned about the system overview for wider examples of patient experience, service user involvement and public participation.

Governors attending the monthly Board meetings have gained knowledge from the presentation at the beginning of each Board and specific papers for example: the self-harm reduction pilot; CQC Compliance update; Board Safety Oversight; the Southend, Thurrock All Age Mental Health Strategy; Digital Data refresh; Quality of Care strategy; Research, innovation and commercial strategy; People and Education strategy and from annual reports for example: Complaints and Compliments; Duty of Candour; Safeguarding; Health and Safety; Learning from Deaths; Staff Survey results and Bank Staff results. Governors were kept regularly informed about key facts during the year through attending the virtual Staff Updates; the Trust's internal Governor Update e-newsletter and briefings by the Chief Executive. Governors' knowledge has been kept up to date through the sharing of good practice and centrally published information. All information was received in a timely manner.

3.4.5 Governors gaining and sharing knowledge more widely

Governors attend external development events or webinars either through Trust membership of NHS organisations (NHS Providers, NHS Confederation) or from their own membership (Kings Fund, Integrated Care Board meetings held in public, National Voices, Rethink Mental Illness). They summarise and share experiences by completing a feedback form which is circulated to all Governors. On 23 May 2023, some Governors attended the NHS Provider Governor Conference to learn from other Governors.

The Lead Governor continued to attend the quarterly Regional Governors' Network to discuss key issues, learn from one another and share with their own Governors on topics such as: Provider Collaboratives; Governor Engagement with Integrated Care Boards; appointing Non-executive Directors; Governor visits to services; Member and Public Engagement.

		Agenda Item No: 7a				
SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1					23 May 2024
Report Title:		Council of Governors Effectiveness Review 2023-24				
Report Lead:		Chris Jennings, Assistant Trust Secretary				
Report Author(s):		Teresa Bradford, CoG and Membership Administrator				
Report discussed previously at:						
Level of Assurance:		Level 1		Level 2		Level 3 ✓

Purpose of the Report		
The report provides details and key findings of the self-assessment undertaken by Governors to assess the effectiveness of the Council of Governors and its sub-committees meeting in the period April 2023 to March 2024.	Approval	
	Discussion	✓
	Information	

Recommendations/Action Required
<p>The Council of Governors is asked to:</p> <ol style="list-style-type: none"> 1. Receive and note the results of the Council of Governors Sub-Committee and note these will be taken forward by the relevant sub-committee. 2. Agree for the results of the full Council of Governors Effectiveness Review to be circulated to the Council once sufficient numbers of Governors had responded.

Summary of Key Issues
<p>It is good practice to undertake reviews of the effectiveness of governance processes within organisations in order to ensure these are designed and operating effectively. The Council of Governors undertakes a review of its effectiveness on an annual basis.</p> <p>The Council of Governors Effectiveness Review 2023-24 is currently live on the Evalu8 System and has been completed by seven Governors to date. It is proposed that once sufficient numbers of Governors have responded to the review, the results are circulated to the Council outside the usual schedule of meetings.</p> <p>The self-assessment reviews of the sub-committees have been completed and the results are in the process of being shared with each relevant sub-committee. The reviews are completed for any activity undertaken between April 2023 – March 2024.</p>

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	
SO4: We will help our communities to thrive	

Which of the Trust Values are Being Delivered	
1: We care	
2: We learn	✓
3: We empower	

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:		
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives		
Data quality issues		
Involvement of Service Users/Healthwatch		
Communication and consultation with stakeholders required		✓
Service impact/health improvement gains		
Financial implications:		Capital £ Revenue £ Non Recurrent £
Governance implications		✓
Impact on patient safety/quality		
Impact on equality and diversity		
Equality Impact Assessment (EIA) Completed	YES/NO	If YES, EIA Score

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail): <ul style="list-style-type: none"> Undertake an annual review of the effectiveness of the Council of Governors and its standing committees and implement any actions arising from the process. 	✓

Acronyms/Terms Used in the Report	
CoG	Council of Governors

Supporting Documents and/or Further Reading
Council of Governors Sub-Committee Effectiveness Review 2023-24

Lead
Chris Jennings Assistant Trust Secretary

**COUNCIL OF GOVERNORS SUB-COMMITTEE
EFFECTIVENESS REVIEW 2023-24**

1.0 PURPOSE OF REPORT

The report provides details and key findings of the self-assessment undertaken by Governors to assess the effectiveness of the Council of Governors sub-committees meeting in the period April 2023 to March 2024.

2.0 EXECUTIVE SUMMARY

- 2.1. It is good practice to undertake reviews of the effectiveness of governance processes within organisations in order to ensure these are designed and operating effectively. The Council of Governors undertakes a review of its effectiveness on an annual basis.
- 2.2. The Council of Governors are currently in the process of completing a review of its effectiveness in April 2023 – March 2024, using a self-assessment. The results of the Council of Governors Sub-Committee effectiveness review are provided below.
- 2.3. The self-assessment was undertaken by Governors using an online portal (Evalu8) utilising best practice questions and additional questions used in previous reviews.
- 2.4. All members of the sub-committees were provided with the opportunity to complete the self-assessment.
- 2.5. The results are summarised below, noting the majority of responses being either “Strongly Agree” or “Agree”.
- 2.7 The findings are set out in the report as follows:

Section 3.1 – Governance Committee
Section 3.2 – Membership Committee
Section 3.3 – Nominations Committee
Section 3.4 – Remuneration Committee
Section 3.5 – Training and Development Committee
- 2.8. The results of the sub-committee self-assessments have been or will be presented to the relevant sub-committee for further reflection and identification of any areas for improvement.

3.0 COUNCIL OF GOVERNORS SUB-COMMITTEE FINDINGS

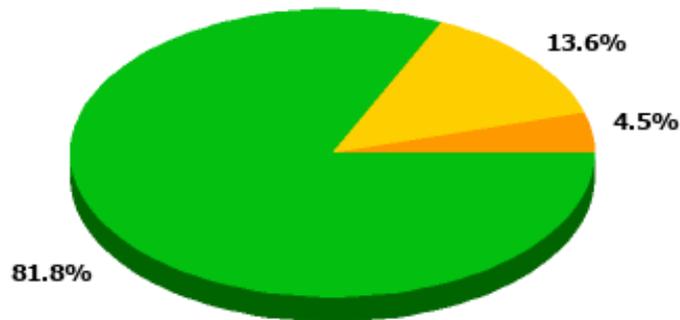
3.1 Governance Committee

The self-assessment questionnaire was completed by 2 Governors (66.6%) answering 11 statements each. The responses were scored between Strongly Agree – Strongly Disagree and provides a score for each of the responses to give an overall percentage. The results should be considered in line with the low membership of the committee.

The charts below shows the overall results for the Council of Governors Governance Committee 2023/24 Self-Assessment:

							Score	%age
CoG Governance Sub-Committee Review 2023/24	0 [0%]	1 [4.5%]	3 [13.6%]	0 [0%]	18 [81.8%]	0 [0%]	101/110	92%

CoG Governance Sub-Committee Review 2023-24



The chart shows 81.8% of responses were “Strongly Agree” 13.6% were neutral and 4.5% was disagree.

The following statements are some of the most positive responses received.

- The Committee has met its terms of reference over the last 12 months
- The meetings are well organised (meeting arrangements, timeliness of papers etc.)
- The papers of the committee are of good quality

The following statements received the most negative responses:

- The membership of the Committee is sufficient to meet its terms of reference (i.e. numbers, skills and experiences)

The issue regarding membership has been noted during the year and action taken to improve membership and develop information to help promote the work of the Committee.

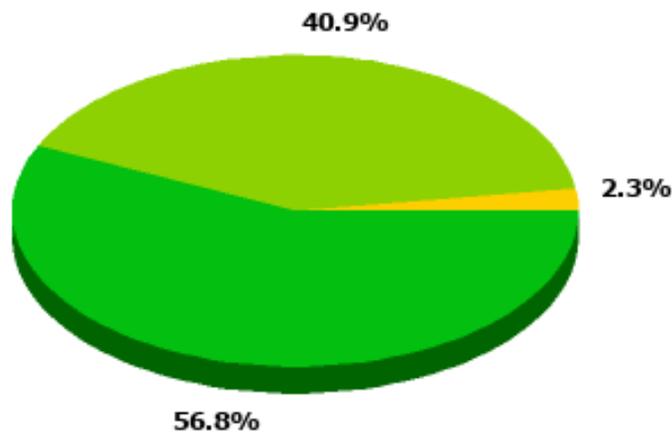
3.2 Membership Committee

The self-assessment questionnaire was completed by 4 Governors (66.6%) answering 11 statements each. The responses were scored between Strongly Agree – Strongly Disagree and provides a score for each of the responses to give an overall percentage.

The charts below shows the overall results for the Council of Governors Membership Committee 2023/24 Self-Assessment:

							Score	%age
CoG Membership Sub- Committee Review 2023/24	0 [0%]	0 [0%]	1 [2.3%]	18 [40.9%]	25 [56.8%]	0 [0%]	200/220	91%

CoG Membership Sub-Committee Review 2023-24



The chart shows 56.8% of responses were “Strongly Agree”, 40.9% were “agree” and 2.3% were neutral. There were no disagrees

The following statements are some of the most positive responses received.

- The Committee has met its terms of reference over the last 12 months
- The meeting s are well organised (meeting arrangements, timeliness of papers etc.)
- The Committee reports back to the Council of Governors in a timely manner.

The following statement received the only neutral response:

- There are no areas of overlap between any of the other sub-committees.

The neutral response was followed-up with a comment which advised the individual expected a certain amount of overlap due to the nature of the Committee in seeking the views of members and the public.

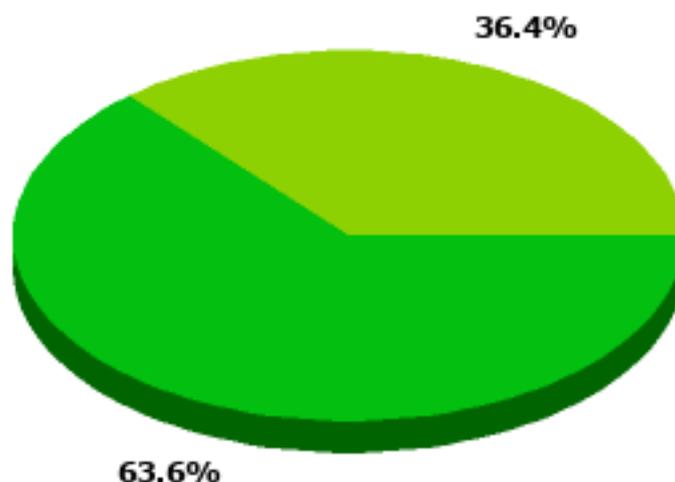
3.3 Nominations Committee

The self-assessment questionnaire was completed by 4 Governors (66.6%) answering 11 statements each. The responses were scored between Strongly Agree – Strongly Disagree and provides a score for each of the responses to give an overall percentage.

The charts below shows the overall results for the Council of Governors Nominations Committee 2024 Self-Assessment:

							Score	%age
CoG Nominations Sub-Committee Review 2023/24	0 [0%]	0 [0%]	0 [0%]	16 [36.4%]	28 [63.6%]	0 [0%]	204/220	93%

CoG Remuneration Sub-Committee Review 2023-24



The charts show the 100% of responses were “Strongly Agree” or “Agree”.

The following statements received the most positive responses:

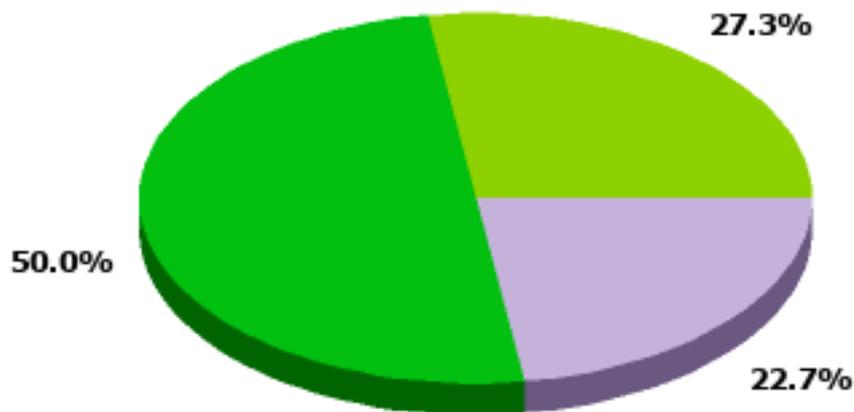
- I understand the purpose and terms of reference of the Committee.
- The Committee has met its terms of reference over the past 12 months.
- The Committee meets sufficiently frequently.
- Decisions making within the Committee is sufficient to meet the terms of reference of the Committee.
- The Committee reports back to the Council of Governors in a timely manner. (95%)
- Ultimately, the Committee helps support the Council of Governors in its decision-making. (95%)

3.4 Remuneration Committee

The self-assessment questionnaire was completed by 4 Governors (66.6%) answering 11 statements each. The responses were scored between Strongly Agree – Strongly Disagree and provides a score for each of the responses to give an overall percentage.

The charts below shows the overall results for the Council of Governors Remuneration Committee 2024 Self-Assessment:

							Score	%age
CoG Remuneration Sub-Committee Review 2023/24	0 [0%]	0 [0%]	0 [0%]	12 [27.3%]	22 [50%]	10 [22.7%]	158/170	93%



The charts show the majority of responses were “Strongly Agree” or “Agree”

The following statement received the most positive responses:

- I understand the purpose and terms of reference of the Committee.

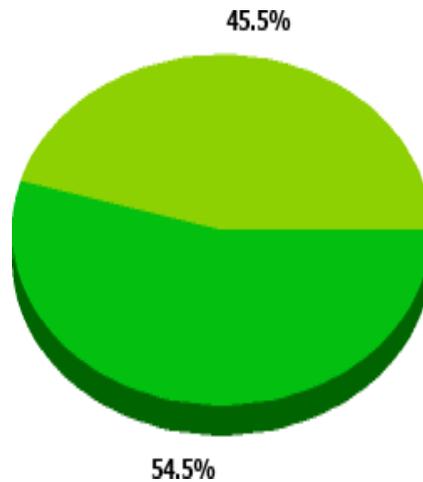
4.5 Training & Development Committee

The self-assessment questionnaire was completed by 4 Governors (66.6%) answering 11 statements each. The responses were scored between Strongly Agree – Strongly Disagree and provides a score for each of the responses to give an overall percentage.

The charts below shows the overall results for the Council of Governors T&D Committee 2023/24 Self-Assessment:

							Score	%age
CoG T&D Sub-Committee Review 2023/24	0 [0%]	0 [0%]	0 [0%]	20 [45.5%]	24 [54.5%]	0 [0%]	200/220	91%

CoG T&D Sub-Committee Review 2023-24



The chart shows 54.5% of responses were “Strongly Agree”, 45.5% were “agree” There were no neutral, disagrees or strongly disagree.

There were no specific statements which scored higher or lower than any other statement.

4.0 RECOMMENDATIONS

- 4.1 Receive and note the results of the Council of Governors Sub-Committee and note these will be taken forward by the relevant sub-committee.
- 4.2. Agree for the results of the full Council of Governors Effectiveness Review to be circulated to the Council once sufficient numbers of Governors had responded.

Report prepared by:

Teresa Bradford
CoG and Membership Administrator

On behalf of

Chris Jennings
Assistant Trust Secretary

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1	Agenda Item: 7b
		23 May 2024

Report Title:	Quality Visits Thematic Review				
Executive/ Non-Executive Lead:	Ann Sheridan, Executive Nurse				
Report Author(s):	Chris Jennings, Assistant Trust Secretary				
Report discussed previously at:	N/A				
Level of Assurance:	Level 1		Level 2		Level 3 ✓

Purpose of the Report	
This report provides a thematic review of feedback received from visits completed by Governors and Non-Executive Directors during 2023-24.	Approval
	Discussion
	Information ✓

Recommendations/Action Required
The Council of Governors is asked to: <ol style="list-style-type: none"> 1 Note the contents of the report 2 Request any further information or action.

Summary of Key Issues
The Council of Governors currently undertake Quality Visits to EPUT services throughout the year. The visits are based on the <i>15 Steps Challenge</i> published by NHS England and are designed for Governors to gain an understanding of services provided by the Trust and provide assurance as to the quality of services being provided.
The attached report provides details of the Quality Visits completed during 2023-24 and identifies key themes across all the visits. The report also provides details of future developments, including a Quality Visits Framework, which will ensure the visits continue to take place and incorporate other less visited services, such as community-based services.

Relationship to Trust Strategic Objectives
SO1: We will deliver safe, high quality integrated care services
SO2: We will enable each other to be the best that we can
SO3: We will work together with our partners to make our services better ✓
SO4: We will help our communities to thrive

Which of the Trust Values are Being Delivered
1: We care ✓
2: We learn ✓
3: We empower ✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives
Data quality issues
Involvement of Service Users/Healthwatch
Communication and consultation with stakeholders required
Service impact/health improvement gains

Financial implications:			Capital £ Revenue £ Non Recurrent £	
Governance implications				✓
Impact on patient safety/quality				
Impact on equality and diversity				
Equality Impact Assessment (EIA) Completed	YES/NO	If YES, EIA Score		

Impact on Statutory Duties and Responsibilities of Council of Governors				
Holding the NEDs to account for the performance of the Trust				✓
Representing the interests of Members and of the public				
Appointing and, if appropriate, removing the Chair				
Appointing and, if appropriate, removing the other NEDs				
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs				
Approving (or not) any new appointment of a CEO				
Appointing and, if appropriate, removing the Trust's auditor				
Receiving Trust's annual accounts, any report of the auditor on them, and annual report				
Approving "significant transactions"				
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution				
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions				
Approving amendments to the Trust's Constitution				
Another non-statutory responsibility of the Council of Governors (please detail):				

Acronyms/Terms Used in the Report				

Supporting Reports/ Appendices /or further reading
Quality Visits Thematic Review

Lead
Ann Sheridan Executive Chief Nurse

QUALITY VISITS THEMATIC REVIEW**1.0 PURPOSE OF REPORT**

This report provides a thematic review of feedback received from visits completed by Governors and Non-Executive Directors during 2023-24.

2.0 BACKGROUND

The Trust currently operates a process where Governors visit services, along with Executive and Non-Executive Directors. The visits help Governors to understand EPUT services and to give them assurance on the quality of services provided.

The visits are undertaken using the principles of the *15 Steps Challenge* published by NHS England, which aims to view a service from the perspective of a patient / service user as they make their first 15 steps into the service. The visits focus on speaking with staff, service users, patients and reviewing the general environment. The visits do not include auditing or reviewing care for specific patients.

The visits are organised by the Trust Secretary's Office and advertised via the weekly Governor Update. Governors are asked to volunteer for any visits booked and the visit team usually consists of:

- Executive Director
- Non-Executive Director
- Governors (up to three, subject to the size of the service).

During 2023-24, Governors made Quality Visits to seven services:

- Basildon Mental Health Urgent Care Department (May 2023 & December 2023)
- Fingchingfield Ward, The Linden Centre (November 2023)
- Galleywood Ward, The Linden Centre (November 2023)
- Grangewaters Ward, Basildon Mental Health Unit (December 2023)
- Hadleigh Unit, Basildon Mental Health Unit (December 2023)
- Robin Pinto Unit, Luton (July 2023)

A visit was also arranged to the Tissue Viability Specialist Nurse and Leg Ulcer service in Harlow, but no Governor volunteered to attend. The feedback has been included in the thematic review but is not included in the list above.

Feedback from the visits is circulated to operational services and other individuals in the Trust to support the services as required.

3.0 THEMATIC REVIEW**3.1. Positive Findings**

The following key positive themes have been identified across multiple visits:

- Staff were always positive and welcoming. Staff were passionate and proud of the services provided and were always eager to share this with the visiting team
- There were good staffing levels seen throughout. One service identified an issue with recruiting to vacancies, but overall staff levels were good
- Patients/service users spoke freely and positively about staff and the services provided
- There was a good level of interaction and care observed during the visits, even where services appeared to be busy. There was one example at the Urgent Care Department where a patient was lying on the floor. Staff were observed patiently waiting for the individual to stand up, rather than intervening and escalating the situation

- During one visit to the Urgent Care Department, there was an evacuation due to a fire alarm being set off. The evacuation was well managed and everyone remained calm
- The environments were good overall, especially those that had been refurbished. There are some issues identified in the areas for improvement, but the majority of areas appeared to be well-maintained, organised and therapeutic
- The atmosphere of the service was good, with all inpatient areas feeling safe during visits
- There were ligature risks assessment in place on all inpatient units, which were clearly sign-posted for staff
- There were good levels of information displayed for staff, patients and visitors on noticeboards
- There was a good level of technology seen being adopted by services, including Oxehealth, a digital wall for helping with aggression and a wound app used in the assessment of patients

3.2. Areas for improvement

There were also some areas for improvement noted during the visits. These were shared with services and other departments to provide support. The areas have been summarised into themes and a responses provided by the Trust for any action taken or future developments.

Area for improvement	Trust response
<p>There were some issues identified with environments, which was mainly around ensuring places are welcoming on first arrival, need for additional rooms (such as visiting rooms) and general maintenance.</p>	<p>The Trust undertakes PLACE assessments of all its environments. This is a peer led exercise that ensures the experiences of people who use Trust services are at the centre of the assessment process. Action plans are developed for those areas needing improvement and monitored for progress by both the service area and the peer led group.</p> <p>The Trust is currently in the process of developing an Estates Strategy.</p>
<p>Staff identified a need to ensure there were enough body worn cameras so all staff could wear them. There was also a positive noted where a service did not have the right level of equipment from a previous visit, but this had now been resolved.</p>	<p>The initial implementation of body worn cameras allocated four cameras per ward. The review undertaken has shown varying degrees of usage and additional cameras have been issued to those wards found to have higher usage needs. The Trust is working closely with the TASI lead who conducts reviews of the body worn footage to share feedback and learning with staff as a way to encourage usage across all wards and to demonstrate how their usage can aid good care and opportunities for learning</p>
<p>There was general misunderstanding of the service provided by the Mental Health Urgent Care Department, both from a system and patient perspective. Some patients arrived at the service with the expectation of immediately being admitted to a bed and other services were referring patients to the service incorrectly.</p>	<p>The Trust continues to work closely with both staff and ICB partners regarding the function and service offer for the MHUCD to ensure information is cascaded and any learning or additional need is addressed together. A joint evaluation of the service has been carried out with system partners. The outcome will provide an opportunity to review the standard operating procedures with a focus on patient, staff and partner feedback to improve patient pathways and patient outcomes</p>
<p>There were a couple of inconsistencies with the use of technology, including the availability of Oxehealth and the divide between record keeping systems making records difficult to access.</p>	<p>The Trust has issued guidelines that Oxehealth does not replace observation but is a tool to support observation and engagement activities. Oxehealth records are part of a patient's clinical records and are therefore covered by the Trust's recording keeping policy.</p>

The Trust prioritised the Acute Admission wards in the first phase of the rollout of Oxevision and currently are rolling it out to Forensic Services. The next phase will look at the remaining wards and a business case will be prepared to support the funding of these wards.

Record Keeping Systems: Currently EPUT works with seven electronic care record systems. The Trust recognises the risk this presents and is working with Mid and South Essex NHS Foundation Trust to procure a unified electronic patient record across both organisations. The programme to introduce this new system is in the final stages of procurement and implementation is set to commence in October 2024. As the new system will not be operational until summer 2026, various mitigations are in place to reduce the risks presented by using multiple record systems, including:

- A safety improvement programme has been identified to ensure that users of the systems document accurately and in the right platform to maximise the accuracy of data
- The Mid and South Essex Integrated Care Board has procured a new shared care record platform which allows providers across the system to view records from different organisations
- Ensuring accurate use of existing systems will improve accuracy and ease of patient data pulled into the shared care record, further minimising risk
- Interoperability between the various EPUT systems is already in place

4.0 NEXT STEPS

The Joint Board of Directors / Council of Governors Seminar Session in April 2024 received a presentation on the development of a Quality Visits Framework. The Framework will change the way visits are booked, with consideration of a wider visiting team, including Board members, Governors and ICS partners. The visits will also be arranged in conjunction with clinical care units, which will help ensure complex services, such as community-based services, can be visited.

5.0 RECOMMENDATIONS AND ACTION REQUIRED

The Council of Governors is asked to:

- 1 Note the contents of the report
- 2 Request any further information or action.

Report prepared by
Chris Jennings
Assistant Trust Secretary

On behalf of
Ann Sheridan
Executive Nurse

		Agenda Item No: 8a			
SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1	23 May 2024			
Report Title:	Staff Survey Results				
Report Lead:	Andrew McMenemy, Executive Chief People Officer				
Report Author(s):	Paul Taylor – Director for Education, Organisational Development, Staff Engagement				
Report discussed previously at:	Joint Board of Directors / Council of Governors Seminar 17 April 2024				
Level of Assurance:	Level 1		Level 2		Level 3 ✓

Purpose of the Report		
This report provides the Council of Governors with the results of the Staff Survey 2023.	Approval	
	Discussion	✓
	Information	

Recommendations/Action Required
The Council of Governors is asked to: 1 Note the contents of the report

Summary of Key Issues
<p>The 2023 National Staff Survey saw 2795 surveys completed and returned by EPUT staff. This represents a 44% response rate, which is 2% higher than 2022 which saw 2547 responses and a 42% response rate.</p> <p>EPUT performed better than peers in our benchmarking group for two ‘People Promise’ elements, and in line with the average for seven remaining measures.</p> <p>Areas of success include themes around Autonomy and Control, Work Pressure and Stressors, Morale, Staff Engagement, Line Management and Appraisals.</p> <p>Results also highlight areas for improvement, including Raising Concerns, Discrimination on the grounds of Ethnic background, Perception of Care and levels of abuse experienced from patients and family members. A number of these areas have already been addressed across the last six-months and will be highlighted in the report.</p> <p>The accompanying report provides detailed results and action planning.</p>

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	
SO4: We will help our communities to thrive	

Which of the Trust Values are Being Delivered	
1: We care	
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:

Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			
Data quality issues			
Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications:			
			Capital £
			Revenue £
			Non Recurrent £
Governance implications			✓
Impact on patient safety/quality			✓
Impact on equality and diversity			✓
Equality Impact Assessment (EIA) Completed	YES/NO	If YES, EIA Score	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	✓
Representing the interests of Members and of the public	✓
Appointing and, if appropriate, removing the Chair	
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Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			
FTSU	Freedom to Speak Up	SSCC	Staff Survey Coordination Centre
EDI	Equality, Diversity and Inclusion		

Supporting Documents and/or Further Reading
Staff Survey Results

Lead
Andrew McMenemy Executive Chief People Officer

STAFF SURVEY RESULTS

1.0. PURPOSE OF THE REPORT

This report provides the Council of Governors with the results of the Staff Survey 2024.

2.0. EXECUTIVE SUMMARY

- 2.1 The 2023 National Staff Survey saw **2795** surveys completed and returned by EPUT staff. This represents a **44%** response rate, which is 2% higher than 2022 which saw 2547 responses and a 42% response rate.
- 2.2 EPUT performed better than peers in our benchmarking group for two 'People Promise' elements, and in line with the average for seven remaining measures.
- 2.3 Areas of success include themes around Autonomy and Control, Work Pressure and Stressors, Morale, Staff Engagement, Line Management and Appraisals.
- 2.4 Results also highlight areas for improvement, including Raising Concerns, Discrimination on the grounds of Ethnic background, Perception of Care and levels of abuse experienced from patients and family members. A number of these areas have already been addressed across the last six-months and will be highlighted in the report.

3.0 SUMMARY OF RESULTS

- 3.1 All NHS Trusts in England are required to take part in the National Staff Survey every year. Trusts are required to commission an independent external survey provider to administer the survey and coordinate its results with the Staff Survey Coordination Centre (SSCC).
- 3.2 A 2% increase in response rate has been observed from 2022 to 2023, with 2795 completed surveys returned from eligible staff (Figure 1). All substantive staff as of 1st September 2023 were eligible for complete the survey, which was open between 25th September and 24th November 2023.
- 3.3 Survey questions are aligned to the NHS People Promise Elements and two additional themes (nine themes in total):
 - 'We are compassionate and inclusive'
 - 'We are recognised and rewarded'
 - 'We each have a voice that counts'
 - 'We are safe and healthy'
 - 'We are always learning'
 - 'We work flexibly'
 - 'We are a team'
 - Staff Engagement Theme
 - Morale Theme

3.4 EPUTs results are benchmarked against Trusts of a similar type, referred to as a 'benchmark group'. This benchmark group consists of 51 Trusts, categorized as 'Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts'.

See figure 2 for a breakdown graphic which demonstrates EPUT's overall performance against best, worst, and average scores in our benchmarked group. EPUT performed better than the benchmarked average in 2 People Promise Elements, and in line with the 7 remaining measures.

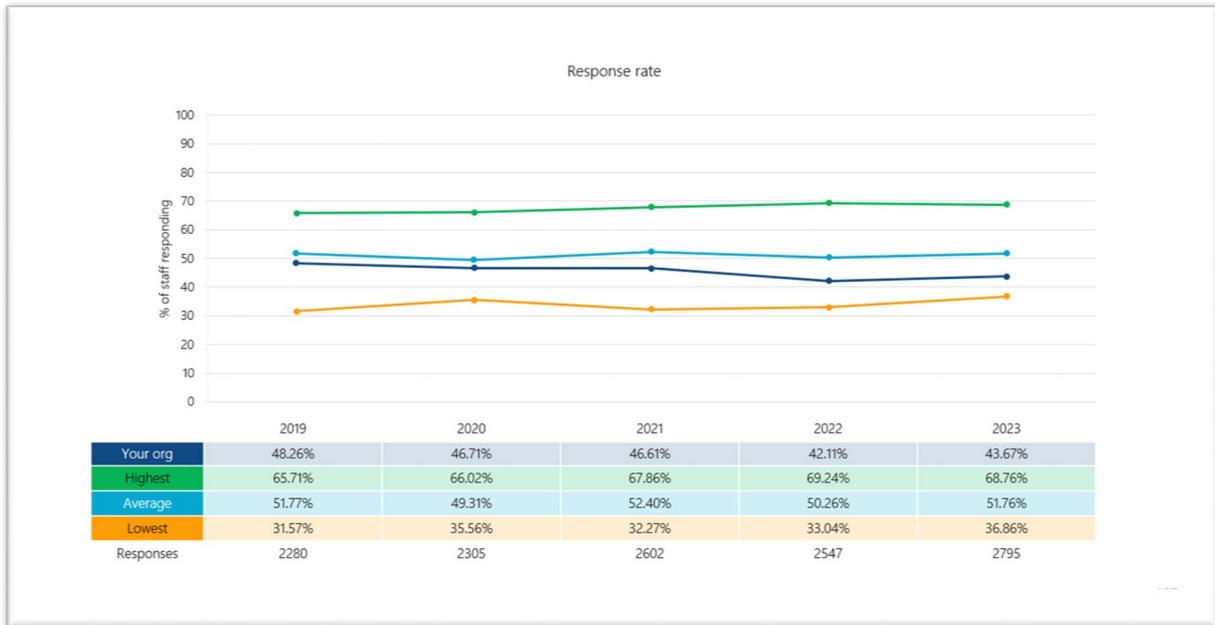


Figure 1: Response rates across benchmark group

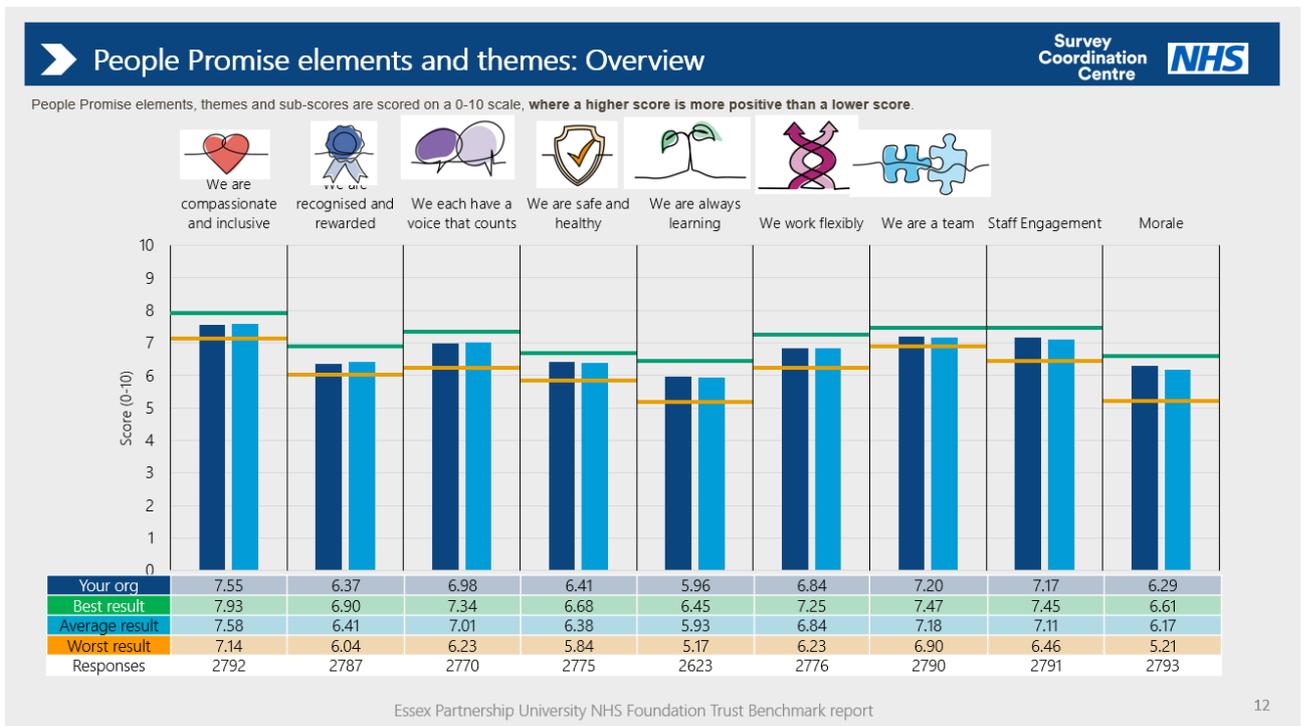


Figure 2: People Promise elements and themes: Overview.

3.5 Figure 3 below demonstrates how the Trust compared against benchmarked averages between 2022 and 2023:

People Promise Element	EPUT Score 2022	EPUT Score 2023	Difference (2022-2023)
We are compassionate and inclusive	In line with average	In line with average	+0.06
We are recognised and rewarded	Below Average	In line with average	+0.15
We each have a voice that counts	Below Average	In line with average	+0.08
We are safe and healthy	In line with average	In line with average	+0.18
We are always learning	In line with average	In line with average	+0.22
We work flexibly	In line with average	In line with average	+0.07
We are a team'	In line with average	In line with average	+0.11
Staff Engagement	In line with average	Above Average	+0.13
Morale	Above Average	Above Average	+0.17

Figure 3: People Promise elements comparison vs. benchmarked Trusts

NB Indicators relate to average results of Trusts within our benchmarking group. The full breakdown report attached provides detail on the questions which make up each of the elements/themes and their individual scores. A difference of 0.05 has been used to indicate.

4.0 RESULTS – HIGHLIGHTS, FOCUS AREAS, DIRECTORATE PERFORMANCE

4.1 The 2023 results demonstrate areas of progress and areas for improvement across the Promise Elements, sub-scores, and individual measures.

4.2 Key Highlights

- EPUT performed better than the benchmarked average in two People Promise Elements, and in line with the seven remaining measures.
- An increase in the sub-score 'Autonomy and Control', with EPUT scoring close to the best results in our benchmark group.
- Improvements in 'Morale', with all three questions within this theme scoring significantly higher than the benchmark average.
- A second annual improvement in all appraisal measures. This includes reports of staff who have had an appraisal, perceptions around it helping to do their job, it helping agree clear objectives, and the appraisal giving with a sense of being valued by the organisation.
- A decrease in staff who reported that they had experienced discrimination based on grounds of Gender, Religion, Sexual Orientation, Disability and Age. With Gender, Disability and Age discrimination all scoring significantly better than the national average.
- A significant improvement in Q14d: 'The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it? EPUT has improved this measure by 8.92%, and for the first time in five years the Trust performs above our benchmarked average.

- Improvement in several individual measures relating to Line Management, falling within the Compassionate Leadership sub-score and Compassionate Culture Sub-Score. Notable improvements can be seen in questions 3c, 3d, 3e and 3f.
- There was a fifth consecutive fall in q14b which asks respondents if they have experienced bullying, abuse or harassment from managers. It should be noted that the Trust performs worse than the benchmarked average (9.20% vs. 8.13%)

4.3 Areas for improvement

- The 'Raising Concerns' sub-score remains flat from 2022, with EPUT scoring below our benchmarked average. This theme refers to how the Trust supports staff who do raise concerns, and addresses those which are raised. This is a persistently poor-performing measure, with scores below the benchmark average for the previous five years.
- A significant increase in discrimination reported based on Ethnic background. Of staff who reported experiencing discrimination, 62.64% reported this as being on the grounds of their ethnicity, which is 17% higher than the benchmarked average. EPUT's 2023 score represents a 9.53% increase from 2022, and 14.03% increase from 2019.
- Whilst perceptions of care have seen a slight improvement from a low in 2022, EPUT scores 5% below the benchmark average in response to the question: 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'. This has scored below average for the previous 5 years of the NSS.
- A worsening of score can be observed in Q16a, with 9.63% of staff stating they have personally experienced discrimination at work from patients/service users, relatives, or other members of the public. This is worse than the benchmarked average of 7.22%.

5.0 ANALYSIS

- 5.1 It is positive to have seen an increase in response rate to 44% in 2023, however the Trust still performs significantly below the benchmarked average of peers. The approach used by the Staff Engagement Team developed from 2022, with increased focus on email messaging, virtual sessions with staff, and two team-prizes based on highest response rate. As in 2022 and previous years, weekly reports were communicated to the Executive Team and senior leaders, enabling them to drive response rate in their respective areas.
- 5.2 It is encouraging to see improvements in areas with high involvement of line managers, including appraisals, compassionate leadership, and compassionate culture. Whilst it is difficult to establish casual effect for this improvement, several initiatives supporting line managers were launched in 2023. This includes the commencement of the Ward Manager Development Programme, as well as strong uptake in Management Development Programme modules. Appraisals and the value of coaching staff members feature in both these initiatives, which receive positive feedback from attendees.
- 5.3 There has been significant work in encouraging reporting of bullying, abuse and harassment throughout 2023. The three-month Freedom to Speak Up campaign (Talk Up, Listen Up, Follow Up) is felt to have contributed towards this marked improvement. Other contributing factors include the launch of mandatory Freedom to Speak Up e-learning module, launched earlier in 2023.

Further supporting improvements seen in measure is the work on sexual safety training, delivered by the Colleague Safety Consultant. Face-to-face training sessions in clinical environments were held throughout 2023, supported by the Safeguarding team. Feedback has been positive, with several instances of staff being directly supported directly these interventions.

- 5.4 It is worth noting several individual measures within the Autonomy and Control sub-score as a marked improvement, including 3c, 3d, 3e, 3f. This is promising as the operating model within the Trust continues to mature and clinicians and practitioners are identifying they can work with greater control and autonomy.
- 5.5 Whilst there was no statistically relevant improvement in the 'Raising Concerns' sub-score, which measures organisational response and support when staff members voice concerns, work undertaken in 2023 includes the new racism debrief process, which was co-designed using staff feedback who have experienced incidents of racism of work. There have been several positive indicators of success from this process, including increased reporting rates and sentiment from staff receiving debriefs. It is expected that planned expansion of this process (including other protected characteristics) will translate into improved performance in this measure.

6.0 ACTION PLANNING

- 6.1 The staff survey in 2023 highlighted improved scores in two key areas of the People Promise and overall improvements relative to 2022. There were also improvements in the engagement of all staff by 2%, but our ambition is to have a much greater representation of views in the Trust. In order to deliver against this ambition, as part of the 2024 action plan, we will undertake a 100-day sprint across mid-summer into early autumn, ahead of the National Staff Survey October 'go-live' date.
- 6.2 The draft 100-day sprint will be segmented into 20-day action and reflective learning cycles with a set of principles and emphasis on:
- Face-to-face engagement across operational sites and making access easier for frontline staff.
 - Language use in all staff survey communications becomes more accessible and relevant, reducing cognitive filtering and habituation.
 - Utilisation of our senior leadership group and staff engagement champions to strengthen the communication network and create an organisationally strong narrative of the benefits to completing the staff survey.
 - Ensure that the use of stories by staff at all levels create a powerful and compelling reason for fuller engagement, including actions taken from the results of the 2023 staff survey that have created tangible and real impact.
- 6.3 To monitor the impact of the 100-day sprint and actions across the communications and staff engagement team, a fortnightly operational group will be established for both action-focussed work and also reflective learning as part of the 20-day cycle process. Updates on impact can then be reported at the Executive Committee and the People, Equality and Culture Committee for decision-making and assurance purposes. Throughout the next National Staff Survey window, there will be weekly updates on progress, engagement and any actions needing decisions.
- 6.4 Beyond our actions to develop greater engagement with the workforce, we also have key thematic actions that are Trust wide (e.g. the EDI high impact actions associated with tackling racism and discrimination and raising concerns) and actions associated with care units, which are more nuanced and specific to service areas.

6.5 As part of EPUT's response to the National Staff Survey results on racial abuse, a number of high impact actions are in delivery or planned for across 2024/25 including:

- Improved reporting of racial abuse incidents (244% increase since 22/23)
- A de-brief process that has given confidence to staff in reporting and getting the right support at the right time.
- Deliver workshops with staff to review the pathway of support following an incident of violence or abuse occurring.
- Identify areas of good practice as well as areas for learning within EPUT or external Trusts.
- EDI Objectives for Executive and Board (NHSE EDI Improvement Plan) and metrics to measure performance.
- Deliver workshops with patients to gain an understanding and feedback from service users why violence and abuse towards staff may occur and their triggers.
- Receiving feedback on behaviour contracts and zero tolerance letters and co-design a respect behaviour pledge.

6.6 Finally, whilst elements Q20a and 20b (*feeling secure raising concerns about unsafe clinical practice and concerns being addressing*) have improved since 2019, elements Q25e, 25f (*feel safe to Speak Up about anything that concerns me; confident concerns would be addressed*) have largely stayed the same. Our Freedom to Speak up (FTSU) Principal Guardian is taking action with the senior leadership team, executive team and board members through:

- Updated FTSU policy to reflect changes including change of Executive Lead and Non-Executive Director.
- A Board Reflection Tool is in progress, which underpins and helps inform the FTSU strategy and feeds into the wider 'Speak Up' aims and Trust strategy.
- The FTSU e-learning module training was launched in October and 7460 colleagues (including bank) have since completed training on 'Speaking Up'.
- Following manager's feedback of their experiences of FTSU, during the three month campaign a series of eleven manager Listening Exercise events was held over Teams
- Several other initiatives are already in the pipeline including developing a FTSU Champion network to provide greater visibility and coverage across multiple sites, case trackers, and a re-education piece on what the purpose of FTSU is.

7.0 RECOMMENDATIONS / ACTION REQUIRED

The Council of Governors are asked to:

1. Note the contents of the report

**Report prepared by
Paul Taylor**

Director for Education, Organisational Development, Staff Engagement

On behalf of

**Andrew McMenemy
Executive Chief People Officer**

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1	Agenda Item: 8b			
		23 May 2024			
Report Title:	PLACE Audit Results 2023				
Executive/ Non-Executive Lead / Committee Lead:	Zephan Trent, Executive Director of Strategy, Transformation & Digital				
Report Author(s):	Matthew Sisto, Director of Patient Experience				
Report discussed previously at:	Experience of Care Group, Quality Committee				
Level of Assurance:	Level 1		Level 2		Level 3 ✓

Purpose of the Report		
This report provides the Council of Governors with the analysis of the PLACE 2023 report	Approval	
	Discussion	
	Information	✓

Recommendations/Action Required
The Council of Governors is asked to: 1. Note the contents of the report

Summary of Key Points
<p>The EPUT supplementary report for PLACE 2023 provides a detailed breakdown for the organisational scores, with some comparative analysis pulled out from the national report, and recommendations detailed within.</p> <p>General themes</p> <ul style="list-style-type: none"> • Patient assessors were impressed with the attractiveness and availability of recreational activities for patients, with many wards having games rooms, gyms and well-kept outdoor spaces. • A key area for improvement is accessibility for those with disabilities and for those with visual impairments in particular. • By using colour effectively, we can aid patient’s orientation around our sites. E.g. doors and toilet seats are not the same colour as the walls and surrounding systems. • It was also noted, on the majority of sites that signs leading to the centre and car parking availability could be improved to make it easier for people to find our sites. • Last year, not all sites were visited due to covid breakouts and reluctance from staff. This year, all sites were successfully visited. EPUT PLACE results were therefore included in national publication. <p>General recommendations</p> <p>Due to the success of the 2023 PLACE visits and planning recommendations for the planning and implementation of the PLACE 2024 assessments remain:</p> <ol style="list-style-type: none"> 1. Each visit will need 2 patient assessors to be included in the National Publication 2. Each visit will need to allow for a food assessment to be included in the National Publication 3. At times some wards were quite resistant to PLACE assessments, preventing them from going ahead, which impacted the overall process. Because of this, it is our recommendation that every effort is made by services to facilitate assessments in 2023. <p>Notable improvements:</p> <ol style="list-style-type: none"> 1. Signage is generally more visible and clear 2. Flooring improved to matt and non-reflective across a number of sites

3. Sites being more accommodating of PLACE visits going ahead with less refusal of assessments upon arrival

Recommendations for improvements based on findings from the PLACE 2023 assessments:

1. Making the accessibility of our sites for those with disabilities a priority area in the incoming Estates Development Strategy (i.e. effective use of colours, and clearly marking uneven surfaces)
2. Increasing the available parking where possible, markings, access, and disabled spots too
3. Ensuring high visibility markers are placed on all entrance doors

Experience of Care Group Recommendations:

- Map the PLACE scores to the estates improvement programme to see if the low scoring areas are awaiting improvement work
- Ensure that findings from PLACE are included in the incoming Estates Strategy
- Refine the sites and locations with NHS England to ensure a clearer breakdown of services, and divide between mental and physical health for PLACE 2024

Relationship to Trust Strategic Objectives

SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered

1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:

Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	✓		
Data quality issues			
Involvement of Service Users/Healthwatch	✓		
Communication and consultation with stakeholders required			
Service impact/health improvement gains	✓		
Financial implications:	Capital £ Revenue £ Non Recurrent £		
Governance implications			
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>YES/NO</td> <td>If YES, EIA Score</td> </tr> </table>	YES/NO	If YES, EIA Score
YES/NO	If YES, EIA Score		

Acronyms/Terms Used in the Report

PLACE	Patient-Led Assessment of the Clinical Environment		
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Supporting Reports and/or Appendices

1. PLACE 2023 Supplementary Report
2. NHS England PLACE 2023 Report

Executive/ Non-Executive Lead / Committee Lead:

Zephan Trent

Executive Director, Strategy, Transformation, and Digital

NHS

Essex Partnership University

NHS Foundation Trust

PLACE 2023

Supplementary Report

Patient Led Assessments of the Care Environment

Contents

01

Introduction

02

Summary Insights

03

**Domain
Performance**

04

**Visits Data &
Insights**

PLACE Introduction

Introduction

Good environments matter. Every NHS patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. **Patient Led Assessments of Care Environments** (PLACE) provide the motivation for improvement by giving a clear message, directly from patients, about how the environment or services might be enhanced. PLACE assessments focus exclusively on the environment in which care is delivered and do not cover clinical care provision (quality and safety, or ligature risk) or how well staff are doing their job. Having said that, any concerns on safety, quality, and ligature risk are highlighted on the day of assessment and picked up by the teams for immediate action.

The assessments take place every year, and results are published to help drive improvements in the care environment. The results show how hospitals are performing both nationally and in relation to other hospitals providing similar services. The PLACE collection underwent a major national review between 2018 – 2019, significantly revising the question set and guidance documentation. Annual review continues before each programme to ensure this collection remains relevant and delivers its aims. The assessments involve local people (known as patient assessors) going into hospital ‘sites’ as part of teams to assess how the environment supports the provision of clinical care. Assessors rate each site out of 1-5 (1 being poor, and 5 being good) based on the following 6 domains:

1. ‘Food & Hydration’,
2. ‘Disability’,
3. ‘Condition, Appearance and Maintenance’
4. ‘Privacy, Dignity and Wellbeing’
5. ‘Cleanliness’
6. ‘Dementia Friendly’

Each patient assessor is provided with training as per the national guidance, which the patient experience team have adapted for EPUT. They also have an on-the-day orientation of the site, approach, and timings. At this point, each assessor can raise questions, and concerns if there are any. Each visit is facilitated by a member of the Patient Experience team and supported by the Estates and Facilities Team. A key learning remains that PLACE is a great opportunity for corporate services to get out and visit our care environment.

Purpose and Background

The purpose of this report is to provide an update to the Board of Directors regarding PLACE following the 2023 assessments and any recommendations for improvements. PLACE visits in 2023 took place between September and November.

PLACE aims to focus on areas that matter to patients, families and carers. PLACE encourages the involvement of patients, the public, and both national and local organisations that have an interest in healthcare in assessing providers. On the day(s) of assessment, the assessing team visit the various areas of the hospital and unit (e.g. wards, communal areas) filling out the relevant scorecards (paper or digital) based on observed conditions. Results are sent to NHS England for analysis and benchmarking.

This report contains the organisational overview (themes and trends) and a breakdown for each site visited in order for quality improvement actions to be devised as an organisation and ownership of actions to be taken for specific sites.

National Publication

NHS England published the PLACE scores into the public domain on the 22nd February 2024. This includes EPUTs 2023 scores.

In line with the 2019 national review, learning from 2022 was taken into account and successfully applied for the 2023 visits. This ensured that EPUT visits and subsequent scores were included within the national publication. Scores are therefore comparable with other published NHS sites.

The Patient Experience team ensured that in order to go ahead at least 2 patient assessors were present at each site visit and the only sites who did not engage in a food assessment were those where daily meals are not routinely served to all patients (self catering). This is an improvement from last year and demonstrates learning

Scoring

- On the day(s) of assessment, the teams visit the various areas of the hospital and unit (e.g. wards, communal areas) filling out the relevant scorecards (paper or digital) based on observed conditions
- Results are sent to NHS England by hospital staff using the Estates and Facilities Management (EFM) online portal
- Marks awarded for each question count towards one or more domains. Domain totals are then calculated on EFM and expressed as a percentage of the maximum marks available for each domain for each organisation and site.
- National averages are calculated to take into account the variation in hospital size (and that not all areas are assessed in larger sites): Please Tick

What is your immediate impression upon arriving at the hospital / health care site? How happy/confident are you that a good level of patient care and experience will be delivered within the environment?	Very Confident	
	Confident	
	Not Very Confident	
	Not At All Confident	

Table 1- overall rating score

Same question is asked upon leaving

Overall, how would you rate the patient meal service observed?	Good	
	Acceptable	
	Poor	

Table 2 – overall food rating score

P	Pass = all aspects of all items must meet the definition/guidance.
Where a Pass is not appropriate, the team must decide to apply a Qualified Pass or Fail score.	
Q	Qualified Pass = a small number of items (no more than 20%) do not meet the definition/guidance.
F	Fail = more than a small number of items do not meet the definition/guidance or where blood or body fluids are present (these always result in a fail score)

Table 3- Individual domain scoring key

Summary Insights

General Themes

- Patient assessors were impressed with the attractiveness and availability of recreational activities for patients, with many wards having games rooms, gyms and well kept outdoor spaces.
 - A key area for improvement is accessibility for those with disabilities and for those with visual impairments in particular.
 - By using colour effectively, we can aid patients orientation around our sites. e.g. doors and toilet seats are not the same colour as the walls and surrounding systems.
 - It was also noted, on the majority of sites that signs leading to the centre and car parking availability could be improved to make it easier for people to find our sites.
 - Last year, not all sites were visited due to covid breakouts and reluctance from staff. This year, all sites were successfully visited. EPUT PLACE results were therefore included in national publication.
-

National and Local Comparisons

240 organisations took part in PLACE assessments 2023. For comparison, the national average and 2 local and similar trusts have been selected below to demonstrate how EPUT scores compare. ELFT has also been included as they are currently rated as outstanding by the CQC and therefore should be contacted before PLACE 24/25 to understand any learning opportunities relevant for PLACE that EPUT can adopt.

Organisation Name	Commissioning Region	Organisation Type	NHS or Independent	Cleanliness	Combined Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
<i>National Average</i>				0.981	0.909	0.912	0.910	0.875	0.959	0.825	0.843
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	EAST OF ENGLAND COMMISSIONING REGION	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	0.965	0.8882	0.889	0.8879	0.9671	0.9384	0.8501	0.8772
NORTH EAST LONDON NHS FOUNDATION TRUST	LONDON COMMISSIONING REGION	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	0.9785	0.9239	0.9282	0.9184	0.9686	0.8067	0.9197	0.9427
EAST LONDON NHS FOUNDATION TRUST	LONDON COMMISSIONING REGION	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	0.9572	0.8501	0.8971	0.789	0.9457	0.9341	0.8692	0.8513

Organisational overview

Site Name	Organisation Type	NHS or Independent	PLACE Site Type	Cleanliness	Combined Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
LANDERMERE CENTRE HEALTH WARDS, CLACTON-ON-SEA	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	Mental Health Only	0.8761	0.9279	0.906	0.9524	0.8605	0.7083	0.5	0.5455
COLCHESTER - THE LAKES	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	Mental Health Only	0.9304	0.8422	0.8848	0.7895	0.9672	0.9457	0.75	0.8205
THE CRYSTAL CENTRE	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	Mental Health Only	0.9871	0.9335	0.8848	0.9881	0.9831	0.9511	0.9516	0.9483
EDWARD HOUSE	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	Mental Health Only	0.9794	0.9127	0.8848	0.9474	1	0.9457	0.8621	0.9111
BASILDON MENTAL HEALTH UNIT, BASILDON	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	Mental Health Only	1	0.9357	0.8848	0.9889	1	0.9947	0.975	0.9857
BROOMFIELD HOSPITAL	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	Mental Health Only	0.9021	0.838	0.8848	0.7857	0.9508	0.8315	0.5536	0.7143
BROCKFIELD HOUSE	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	Mental Health Only	1	0.8736	0.8848	0.8667	1	0.996	0.9762	0.9885
BYRON COURT - 5 HEATH CLOSE	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	Mental Health Only	0.9402	0.937	0.8848	1	0.9048	0.8917	0.5441	0.6512
CHRISTOPHER UNIT (LINDEN)	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	Mental Health Only	0.9231	0.8324	0.8848	0.7692	0.9302	0.8833	0.625	0.7179
CLIFTON LODGE	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	Other inpatient	0.9784	0.8447	0.8986	0.7857	0.9767	0.9333	0.9015	0.8846

Organisational overview continued

THE ST. AUBYN'S CENTRE, COLCHESTER	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	Mental Health Only	1	0.9271	0.9273	0.9268	0.9844	0.9891	0.9688	0.9524
THE BRAMBLES - COLCHESTER	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	Mental Health Only	0.9744	N/A	N/A	N/A	0.9318	0.9167	0.6786	0.7143
THURROCK COMMUNITY HOSPITAL	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	Mental Health Only	0.9923	0.9448	0.906	0.9881	0.9655	0.9837	0.9842	0.9565
WOOD LEA CLINIC, BEDFORD	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	Mental Health Only	1	N/A	N/A	N/A	0.975	0.9833	0.9231	0.8947
ROCHFORD COMMUNITY HOSPITAL	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	Mental Health Only	0.9317	0.8268	0.8848	0.7619	0.9231	0.9355	0.7823	0.8
SAFFRON WALDEN COMMUNITY HOSPITAL	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	Mental Health Only	1	0.883	0.906	0.8571	0.8864	0.95	0.8509	0.8125
ST MARGARET'S HOSPITAL	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	Mental Health Only	0.9776	0.9054	0.8848	0.9286	1	0.9709	0.9769	0.9806
RAWRETH COURT	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	Mental Health Only	0.9915	0.9391	0.8848	1	0.9211	0.9167	0.8667	0.86
ROBIN PINTO UNIT	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	Mental Health Only	0.953	0.9335	0.8848	0.9881	0.9756	0.9333	0.8	0.8286
KING'S WOOD CENTRE - COLCHESTER	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	Mental Health Only	0.9253	0.8998	0.8848	0.9189	0.9839	0.8315	0.8103	0.8444
PRINCESS ALEXANDRA HOSPITAL	MENTAL HEALTH AND LEARNING DISABILITY	NHS Trust	Mental Health Only	1	0.9312	0.8848	0.9872	1	0.9946	0.9355	0.9333

Overall Top Performers



Brockfield



Basildon



Thurrock

Overall Lowest Performers



Landermere



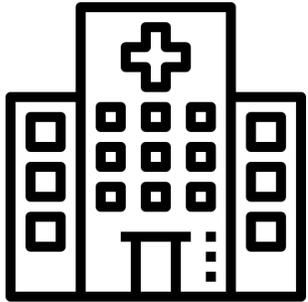
The Linden Centre



Byron court

Note: Targeted interventions across all 3 of these sites will have a significant positive impact on the overall averages assuming that our other sets maintain the same or improve

Recommended Targeted Interventions



Improvement across all domains at the Broomfield sites would have the biggest impact on the collective average

Focused improvement effort on domains of 'Disability' and 'Dementia Friendly' at Landermere



General Recommendations

Due to the success of the 2023 PLACE visits and planning recommendations for the planning and implementation of the PLACE 2024 assessments remain:

1. Each visit will need 2 patient assessors to be included in the National Publication
2. Each visit will need to allow for a food assessment to be included in the National Publication
3. At times some wards were quite resistant to PLACE assessments, preventing them from going ahead, which impacted the overall process. Because of this, it is our recommendation that every effort is made by services to facilitate assessments in 2023.

Notable improvements:

1. Signage is generally more visible and clear
2. Flooring improved to matt and non reflective across a number of sites
3. Sites being more accommodating of PLACE visits going ahead with less refusal of assessments upon arrival

Recommendations for improvements based on findings from the PLACE 2023 assessments:

1. Making the accessibility of our sites for those with disabilities a priority area in the incoming Estates Development Strategy (i.e. effective use of colours, and clearly marking uneven surfaces)
2. Increasing the available parking where possible, markings, access, and disabled spots too
3. Ensuring high visibility markers are placed on all entrance doors
4. Refine the sites and locations with NHS England to ensure a clearer breakdown of services, and divide between mental and physical health for PLACE 2024

Domain Performance

Domain 1: Cleanliness



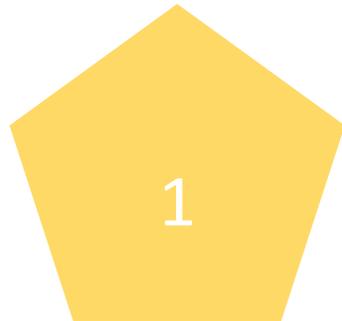
The Crystal centre



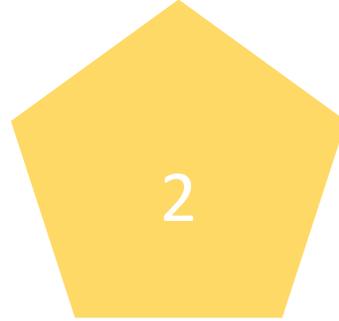
Thurrock



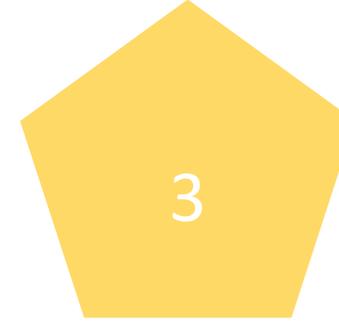
Rawreth Court



Landermere Ward



The Linden Centre



Christopher Unit

Domain 2: Food & Hydration



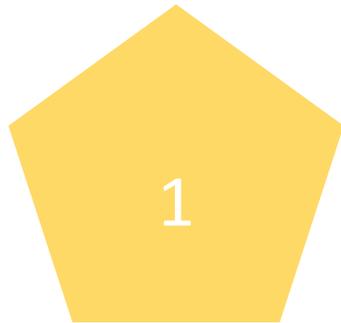
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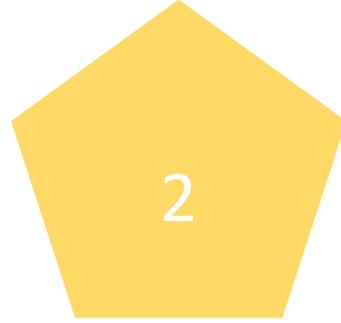
Rawreth court



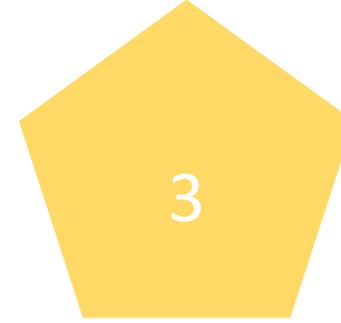
Basildon



Rochford



The Linden Centre



The Christopher unit

Domain 3: Privacy, Dignity, Wellbeing



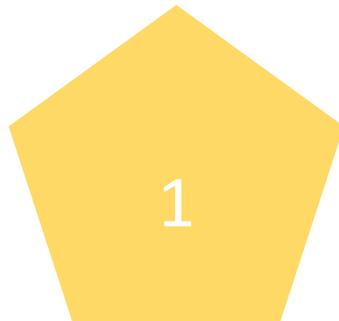
Edward house



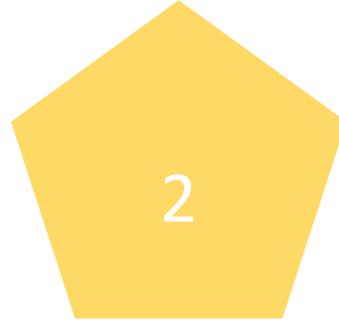
Basildon



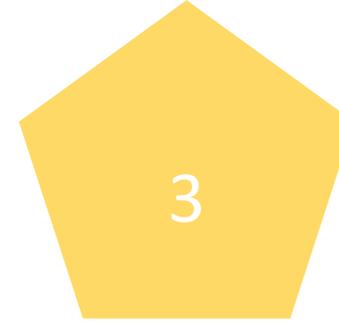
Brockfield



Landermere



Saffron Walden



Rawreth court

Domain 4: Condition, Appearance & Maintenance



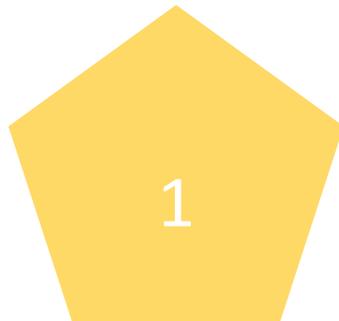
Brockfield



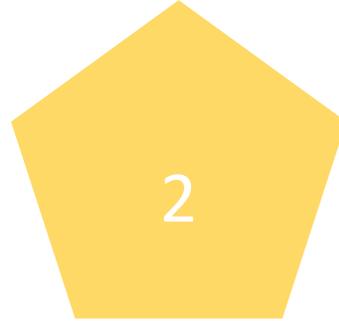
The Derwent Centre



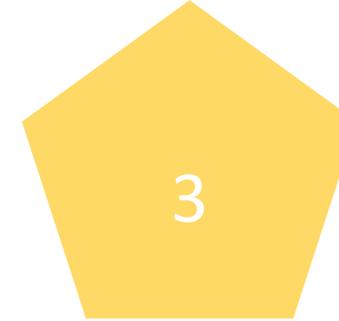
St Aubyn Centre



Landermere



Linden Centre



Kingswood Centre

Domain 5: Dementia Friendly



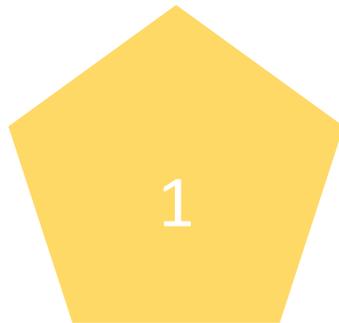
Brockfield



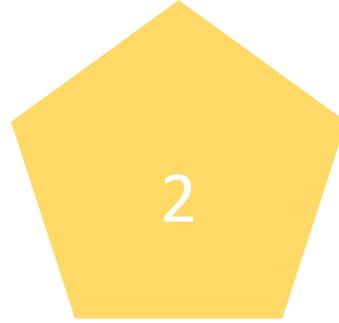
Thurrock



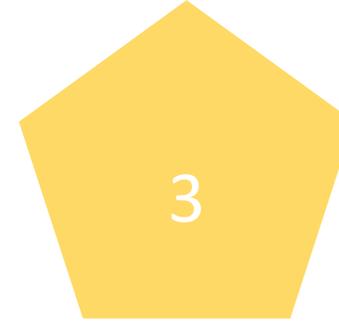
St Margaret's



Landermere



The Linden Centre



Byron court

Domain 6: Disabilities & Access



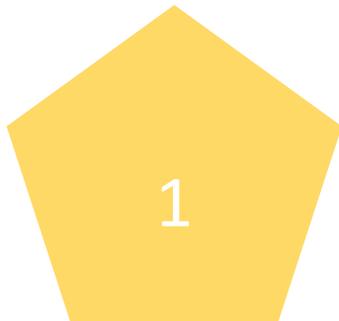
Basildon



Brockfield



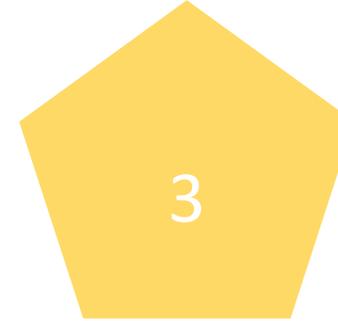
St Margaret's



Landermere



The Linden Centre



Byron court

Visits Data & Insights

Brockfield House

Site Description: Forensic Low Secure Inpatient Service | Care Unit: Specialist Services

2022 summary

- Brockfield House was praised by the patient assessors for the on-site outdoor facilities dedicated to the purpose of physical activities (for example football, basketball) and the condition and appearance of the building entrances and signage around the building.
- Brighter colours around the site for those who may be visually impaired, repainting the colours of the taps to ensure it is clear which tap is hot and which is cold, changing the colour of the toilet system as majority of the system is white and utilising opportunities further for points of interest on the walks such as artwork and photos of familiar local sites.
- 2022 patient assessors were **very confident** that a good level of patient care and experience would be delivered within the environment.

Lagoon, Alpine, Fuji, Forest, Dune, Causeway and Aurora ward were visited on the 19th of September 2023.

2023 Summary

- **Brockfield received full scores for Cleanliness, Privacy Dignity and Wellbeing and Maintenance.**
- Patient Assessors noted how spacious ward environments were at Brockfield and commented on the availability of modern facilities such as video games and basketball courts.
- Patient Assessors noted the availability of fresh fruit and water as positive and encouraging
- Patient Assessors recognised the availability access to outside areas and commented that the gardens and outside courtyards were wheelchair friendly. Those with accessibility requirements could still make full use of the outdoor spaces.
- Brockfield house has maintained it's overall assessment rating as 2023 patient assessors **were very confident** that a good level of patient care and experience would be delivered within the environment.
- The overall meal service was rated as **acceptable**

Improvements from last year

- Colours of the taps have been made clearer as Hot and Cold are now easily distinguishable
- Point of interest and use of bright colours were visible to patient assessors

Recommendations for 2024

- To ensure gardens are well maintained and free from weeds and litter
- TV wires were noted as loose and accessible in Forest and Causeway ward. It is advised these are made secure ASAP to minimise ligature risks

Brockfield House

Cleanliness	Food	Privacy dignity and Wellbeing	Maintenance	Disability	Dementia
1158 /1158 (100%)	213.17/244 (87%)	306/306 (100%)	506/506 (100%)	82/84 (98%)	172/174 (99%)

Brockfield house was the overall top performer in EPUT regarding PLACE ratings in 2023. Brockfield house was rated the **third highest in the organisation for Privacy Dignity and Wellbeing**, this is assessed by considering things such as availability on the wards for patients to have designated private conversations, Separate treatment rooms for minor injuries/would dressings and availability of space for patients to keep their personal belongings.

Brockfield house was rated **first for Condition, Appearance & Maintenance and Disabilities and Access**

Byron Court

Site Description: Learning Disability Inpatient Service | Care Unit: Specialist Services

2022 Summary

- Assessors made positive comments about the “relaxed” and “calm” feel upon entering the site.
- The space in reception was noted as an area of improvement due to lack of room for seating upon entering the building.
- It was also recommended that a sign to state wheelchairs are available for those who need them could be displayed for those visiting the site.
- 2022 patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.

Byron Court was visited on the 14th of November 2023.

2023 Summary

- Residents at Byron Court have their main hot meal at lunchtime and light dinner, as this was agreed in a forum and works well for the residents. The use of regular forums at the site to include patients in decisions such as which types of meals are served when was noted by assessors as an effective way of obtaining active feedback from patients.
- Patient assessors noted Byron court as functional but very “tired looking”
- Food was rated highly for this site and patient assessors noted the availability of fresh fruit for patients
- Unfortunately, Byron court received the lowest assessment scores in how well the environment accommodates for those with dementia and disability and access needs
- Byron court has maintained it’s overall assessment rating as 2023 patient assessors **were confident** that a good level of patient care and experience would be delivered within the environment.
- The overall meal service was rated as Good

Improvements from last year

- Byron court was praised again this year for the active involvement of patients in decision making over food times

Recommendations for 2024

- Increased lighting around the grounds for those visiting and accessing at night
- Hedges to be trimmed
- Removal of Moss on the roof
- Replace car parking sign as currently this is faded and cracked
- Ensure all window handles are placed correctly. At the time of the 2023 inspection some were missing
- Remove stains on basins

Byron Court

Cleanliness	Food	Privacy dignity and Wellbeing	Maintenance	Disability	Dementia
220/234 (94%)	83.17/94 (88%)	76/84 (90%)	107/120 (89%)	37/68 (54%)	56/86 (65%)

Byron court received significantly low scores for Disability and Dementia both within the context of the organisation and compared to EPUT’s comparatives. It should be noted that Byron court is being compared to whole trust scores in the table below, however can still demonstrate how far below average Byron court has scored.

Trust	Disability	Dementia
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	87%	85%
NORTH EAST LONDON NHS FOUNDATION TRUST	93%	91%
EAST LONDON NHS FOUNDATION TRUST	85%	86%
LANCASHIRE & SOUTH CUMBRIA NHS FOUNDATION TRUST	96%	95%
Byron Court	25.16%	48.16%

The Crystal Centre

Site Description: Acute Adult inpatient Services. Older Adult Inpatient Services. Forensic Low Secure | Care Units: Inpatient and Urgent Care, and, Specialist Services

2022 Summary

- Patient assessors commented positively that the flooring created minimal noise, was matt and not reflective and that there was a toilet big enough to support a wheelchair user.
- 2022 patient assessors felt **confident** that a good level of patient care and experience will be delivered within the environment.

The Crystal Centre was visited on the 31st of October 2023

2023 Summary

- The Crystal centre received full scores for access, social spaces and condition and appearance of external areas
- Patient Assessors reported positive feedback from the amount of natural light on the wards and the areas of interest on the ward.
- The Garden of Ruby ward was noted as “beautiful” and assessors welcomed the edition of the new flooring throughout Topaz.
- All access scores were passed i.e. are there single sex toilets available with at least one big enough for a wheelchair and is there space for patient family members to visit.
- 2023 patient assessors **were confident** that a good level of patient care and experience would be delivered within the environment.
- The overall meal service was rated as **Good**

Improvements from last year

- Edward House and the Crystal Centre have been correctly separated to ensure the two sites are accurately represented as two individual assessments.
- Signage has been improved from 2022
- Windows were noted as free from bird mess and cobwebs

Recommendations for 2024

- Ensure all handrails are painted a different colour to the walls
- Some of the walls were noted as dirty and or marked

Cleanliness	Food	Privacy dignity and Wellbeing	Maintenance	Disability	Dementia
383/388 (99%)	83.17/94 (88%)	116/118 (98%)	175/184 (95%)	118/124 (95%)	110/116 (95%)

Edward House

2022 Summary

- Patient assessors commented positively that flooring created minimal noise, was matt and not reflective and that there was a toilet big enough to support a wheelchair user.
- It was noted that in Edward house the call for nurse buttons and signage was not obvious enough.
- 2022 patient assessors felt **confident** that a good level of patient care and experience will be delivered within the environment.

Edward house was visited on the 31st of October 2023

2023 Summary

- The Crystal centre received full scores for access, social spaces and condition and appearance of external areas
- Edward house was noted as appearing modern, with good signage around the building
- Patients were enjoying time in the garden during the visit and commented to patient assessors how valued the garden space is
- Ensuites of rooms are an excellent size
- Non slip, non reflective floors meet NHS standard
- 2023 patient assessors **were confident** that a good level of patient care and experience would be delivered within the environment.
- The overall meal service was rated as **Good**

Improvements from last year

- Edward House been correctly separated from the Crystal Centre to ensure the two sites are accurately represented as two individual assessments.
- Condition and appearance of the buildings passed. Last year, this was a qualified pass due to lack of general tidying around the windows to dispose of birds mess and
- The cleanliness for the toilets were no longer noted as an issue and have improved from a qualified pass to a pass
- Signs are no longer obstructed from view due to plants and forestry

Recommendations for 2024

- Some of the walls were noted as dirty and or marked
- Patients would like an indoor exercise space with exercise bikes or yoga mats
- Introduce sensory space

Edward House

Cleanliness	Food	Privacy dignity and Wellbeing	Maintenance	Disability	Dementia
380/388	83.17/94	116/116	174/184	50/58	82/90

Edward house scored full assessment marks for Privacy, Dignity and Wellbeing. This is assessed by considering things such as availability on the wards for patients to have designated private conversations, Separate treatment rooms for minor injuries/would dressings and availability of space for patients to keep their personal belongings

Christopher unit

Site Description: Adult Inpatient Services, Psychiatric Intensive Care Unit | Care Unit: Inpatient and Urgent Care

2022 Summary

- Opportunities for improvement from the 2022 visits included: Ensuring all signs are not obstructed, removing trip hazards observed near fire exits, replacing the floors as currently these are squeaky and slippery, repainting the doors and ensuring these are made a brighter colour for those who are visually impaired, and improving the cleanliness of the toilets and bathrooms as these were noted as dirty.
- Patient assessors noted the appropriate measures in place to ensure privacy and dignity for patients at reception desks and the system in place in the reception area to support patients with hearing / visual impairment e.g. hearing loop.
- 2022 patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.

The Christopher unit was visited on the 12th of September 2023

2023 Summary

- The Christopher unit has maintained its overall assessment rating as 2023 patient assessors **were confident** that a good level of patient care and experience would be delivered within the environment.
- It was welcomed by patient assessors that flooring was Non slippery and matt . This is an improvement from 2022.
- The cleanliness of toilers and bathrooms were an improvement from 2022
- The Christopher unit did not receive full passes on the maintenance and appearance of the building, the tidiness of the building, or surfaces being free from trip hazards.
- Hand sanitisers were empty upon arrival which appeared to create an immediate negative impression for patient assessors
- The overall meal service was rated as **acceptable**

Recommendations for 2024

- Keep grounds free from trip hazards or where hazards are unavoidable ensure they are clearly marked
- Ensure sanitisers are full
- Secure loose ceiling tiles observed in communal areas
- Ensure surfaces are well dusted
- Fit plastic mirrors that were on order at time of visit
- Ensure all stairs have high visibility nosing on treads and risers
- Use colour more effectively to enhance patient orientation i.e. on doors and frames
- Ensure all slopes are clearly marked

Christopher unit

Cleanliness	Food	Privacy dignity and Wellbeing	Maintenance	Disability	Dementia
216/234 (92%)	83.17/94 (88%)	80/86 (93%)	106/120 (88%)	35/56 (62.5%)	56/78 (72%)

Cleanliness and Maintenance of the building can be improved by ensuring all trip hazards are removed or marked up and surfaces are free from dirt, dust and litter.

Disability scores can be increased by: using contrasting colours on doors, frames, toilet systems and taps and ensuring main doors are non reflective. Toilet paper dispensers are needed and plastic mirrors should be fitted as soon as they are received.

The Linden Centre

Site Description: Adult Inpatient Services, Psychiatric Intensive Care Unit | Care Unit: Inpatient and Urgent Care

2022 Summary

- Opportunities for improvement from the 2022 visits included: Ensuring all signs are not obstructed and removing trip hazards observed near fire exits
- 2022 patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.

The Linden centre was visited on the 21st of September 2023. The assessment scores are reflected from visits on Finchingifeld and Galleywood wards. Rainbow unit was not included in the assessment due to volatility on the ward with a new patient coming on to the ward during the scheduled visit time.

2023 Summary

- The Linden Centre has maintained it's overall assessment rating as 2023 patient assessors were confident that a good level of patient care and experience would be delivered within the environment.
- Patient Assessors were pleased that all flooring was matt, non slippery and non reflective
- Patient Assessors noted the contribution of patient artwork on the walls as decorative and promoting positivity
- Not all rooms have ensuites which is wanted by the patients
- The overall meal service was rated as **Good**

Improvements from last year

- There were no trip hazards in front of fire exits
- Flooring has been replaced to be matt and non reflective

Recommendations for 2024

- Ensure ambulance bay parking lines are repainted so they are clear
- Ensure entrance doors have high contrast markings on the glass
- Ensure all stairs have high visibility nosing on treads and risers

Cleanliness	Food	Privacy dignity and Wellbeing	Maintenance	Disability	Dementia
350/388 (90%)	83.17/94 (88%)	116/122 (95%)	153/184 (83%)	31/56 (55%)	60/84 (71%)

Clifton Lodge

Site Description: Dementia Care Home | Care Unit: Specialist Services

- 2022 Summary**
- The assessors were particularly impressed with the interior - especially the resident's doors, the details identifying residents and the name of the corridors -e.g. Central Avenue. It was felt that this was really patient friendly and beneficial for a patients stay
 - An area for improvement noted by the patient assessors was the carpets in corridors, the markings and stains on them and the potential trip hazard they cause for patients who may be shuffling. However, assessors were advised that there are already plans for this to be replaced with non-slip vinyl flooring
 - 2022 patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.

Clifton Lodge was visited on the 30th of October 2023

- 2023 Summary**
- Patient Assessors were impressed with the welcoming appearance of Clifton Lodge. The bench and flower pots at the front of the building was a noted as a nice feature, however loose paving slabs were noted, and the ambulance bay should be repainted as is currently difficult to see
 - Clifton lodge maintained the overall 2022 assessment rating as 2023 patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.
 - Clifton lodge was the top performer in EPUT for PLACE assessments 2022. In 2023, Clifton Lodge have not scored highly enough to be included in the top 3 performing sites across the trust.
 - Clifton lodge scored full marks for Privacy dignity and wellbeing
 - The floors have not yet been replaced which was highlighted action from the 2022 assessments.
 - The overall meal service was rated as **Good**

- Recommendations for 2024**
- Keep grounds free from trip hazards or where hazards are unavoidable ensure they are clearly marked
 - Ensure there is no litter or fox mess around the external building
 - Repaint ambulance and general parking bays
 - Handrails should be painted a brighter colour for those with visual impairments

Cleanliness	Food	Privacy dignity and Wellbeing	Maintenance	Disability	Dementia
227/232 (98%)	82.67/92 (90%)	84/86 (98%)	112/120 (93%)	119/132 (90%)	92/104 (88%)

The Lakes

Site Description: Acute Adult inpatient Service | Care Unit: Inpatient and Urgent Care

2022 Summary

- Areas for improvement included making the colour of the walls, ceilings and floors different colours for the visually impaired and ensuring there is sufficient signage leading up to the site.
- As the lakes sits within Colchester General hospital grounds it is hard to locate from the road, equally, the signs that are currently in place are easily obstructed by plants and cars.
- It was felt that there is a great deal more opportunity at the lakes to use colour effectively to enhance patients orientation / coordination e.g. doors and bays painted in a different colour.
- Patient assessors praised the site for the use of artwork on the walls and the condition and appearance of all internal fixtures and fittings.
- 2022 patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.

The Lakes were visited on the 13th of November 2023

2023 Summary

- Patients were vocal when assessors entered the ward and were keen to share their feelings that the environment is worn, dated and insufficient for their needs
- The lakes has received a significant drop in overall assessment score as patient assessors felt **not very confident** that a good level of patient care and experience will be delivered in the environment. It should be noted that the patients in the lakes at the time of the visit were the most keen to participate in the visit out of all other sites.
- The lakes scored full markings for hand hygiene and equipment cleanliness, privacy dignity and wellbeing and the availability of social spaces
- Internal decoration was noted as acceptable but an area which could be improved with more colour
- The overall meal service was rated as **acceptable**

Improvements from 2022

- There were no trip hazards observed in the car park
- Cleanliness rating has significantly improved from being the second lowest in the organisation in 2022
- Condition, appearance and maintenance rating has significantly improved from being the second lowest in the organisation in 2022

Recommendations

- There remains an opportunity for colour to be used more effectively to enhance patients orientation / coordination e.g. doors and bays painted in a different colour.
- Ensure areas for patients to keep their personal belongings are clearly signposted as patients reported not having anywhere to store their belongings during the visit
- Ensure patients have understanding of how to operate temperature in their own rooms
- Provide gym equipment

The Lakes

Cleanliness	Food	Privacy dignity and Wellbeing	Maintenance	Disability	Dementia
361/388 (93%)	83.17/94 (88%)	118/122 (97%)	174/184 (95%)	39/52 (75%)	64/78 (82%)

An effective way to improve PLACE ratings in the Lakes may be for staff to ensure patients are fully aware of what is available within their environments. For example, although patients informed assessors they did not have anywhere to store their personal belongings, upon questioning this with staff, staff were able to show assessors where patients can store such belongings. Equally, if staff inform patients how to adjust the temperature in their rooms or can provide equipment to make temperature adjustments more comfortable, this should be shared with the patients.

Kingswood Centre

Site Description: Dementia Care Home | Care Unit: Specialist Services

2022 Summary

- Patient assessors commented that the curtains and blinds were an effective use of bright colour and that the grounds were well maintained and appeared safe.
- Areas for improvement included: more road signs leading up to the site as currently it is difficult to find, the colour of the doors and frames are not easy to distinguish so may prove challenging for those with visual impairments and repair of the superficial damage in the quiet room in Peterbruff, although this was noted as something that cannot always be fixed straight away as such damage can be common within this particular clinical setting due to patient frustration etc.
- 2022 patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.

The Kingswood Centre was visited on the 13th of November 2023. Assessment scores are based on visits to Peterbruff, and Hennage ward

2023 summary

- Patient assessors viewed on-site indoor and outdoor facilities dedicated for purpose of physical activities and commented these were in good condition and looked attractive, encouraging patients to take part in different activities.
- The lakes has received a significant drop in overall assessment score as patient assessors felt **not very confident** that a good level of patient care and experience will be delivered in the environment.
- Patient assessors felt the interior of the building was dated, ripped flooring was noted as a safety risk and dirtied toilet paper was littered on bathroom floors. Patient assessors were concerned at the lack of en-suites
- Bathroom on Hennage ward was out of order at time of visit
- A good amount of natural in the bathrooms was observed
- The Kingswood Centre scored full markings for hand hygiene and the availability of social spaces
- The overall meal service was rated as **acceptable**

Improvements

- Colour of doors and frames have been painted to ensure they are easier to distinguish

Recommendations

- Provide gym equipment
- Fit toilet roll holders
- Improve General tidiness of the ward
- Improve cleanliness of toilet basins
- Mend ripped flooring

Kingswood Centre

Cleanliness	Food	Privacy dignity and Wellbeing	Maintenance	Disability	Dementia
359/388 (92.5%)	83.17/94 (88%)	122/124 (98%)	153/184 (83%)	47/58 (81%)	76/90 (84%)

An effective way to improve PLACE ratings at the Kingswood Centre will be to improve the general cleanliness of the site. Particularly in the bathrooms and toilets, every effort should be made to ensure these are ready for use and present at an acceptable standard i.e. without littering's on the floor or stains within the sink and toilet basins.

The Derwent Centre

Site Description: Acute Adult inpatient Service | Care Unit: Inpatient and Urgent Care

2022 Summary

- The patient assessors were particularly impressed with the food on offer to patients at the Derwent Centre. All 7 items that were tried as part of the assessment were rated as good.
- Assessors also commented that the passenger lifts had clearly identifiable buttons which included braille and raised service buttons. Equally the lifts had audible and visual announcements to notify floor levels. It was also noted that there was an available toilet which would allow space for a wheel chair, and there was sufficient seating in reception.
- Areas for improvement included the condition of some of the walls which would benefit from a fresh coat of paint and making the doors and frames brighter in colour so easier to distinguish for those who may be visually impaired. Some of the glazing on the internal windows had slight opaque masks and signage on and around Princess Alexandra Hospital could make the Derwent Centre easier to locate. Assessors also noted that car parking for the Derwent Centre is limited and very busy.
- 2022 patient assessors concluded that they felt **very confident** that a good level of patient care and experience will be delivered within the environment

The Derwent Centre was visited on the 18th of September 2023. Assessment scores are based on visits to Chelmer and Stort wards

2023 Summary

- It was immediately noted by patient assessors that there was sufficient seating in reception.
- The Derwent Centre has remained the highest assessment rating as 2023 patient assessors concluded that they felt **very confident** that a good level of patient care and experience will be delivered within the environment
- Assessors were pleased to see cleaning scores on display
- Car parking remains very limited at the Derwent Centre
- The Derwent Centre received the second highest scores in the organisation for Condition, Appearance & Maintenance
- The Derwent Centre received full marks available for hand hygiene, equipment cleanliness, privacy and dignity and wellbeing and ward social spaces
- The overall meal service was rated as **Good**

Improvements

- Windows were much cleaner than noted in 2022
- Marks on walls had been repaired

Recommendations

- Signage on and around Princess Alexandra Hospital could make the Derwent Centre easier to locate
- Availability of parking to be improved

The Derwent Centre

Cleanliness	Food	Privacy dignity and Wellbeing	Maintenance	Disability	Dementia
388/388 (100%)	83.17/94 (88%)	126/126 (100%)	185/186 (99%)	58/62 (93%)	84/90 (93%)

The Derwent Centre remains highly rated by patient assessors. The Derwent Centre received maximum scores for cleanliness and privacy, dignity and wellbeing. An effective way the Derwent Centre could improve PLACE assessment scores would be to improve the car parking available on site and implementing more obvious signage on the lead up towards the site.

Rawreth Court

Site Description: Dementia Care Home | Care Unit: Specialist Services

2022 Summary

- Car park was sufficient for parking space including spaces for disabled users which were located close to the building entrance.
- Patient assessors noted the availability of family visiting rooms, prayer rooms and quiet rooms as well as further dedicated space for activities and therapies.
- Patient assessors noted the natural light in the conservatory area, and felt overall that the environment was very welcoming and bright.
- 2022 Patient Assessors concluded that they felt **very confident** that a good level of patient care and experience will be delivered within the environment.

Rawreth court was visited on the 28th of September

2023 Summary

- Rawreth Court was among the lowest rated for food and hydration in 2022, and has improved into the highest rated within this area in 2023.
- Patient Assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.
- The patient assessors were also particularly impressed with the signs above the resident’s doors which stated “please show courtesy and knock before entering”
- Grounds were noted as very clean
- Good security measures when allowing unfamiliar staff on to site
- The overall meal service was rated as **Good**
- Patients bedrooms doors look like a stained-glass street door with their photo outside and what the patients interest and likes are – very personal and looks like a home
- Dayroom very bright and light

Improvements

- Cleaning scores were on display
- General cleanliness has improved

Recommendations

- Ensure gardens are clear of rubbish and discarded plant pots
- Implement more non smoking signs
- Ensure window sills are clean and free from cobwebs
- Replace wooden bench in garden as it is currently rotting
- Paint staff room and patient bedrooms to be brighter and more appealing
- Place safety screen on TV in sensory room
- Ensure patients have plug socket covers
- Ensure all clocks are silent

Cleanliness	Food	Privacy dignity and Wellbeing	Maintenance	Disability	Dementia
232/234 (99%)	83.17/94 (88%)	70/76 (92%)	110/120 (92%)	104/120 (86%)	86/100 (86%)

Robin Pinto

Site Description: Forensic Low Secure Inpatient Service | Care Unit: Specialist Services

2022 Summary

- The patient assessors were impressed with the availability and condition of the outdoor social spaces, which were well maintained and free from litter.
- Areas for improvement include displaying cleaning scores in patient facing settings and improving the maintenance, appearance and tidiness of the grounds. Equally some of the paving slabs around the site were noted as being uneven and a potential trip hazard for patients and staff. Patient assessors did not notice any obvious non-smoking signs. External steps did not have high visibility nosing treads and risers which should be considered as an action following the assessment.
- 2022 patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.

Robin Pinto was visited on the 18th of September 2023

2023 Summary

- Patient assessors commented that there was sufficient signage which helped navigate the building as they clearly identified all important/regularly used parts of the building, e.g. wards, outpatients areas etc.
- Robin Pinto has remained it's assessment scoring this year as 2023 patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.
- All toilet doors were consistent and toilet seats, taps and flush handles were in a colour that contrasted with the bathroom walls and door.
- Robin Pinto received full scores for privacy, dignity and wellbeing, hand hygiene and equipment cleanliness and ward social spaces
- The overall meal service was rated as Good

Improvements

- Non smoking signs are visible

Recommendations

- Fill small holes visible in wards
- Seclusion room needs to be brightened with either lights or paint
- Fix light in de-escalation room
- Include more points of interest on the walls

Robin Pinto

Cleanliness	Food	Privacy dignity and Wellbeing	Maintenance	Disability	Dementia
223/234 (95%)	83.17/94 (88%)	80/82 (97.5%)	112/120 (93%)	40/50 (80%)	58/70 (83%)

Robin Pinto scored highly on cleanliness and maintenance. With some “quick fixes” such as filling small holes in walls and implementing more areas of interest, it is likely that Robin Pinto could score full assessment scores in these areas for 2024.

Rochford Community Hospital

Site Description: Acute Adult Inpatient Services | Care Unit: Inpatient and Urgent Care | Specialist services

2022 Summary

- Patient assessors noted and were impressed by the use and availability of the recreational activity areas on site and the multi-faith and prayer rooms.
- Patient assessors commented that the site was easy to access and the building looked clean and welcoming.
- Areas for improvement included: the general tidiness and maintenance of the garden areas surrounding the building and improving the look of outdoor areas for patients to encourage use.
- Flooring throughout the site was not consistently matt and non-reflective and could therefore be slippery for patients, staff and visitors.
- 2022 patient assessors concluded that they **felt confident** that a good level of patient care and experience will be delivered within the environment.

Rochford was visited on the 8th of November 2023. Assessment scores are based on visits to Willow, Beech and Poplar ward

2023 summary

- Patient assessors noted facilities for carers and families to access meals and snacks within the building at all times of day and night
- Rochford maintained its assessment rating from last year as 2023 patient assessors concluded that they **felt confident** that a good level of patient care and experience will be delivered within the environment for all wards visited except Willow. **Assessors were not very confident that a good level of patient care and experience will be delivered in Willow** due to the amount of concerning circumstances such as slippers being used as doorstops and disabled bathrooms being used as store rooms.
- Poplar ward was highly praised for the amount of natural light, welcoming space, modern equipment and bright colours.
- Sufficient signage which helped navigate the building as they clearly identified all important/regularly used parts of the building, e.g. wards, outpatients areas etc.
- A bathroom on the corridor had an 'out of order' sign which was (not laminated, handwritten), upon entering the room, there was a large amount of hospital equipment stored in, this bathroom had disabled bath in it.
- Some of the bedrooms in the corridors visibly had slippers used as door stops.
- Dining room had the remains of breakfast still out on the side, despite being closer to the lunch hour
- The overall meal service was rated as **good**

Recommendations

- Ensure environments are cleaned as soon as possible after meal service
- Ensure slippers are not used as door stops
- Improve general cleanliness of bathrooms

Rochford Community Hospital

Cleanliness	Food	Privacy dignity and Wellbeing	Maintenance	Disability	Dementia
505/542 (93%)	83.17/94 (88%)	144/156 (92%)	232/248 (93.5%)	97/124 (78%)	88/110 (80%)

Concerns noted during the visit were brought to the service managers attention and were subsequently discussed in the safety huddles. Clinical site managers have been conducting spot checks on spaces to ensure they are being used appropriately.

Saffron Walden

Site Description: Inpatient Older Adult | Care Unit: Inpatient and Urgent Care

2022 Summary

- Patient assessors noted that slopes were not consistently and clearly marked and did not feel that colour has been used throughout the site to effectively enhance patients orientation e.g. doors and bays painted different colours.
- The toilet flushes were clearly identifiable and the flooring throughout the building was in a colour that contrasted the walls. The reception area provides for a wide range of needs and the main entrance doors were glass with high contrast markings so easily seen.
- 2022 patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.

Avocet Ward was visited on the 19th of October 2023

2023 summary

- Avocet ward maintained last years overall assessment rating score; 2023 patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.
- Although clean and appropriate for use, patient assessors felt colour could be used more effectively throughout the ward and a less “clinical” feel should be promoted
- Garden was considered too exposed and easy for public to access
- The clocks on the ward were not silent, this is something requested by NHS England.
- Avocet ward was rated the second lowest in the organisation for Privacy, dignity and wellbeing. This is largely due to the bay bed spaces and lack of ensuite toilets available for each patient
- The overall meal service was rated as **good**

Improvements

- Points of interest are visible and clear on ward

Recommendations

- Ensure there are no loose paving slabs on approach or around the site
- Remove build up of moss visible on garden furniture
- Secure garden area to ensure it is not as easily accessible for public
- Ensure there are more signs visible allowing the ward to become easier to navigate

Saffron Walden

Cleanliness	Food	Privacy dignity and Wellbeing	Maintenance	Disability	Dementia
234/234 (100%)	85.17/94 (90%)	78/88 (88%)	114/120 (95%)	97/114 (85%)	78/96 (81%)

Avocet Ward received maximum scores for cleanliness.

The main opportunity for improvement is securing the garden area and ensuring furniture is fit to use. Unfortunately there is not much that can be done to improve privacy on bay style wards aside from the curtains which are already in place. Staff are encouraged to consider how patients can be reminded to use their curtains when they would like some more privacy and if different rooms on the ward are available for when families visit so that patients can enjoy some private time with their loved ones

439 Ipswich Road

Site Description: Adult Inpatient | Care Unit: Inpatient and Urgent Care

• **2022 Summary**

- The cleanliness and condition of the ceiling tiles throughout the site was noted as very good as was the internal glazing, general storage and the general tidiness of the communal areas which subsequently appeared to encourage patient use.
- The site was described by assessors as “very homely” which was thought to enhance and support rehabilitation of patients.
- Areas for improvement include the size of the doors and frame, as these are currently narrow in size and the same colour as the surrounding area so may prove insufficient for those with physical impairments. Similarly surfaces on site were noted as being cobbled and therefore not firm and free from trip hazards and slopes were not clearly highlighted. The site would prove difficult for those in a wheelchair to access.
- The patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.

439 Ipswich Road was visited on the 16th of November 2023

2023 Summary

- 439 has maintained it’s homely feel which was welcomed once again by patient assessors
- 439 has maintained it’s overall assessment rating. 2023 patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment
- 439 was one of the only EPUT sites to receive full scores on all cleanliness, condition and appearance domains
- 439 Received full scores for ward spaces, hand hygiene and equipment cleanliness and privacy dignity and wellbeing

Improvements

- Less trip hazards were noted than last year

Recommendations

- Consider if a multi faith prayer space can be created
- Increase signage at the site entrance to demonstrate it’s a NHS site

439 Ipswich Road

Cleanliness	Food	Privacy dignity and Wellbeing	Maintenance	Disability	Dementia
234/234 (100%)	N/A	78/88 (87%)	114/120 (95%)	97/114 (85%)	78/96 (81%)

It would appear the approach to site, the car parking and surfaces around the external areas cause a reduction in scores for 439. This effects the predominantly the scoring for both disabilities and dementia. Patient Assessors felt that a wheelchair user would have significant difficulty moving around the site due to uneven paving slabs, narrow spaces and cobbled grounds. As patients in 439 self cater, a food assessment did not go ahead.

St Aubyn Centre

Site Description: Children and Young People Inpatients | Care Unit: Specialist Services

2022 Summary

- Patient assessors were impressed with the areas designated for the purpose of activities and therapies and the on-site indoor and outdoor facilities dedicated for the purpose of physical activities.
- Areas for improvement include: cleaning some of the light fittings in the bathrooms to dispose of dead insects, changing the colour of the flush handles in toilets to ensure they contrast in colour to the toilet and bathroom walls and floor and creating more signage within the site so that the classrooms and bedrooms can be more easily located. Similarly, it was noted upon arrival to the site that from the road, the site could be difficult to find and would benefit from having some more signs around the local area to help individuals locate the centre.
- 2022 patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.

The St Aubyn Centre was visited on the 16th of November 2023

2023 Summary

- Assessors were impressed with the range of equipment appropriate to patient age. The blackboard walls were a point of particular interest among the assessors as they noted these appeared valued by the patients and were an effective way of engagement.
- The St Aubyn Centre has increased their overall assessment score rating from last year as 2023 patient assessors concluded that they felt **very confident** that a good level of patient care and experience will be delivered within the environment.
- Patient assessors praised the site for how bright, airy and well maintained the wards were.
- Classroom spaces were noted as modern and completely appropriate for use
- The overall meal service was rated as **Good**

Improvements

- Insects have been removed from light fittings
- Toilet flush handles are now easy to locate

Recommendations

- Improve signage on lead up to site to ensure it is easier to locate

Cleanliness	Food	Privacy dignity and Wellbeing	Maintenance	Disability	Dementia
388/388 (100%)	87.17/94 (92%)	126/128 (98%)	182/184 (99%)	62/64 (97%)	80/84 (95%)

Thurrock Community Hospital

Site Description: Older Adult and Adult Inpatient | Care Unit: Inpatient and Urgent Care

2022 Summary

- Patient assessors were impressed by the use and availability of the recreational activity areas on site and the multi-faith and prayer rooms.
- Areas for improvement included: ensuring that all door hinges are not exposed as currently these could prove a potential ligature risk. Some of the bathrooms were observed as needing repainting especially where some of the old adhesive needs removing. In the male ward, it appeared that some of the wall mounted lamps have burnt the wall and would benefit from being replaced with a LED bulb. Within the female lounge there was some general wear and tear on the furniture which could hinder attractiveness of use.
- The patient assessors concluded that they felt **very confident** that a good level of patient care and experience will be delivered within the environment.

Thurrock was visited on the 17th of October 2023. Assessment ratings are based on visits to Gloucester and Meadowview

2023 Summary

- The outdoor seating in the secure spaces outside were noted as appropriate for use and all surfaces were level, firm and free from trip hazards.
- Wheelchairs were available within the reception area and there were systems in place which supported patients with hearing and visual impairments including a hearing loop.
- Thurrock maintained receiving the highest assessment score rating in 2023 and patient assessors concluded that they felt **very confident** that a good level of patient care and experience will be delivered within the environment.
- Social spaces, Hand Hygiene and equipment cleanliness, Dementia- Friendly environment and Access all received full marks.
- Thurrock was rated first within the organisation for food tasting (**Good**)

Improvements

- No burn marks on the walls were noted

Recommendations

- Repaint red and blue on taps to ensure temperature controls are as clear as possible
- Fix loose bricks on external building

Cleanliness	Food	Privacy dignity and Wellbeing	Maintenance	Disability	Dementia
385/388 (99%)	85.17/94 (90%)	112/116 (97%)	181/184 (98%)	187/190 (98%)	132/138 (95%)

Landermere

Site Description: Older Adult and Adult Inpatient | Care Unit: Specialist services

Due to an outbreak of Covid, this site was not visited in 2022

Landermere was visited on the 24th of October 2023.

2023 Summary

- Landermere received the lowest scores in the organisation for a number of areas including: Cleanliness, Privacy dignity and wellbeing, Dementia, Disability and condition appearance and maintenance
- Landermere received the overall lowest rating for PLACE assessments 2023
- Patient Assessors were **confident** that a good level of patient care and experience will be delivered within the environment but wanted to make it clear that this was **based on the interactions they observed between patients and staff rather than the environment. Therefore, this assessment rating is not necessarily reliable for PLACE**
- Patient Assessors did not feel the rooms and social and communal areas were decorated appropriately. Very bland and dated
- Patient Meal service was rated as **Acceptable**

Recommendations

- Remove netting above outside areas as currently birds are becoming trapped in the netting and often dying which is distressing for patients
- Increase and adapt food options on offer for patient demographic and need
- Ensure there are hand cleaning facilities in all clinical treatment areas
- Repaint the colour of the handrails as red is proving triggering for patients
- Utilise Dementia-Friendly environment assessment to form an action list of things to improve in site

Landermere

Cleanliness	Food score	Privacy dignity and Wellbeing	Maintenance	Disability	Dementia
205/234 (88%)	85.17/94 (90%)	74/86 (86%)	85/120 (71%)	64/128 (50%)	60/110 (54%)

The biggest area for improvement for Landermere is to improve how dementia friendly the environment is. The flooring is not consistent, matt and non reflective, the flooring does not create minimal noise, slopes are not clearly marked, the flooring is not in a colour that contrasts the walls and furniture, pictures and texts are not fixed to bathroom and toilet doors, toilets, bathrooms and showers are not in distinctive colour, toilet flushes are not clearly identifiable, taps are not clearly marked with red and blue colours, patient signs are not clear and easy to read, fixed signs are not at an easy viewing sight, colour has not been used effectively to enhance patient orientation, there are no dimmer switches and there is no option to manage light levels to signify changes in the time of day. It is recommended intensive work is carried out with the ward matron to ensure the environment can be improved before PLACE 2024, using sites such as Thurrock as a blue print for better accommodating dementia friendly environments.

Basildon

Site Description: Acute Adult inpatient Service | Care Unit: Inpatient and Urgent Care

Basildon was not visited in 2022 due to operational pressures. It is one of the organisational improvements that in 2023, sites were much more accommodating of PLACE visits, enabling them to go ahead.

Basildon was visited on the 28th of September 2023. The assessment scoring is based on visits to the urgent care department, Cherrydown, Kelvedon, Hadleigh and Grangewater

2023 Summary

- 2nd overall top performer in the organisation
- Received 3rd highest assessment scores for food and hydration
- Received 2nd highest assessment scores for privacy dignity and wellbeing
- Received highest assessment scores for disabilities and access in the organisation
- Patient Assessors were **very confident** that a good level of patient care and experience will be delivered within the environment
- The overall patient meal service was rated as **good**
- Basildon received full scores for cleanliness, hand hygiene and equipment cleanliness, access, maintenance and ward social spaces

Recommendations

- The only criticism of Basildon was that parking is very limited
- Maintain high ratings by sharing and celebrating PLACE 2023 report with staff

Cleanliness	Food	Privacy dignity and Wellbeing	Maintenance	Disability	Dementia
820/820 (100%)	83.17/94 (88%)	212/212 (100%)	376/378 (99%)	78/80 (97.5%)	138/140 (98.5%)

Woodlea

Site Description: services for People with Learning Disabilities - Low Secure Services

Woodlea was not visited in 2022 due to an outbreak of Covid19

Woodlea was visited on the 29th of September 2023.

2023 Summary

- Patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.
- Woodlea passed all social space domains, cleanliness condition and appearance and hand hygiene and equipment cleanliness
- Assessors found Woodlea difficult to find with signs obstructed by trees and parked vehicles
- A food assessment was not completed at Woodlea

Recommendations

- Improve signage. Patient Assessors did not feel signs helped navigate the building grounds or that they clearly identified all important parts of the organisation i.e. main entrance
- Ensure signs are not obstructed

Cleanliness	Privacy dignity and Wellbeing	Maintenance	Disability	Dementia
234/234 (100%)	78/80 (97.5%)	118/120 (98%)	24/26 (92%)	34/38 (89%)

St Margaret's

Site Description: Older Adult and Adult Inpatient | Care Unit: Urgent care and Inpatient | West Essex Community

St Margaret's was not visited in 2022 due to an outbreak of Covid19

St Margaret's was visited on the 3rd of October 2023. Assessment scores are based on visits to Plane, Poplar, Kitwood, and Roding wards

2023 Summary

- Patient assessors concluded that they felt **confident** that a good level of patient care and experience will be delivered within the environment.
- Assessors particularly welcomed the “don’t be bored board” in the TV room in Kitwood
- Bedrooms were praised for no touch taps and bright and airy feel
- Laundry and dining rooms were noted as clean and tidy
- External buildings were noted as being litter free
- Communal garden encouraged use by tidy appearance
- The building was noted as easy to find and assessors welcomed the free and available parking
- Fire exit was blocked with two large trollies on poplar ward at time of visit
- Plane ward has marked walls and ceiling tiles from previous damp issues
- The overall food service was rated as **Good**

Recommendations

- Ensure flooring is correctly fitted with no trip hazards
- Ceiling tiles to be replaced
- Coat hooks to be replaced in Plane and Poplar ward bathrooms as currently these are quite sharp
- Replace ticking clocks with digital ones
- Plugholes/drains to be replaced with flush to floor as currently these are an injury risk

St Margaret's

Cleanliness	Food score	Privacy dignity and Wellbeing	Maintenance	Disability	Dementia
831/850 (98%)	83.17/94 (88%)	224/224 (100%)	367/378 (97%)	254/260 (98%)	202/206 (98%)

St Margaret's received full assessment rating scores for privacy, dignity and wellbeing. The most effective way to improve PLACE scores in 2024 will be for the site to ensure the maintenance is well kept. In 2023, the site lost marks due to visible mould stains on walls and ceiling tiles, and trip hazards within the communal areas.

DOCUMENT END

Patient-Led Assessments of the Care Environment (PLACE)

England 2023

PLACE 2023

- The Patient-Led Assessments of the Care Environment (PLACE) are an annual assessment of the non-clinical aspects of the patient environment, how it supports patients' privacy and dignity, and its suitability for patients with specific needs e.g. disability or dementia.
- The PLACE assessment tool provides a framework for assessing quality against common guidelines and standards. The environment is assessed using question forms that depend on the services provided by the facility. These can be viewed here: [The PLACE programme](#)
- Questions score towards one or more non-clinical domains: Cleanliness; Food (including hydration); Privacy, Dignity and Wellbeing; Condition, Appearance and Maintenance; Dementia; and Disability.
- A total score as a percentage is produced for each domain at site and organisation level, as well as a national and a regional result.

Key Findings

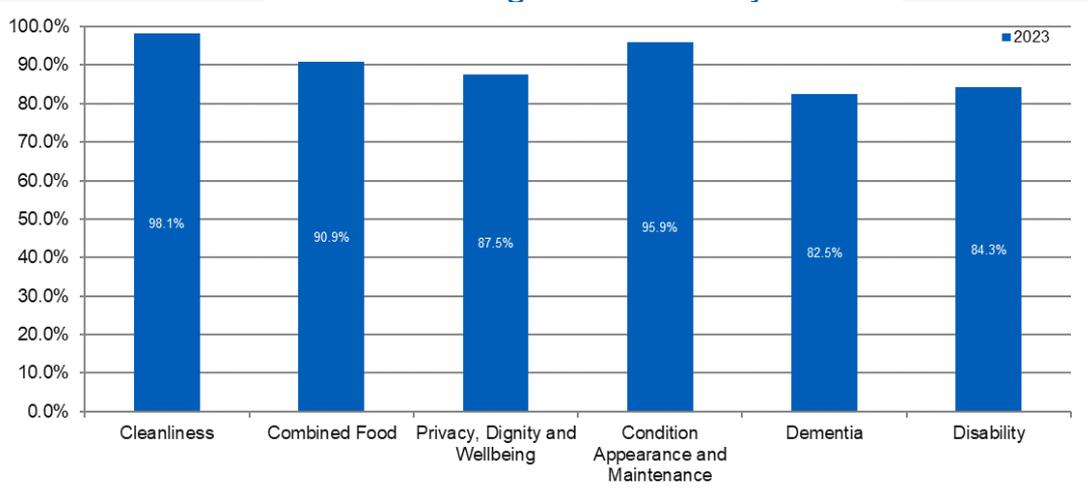
-1,106 assessments were undertaken in 2023 compared to 1,046 in 2022.

-37 assessments were excluded due to insufficient number of patient assessors – our findings are based on the 1,069 remaining assessments and are not comparable with previous years. One further site was excluded as it had not been fully completed.

-Note that the PLACE collection question set was substantially revised following review prior to the 2019 collection.

-Overall, the highest national average¹ domain score in 2023 was for cleanliness, at 98.1%.

National average site score by domain



¹ Averages are means and are weighted for bed numbers, and do not include sites with no beds. See page 10 on Scoring for more detail.

² Note that scores are rounded to 1 decimal place throughout this report (and 2 in the data files).

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This report may be of interest to members of the public, policy officials and other stakeholders to make local and national comparisons and to monitor the quality and effectiveness of services.

Data users

- We collect information on PLACE assessments so healthcare providers can assess the non-clinical aspects of their care environment against recognised standards and can publish local results along with action plans for improvement.
- PLACE assessments primarily apply to hospitals and hospitals providing NHS-funded care in both the NHS and independent/private sectors, but others are also encouraged and helped to participate in the programme.
- Further information about our data users is available in the data quality statement that accompanies this publication. This can be downloaded here:

[2023 PLACE statistics](#)

Contents

- Introduction
- PLACE Domains
- Scope
- Scoring
- Timescales
- Results
- Site Types
- Public Involvement
- Results by domain – at site level and by site type
- Detailed Results
- Annex 1: Regional comparison of results
- Annex 2: Organisation of PLACE assessments
- Annex 3: Related Information
- Feedback

Introduction

- The PLACE programme¹ was introduced in April 2013 to replace the Patient Environment Action Team (PEAT) assessments, which ran from 2000-2012.
- The PLACE collection underwent a national review between 2018-19 to ensure that the collection remained relevant and delivered its aims, which started in 2018 and concluded in summer 2019. The question set and guidance was significantly refined and revised.
- After a pause of 2 years due to the pandemic, PLACE relaunched in 2022. The guidance was refined following feedback gathered from the review of the 2019 collection, and additional material was added to cover considerations around covid-19.
- PLACE aims to promote the principles established by the NHS Constitution that focus on areas that matter to patients, families and carers:
 - Putting patients first;
 - Active feedback from the public, patients and staff;
 - Adhering to basics of quality care;
 - Ensuring services are provided in a clean and safe environment that is fit for purpose.
- PLACE encourages the involvement of patients, the public, and both national and local organisations that have an interest in healthcare in assessing providers.

¹Further information on the PLACE programme can be accessed here: [Patient-Led Assessments of the Care Environment](#)

PLACE domains

- PLACE assesses a number of non-clinical aspects of the healthcare premises identified as important by patients and the public, known as domains:
 - Cleanliness
 - Food and hydration
 - Privacy, dignity and wellbeing
 - Condition, appearance and maintenance
 - Dementia: how well the needs of patients with dementia are met
 - Disability: how well the needs of patients with a disability are met
- The criteria for each represent good practice as identified by professional organisations whose members are responsible for the delivery of these services e.g. the Healthcare Estates Facilities Managers Association, the Association of Healthcare Cleaning Professionals and the Hospital Caterers Association. Dementia domain criteria draw heavily on the work of The King's Fund and Stirling University.

Scope

- This report presents key information from the 2023 PLACE collection.
- All healthcare settings in England are eligible. Whilst the programme is voluntary, all sites are encouraged to participate provided they meet certain criteria as the assessments give patients and the public a voice in discussions about local service provision.
- A fundamental part of PLACE is the inclusion of lay assessors known generically as 'patient assessors'. All assessment teams must include a minimum of 2 patient assessors, making up at least 50% of the team.
- Further information about eligibility, patient assessors and the organisation of assessments can be found at the end of this report ([page 39 onwards](#)).

Scoring

- On the day(s) of assessment, the teams visit the various areas of the hospital and unit (e.g. wards, communal areas) filling out the relevant scorecards (paper or digital) based on observed conditions².
- Results are sent to NHS England by hospital staff using the Estates and Facilities Management (EFM) online portal³.
- Marks awarded for each question count towards one or more domains. Domain totals are then calculated on EFM and expressed as a percentage of the maximum marks available for each domain for each organisation and site.
- National averages are calculated using the following formula⁴, to take into account the variation in hospital size (and that not all areas are assessed in larger sites):

$$\frac{\text{The sum of [Each site's score (points) multiplied by the number of beds in that site]}}{\text{The total number of beds in all assessed sites}}$$

² The full suite of assessment forms and associated guidance are published here: [The PLACE collection](#).

³ Scores can be sent directly to the system using a compatible mobile device browser, or entered manually into the collection system.

⁴ **Sites with no beds are excluded from this and other average calculations (site type; commissioning region, and organisation score): in previous years they were given the default of 1 bed and included).**

Timescales

- The timescale in which assessments are to be completed and data are to be submitted are agreed by stakeholders. All sites are given the same assessment and data entry window, and it is up to the organisation to arrange the date and details for the assessment(s).
- In 2023 the assessment period was between September and December, during which time staff from each organisation submitted data to NHS England via the Estates and Facilities Management (EFM) online system either digitally (using proprietary software or the mobile friendly version of EFM), or manually (using results noted on the paper scorecards provided).
- Due to resource pressures connected with the NHS England merger the data submission window was longer than the normal 10-week period granted, and organisations were permitted to set up their collection system prior to, and in readiness for, launch.

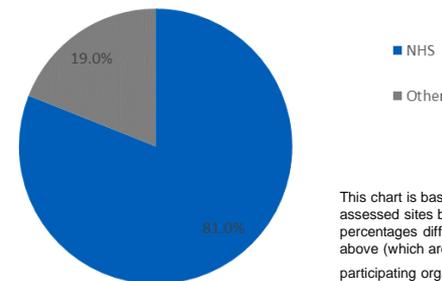
Results



- A total of 1,069 assessments were successfully completed by 240 organisations. Of these, 190 (79.2%) were NHS Trusts, and 50 (20.8%) were voluntary, independent or private healthcare providers (based on system rather than self-declared organisation type).
- In addition to the communal and external areas, assessment teams visited and assessed:
 - 3,958 wards
 - 1,918 outpatient departments
 - 330 emergency departments and minor injuries units

- Incomplete assessments were excluded from the results.
- Assessments that did not meet the patient to staff assessor ratio criteria overall were excluded. Data for these is published in a separate file so the responses to assessment questions can be viewed. These should not be used to calculate indicative PLACE domain scores (not comparable).

2023 PLACE sites by healthcare provider type



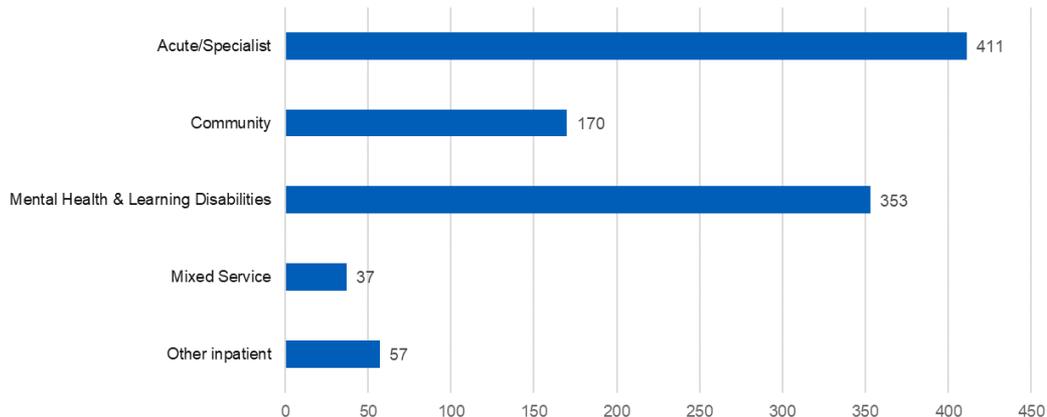
This chart is based on counts of assessed sites by organisation type, so percentages differ from those quoted above (which are based on counts of participating organisations by type).

Site Types



Bed numbers can be used as a proxy for the size of the hospital and the table shows that the overall profile of sites by size completing PLACE assessments. The majority of sites undertaking PLACE in 2023 were small hospitals with 50 or fewer beds (41 sites had 0 beds).

Number of assessments by hospital type



Sites by grouped number of beds

No. beds (grouped)	2023	
	no.	%
Total	1,069	100.0%
0-50	655	61.3%
51-100	152	14.2%
101-200	70	6.5%
201-400	64	6.0%
401-600	60	5.6%
601-800	42	3.9%
>800	26	2.4%

Public involvement



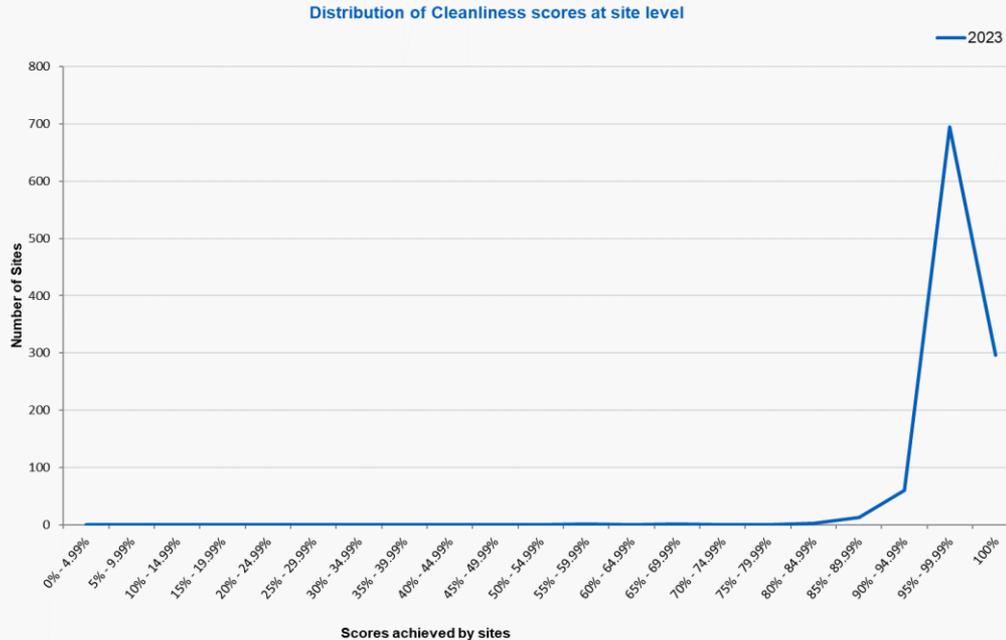
- Assessments were excluded from the PLACE 2023 official results where the total patient assessors involved across all assessment days was less than 2. For the assessments completed meeting these requirements:
- A total of 7,900 patient assessors⁵ took part in the 2023 PLACE programme. Of these, 59.4% were patients, 19.5% were patient advocates, 6.1% were people from other organisations in the NHS and 15.0% were other types, e.g., members of the public.
- A total of 4,019 staff assessors took part in the 2023 programme.

Assessments took place over a total of 1,513 ‘assessment days’ to assess the 1,069 sites.

⁵ Figures on this page relate to the number of patient assessor ‘involvements’ rather than individual people – some patient assessors may have undertaken more than one assessment or been involved in more than one day of a single assessment. There were 81 assessment days in the data that may have been duplicate entries on the system, so the true patient assessor count is likely to be 216 less than quoted above (with the true count of staff assessors being 110 less).

Cleanliness Domain

- The national average score for cleanliness was 98.1% (the highest domain average).
- Site scores ranged from 56.1-100.0% (LQ 98.1; UQ 99.8%), with a median score of 99.3%.



Source: NHS England

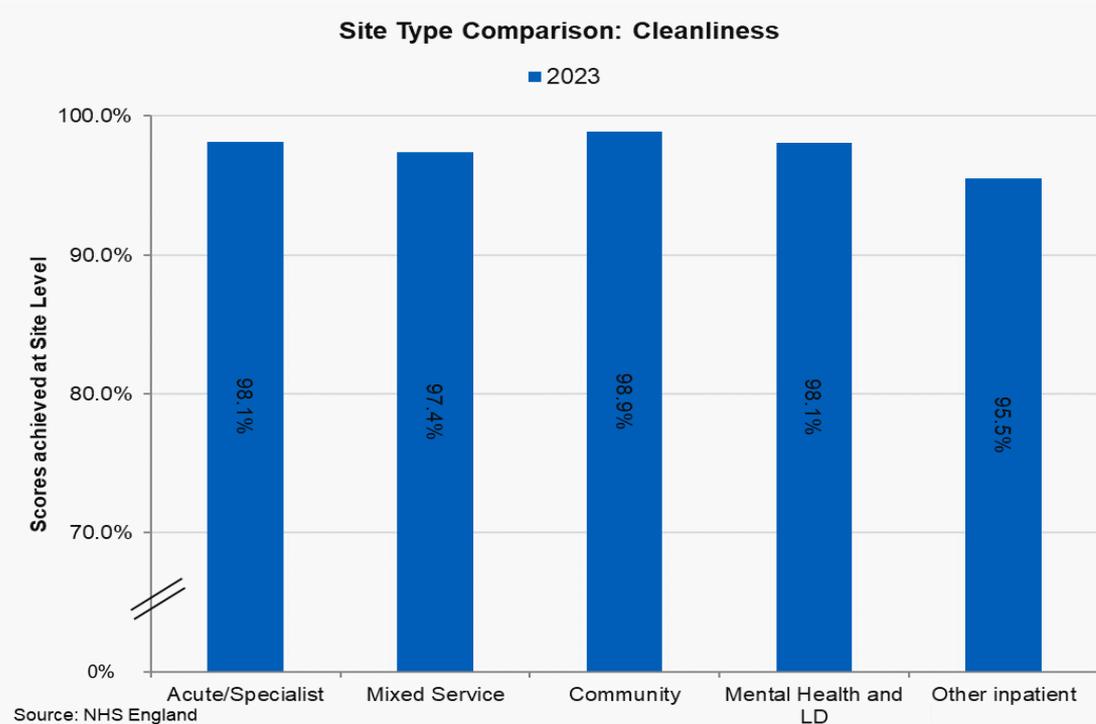
The Cleanliness Domain covers all items commonly found in the healthcare premises including **patient equipment**. Examples are **baths, toilets and showers, furniture, floors fixtures and fittings**.

Averages are means and are weighted for bed numbers, and do not include sites with no beds. See page 10 on Scoring for more detail.

LQ and UQ refer to the Lower and Upper Quartiles, between which the 'middle' 50% of scores lie.

Cleanliness Domain by site type

- All site type (mean) averages were at least 95.5% for the 'Cleanliness' domain.
- The highest average score for site type recorded was 98.9% for 'Community' facilities.



Averages are means and are weighted for bed numbers, and do not include sites with no beds. See page 10 on Scoring for more detail.

MH / LD = Mental Health only, Learning Disabilities only, and hospitals and units that combine both functions.

From 2022, there is no longer an option to classify sites as "Treatment Centre with Inpatient Beds". These results are therefore not comparable with previous years, as sites previously classified as such are now in another group.

Combined Food Domain

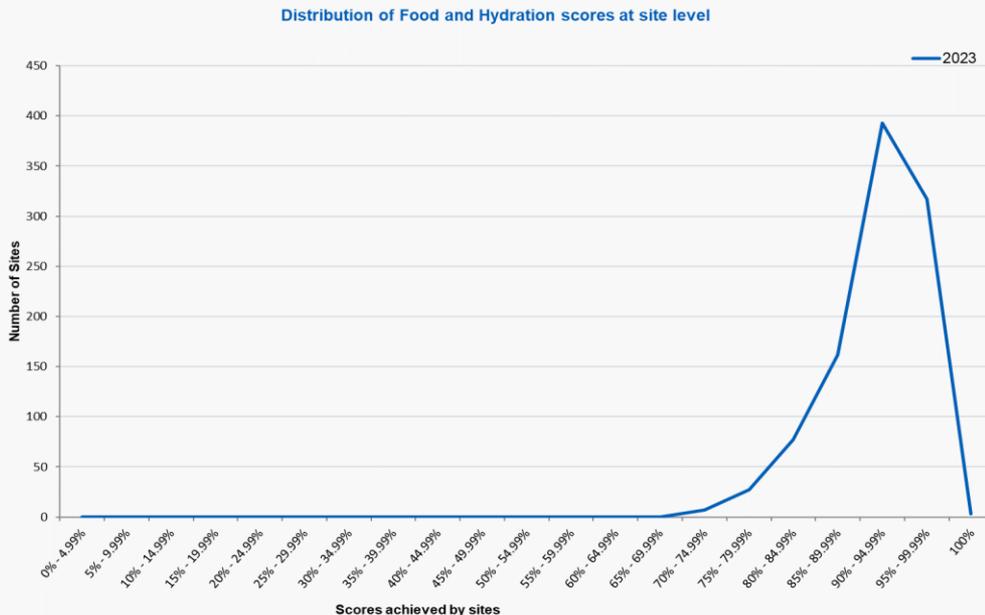
- 1,799 food assessments were undertaken in total at sites where meals are provided (986 sites). This excludes hospitals and units which are fully self-catering, clinical exceptions sites⁶, and those without inpatient beds. It also excludes sites where patients have very specific dietary requirements, so the standard scorecard is not applicable (clinical exceptions).
- The food and hydration domain has an overall score based on both the organisational and ward assessment scorecards. Component scores are also calculated so that these aspects can be looked at in more detail.

The food domain includes a range of organisational questions relating to the catering service e.g. **choice of food, 24-hour availability, meal times, and access to menus**. It also includes an assessment of food at ward level including the taste, texture and appropriateness of serving temperature.

⁶ Three sites listed as “clinical exceptions” undertook food assessments as part of their PLACE assessments, so these are included.

Combined Food scores

- The national average score for the food domain overall was 90.9%.
- Site scores ranged from 72.6%-100.0% (LQ 89.6; UQ 95.8%), with a median score of 93.1%.



Source: NHS England

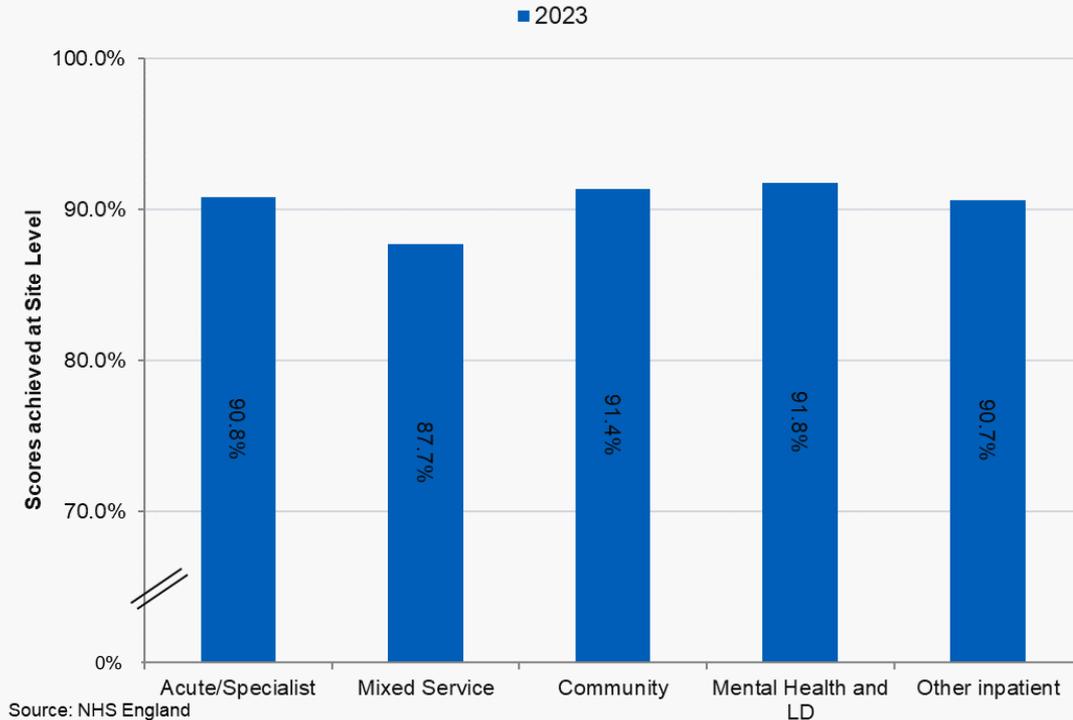
Averages are means and are weighted for bed numbers, and do not include sites with no beds. See page 10 on Scoring for more detail.

LQ and UQ refer to the Lower and Upper Quartiles, between which the 'middle' 50% of scores lie.

Combined Food Domain by site type

- All site type (mean) averages were at least 87.7 per cent for the 'Food and Hydration' domain.
- The highest average score by site type recorded was 91.8% for 'Mental Health and LD' facilities.

Site Type Comparison: Combined Food



Averages are means and are weighted for bed numbers, and do not include sites with no beds. See page 10 on Scoring for more detail.

MH / LD = Mental Health only, Learning Disabilities only, and hospitals and units that combine both functions.

From 2022, there is no longer an option to classify sites as "Treatment Centre with Inpatient Beds". These results are therefore not comparable with previous years, as sites previously classified as such are now in another group.

Organisational food scores

- The national average score for organisation food was 91.2%.
- Site scores ranged from 67.4%-100.0% (LQ 88.5%; UQ 95.4%), with a median score of 92.2%.

The organisation food scorecard domain includes a range of organisational questions relating to the catering service e.g., **choice of food, 24-hour availability, meal times, and access to menus.**



Source: NHS England

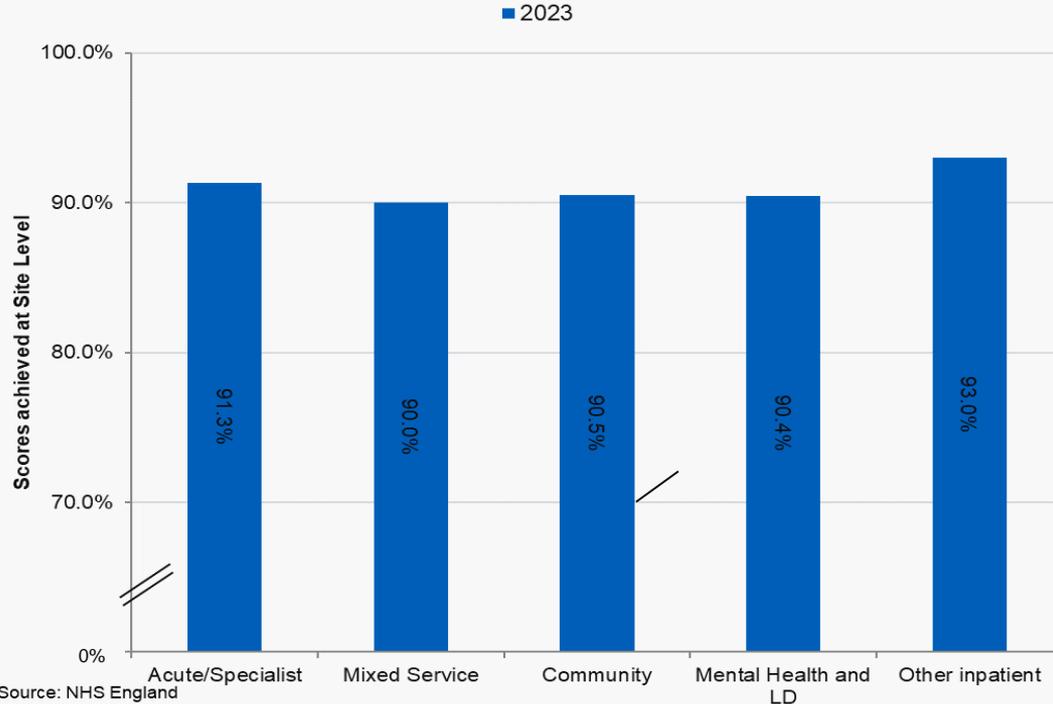
Averages are means and are weighted for bed numbers, and do not include sites with no beds. See page 10 on Scoring for more detail.

LQ and UQ refer to the Lower and Upper Quartiles, between which the 'middle' 50% of scores lie.

Organisational food scores by site type

- All site type (mean) averages were at least 90.0 per cent for the 'Organisational Food' domain.
- The highest average score by site type recorded was 93.0% for 'Other inpatient' facilities.

Site Type Comparison: Organisation Food



Averages are means and are weighted for bed numbers, and do not include sites with no beds. See page 10 on Scoring for more detail.

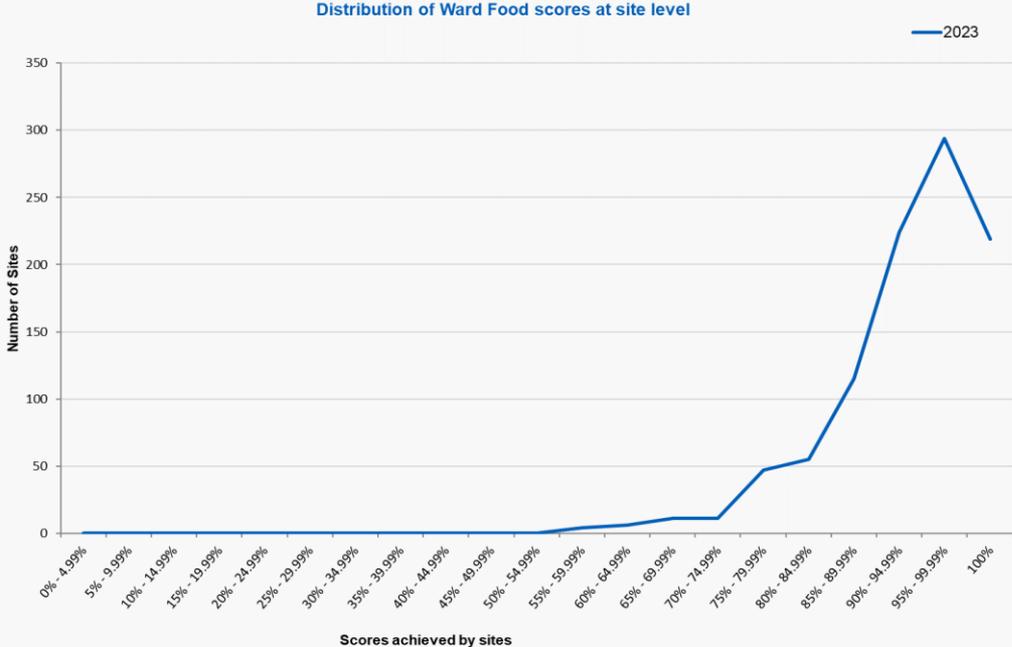
MH / LD = Mental Health only, Learning Disabilities only, and hospitals and units that combine both functions.

From 2022, there is no longer an option to classify sites as "Treatment Centre with Inpatient Beds". These results are therefore not comparable with previous years, as sites previously classified as such are now in another group.

Ward food scores

- The national average score for Ward food was 91.0%.
- Site scores ranged from 55.2% to 100.0% (LQ 89.8; UQ 98.7% with a median score of 95.3%).

The ward food scorecard includes an assessment of food at ward level including the taste, texture and appropriateness of serving temperature.



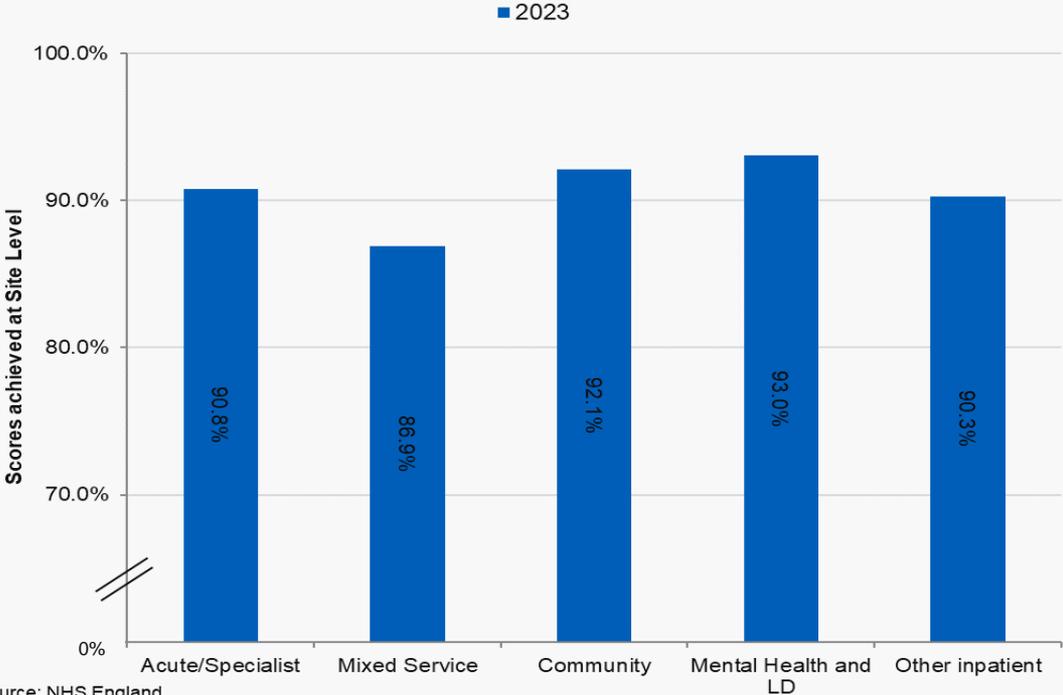
Averages are means and are weighted for bed numbers, and do not include sites with no beds. See page 10 on Scoring for more detail.

LQ and UQ refer to the Lower and Upper Quartiles, between which the 'middle' 50% of scores lie.

Ward food scores by site type

- All site type (mean) averages for Ward Food were at least 86.9 per cent.
- The highest average score by site type recorded was 93.0% for 'Mental Health and LD' facilities.

Site Type Comparison: Ward Food



Source: NHS England

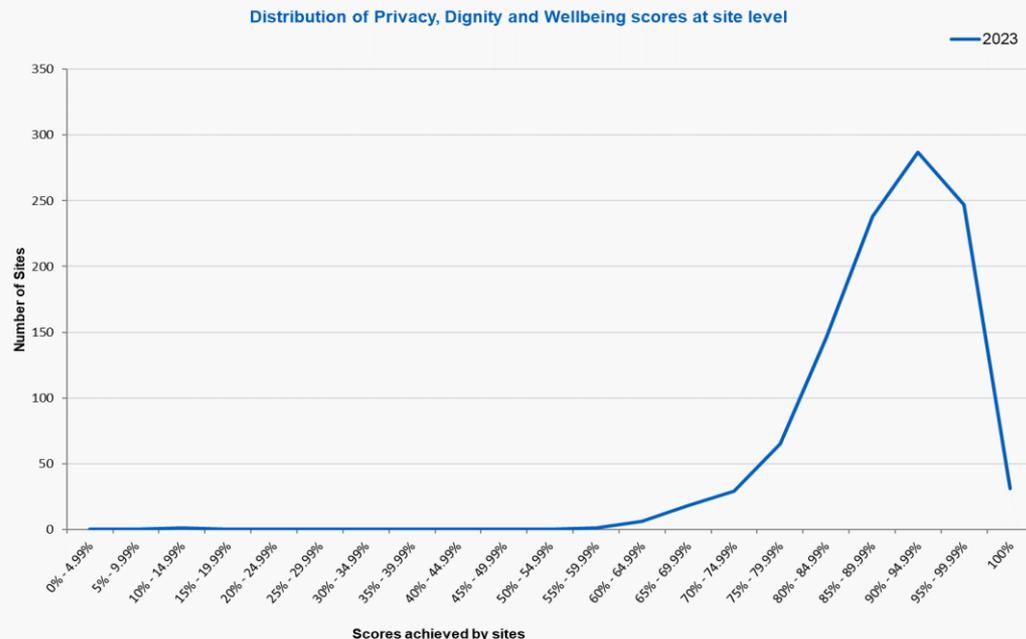
Averages are means and are weighted for bed numbers, and do not include sites with no beds. See page 10 on Scoring for more detail.

MH / LD = Mental Health only, Learning Disabilities only, and hospitals and units that combine both functions.

From 2022, there is no longer an option to classify sites as "Treatment Centre with Inpatient Beds". These results are therefore not comparable with previous years, as sites previously classified as such are now in another group.

Privacy, Dignity and Wellbeing Domain

- The national average score for the privacy, dignity and wellbeing domain was 87.5%.
- Site scores ranged from 13.6% to 100.0% (LQ 85.0%; UQ 95.2%), with a median score of 90.6%.



Source: NHS England

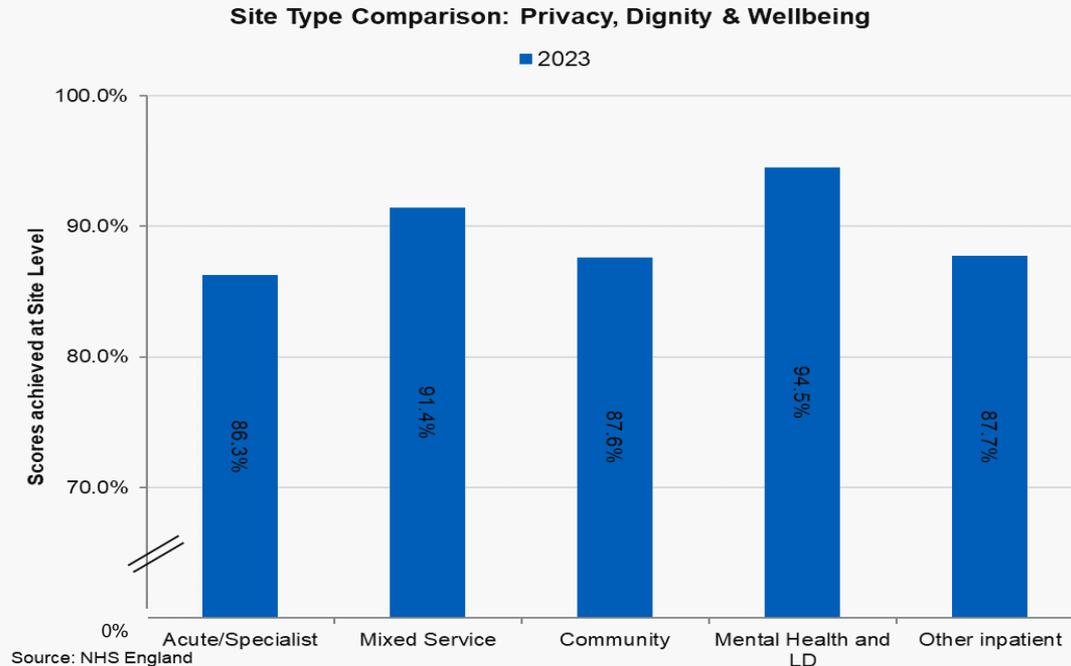
Averages are means and are weighted for bed numbers, and do not include sites with no beds. See page 10 on Scoring for more detail.

LQ and UQ refer to the Lower and Upper Quartiles, between which the 'middle' 50% of scores lie.

The Privacy, Dignity and Wellbeing domain includes infrastructural and organisational aspects such as the **provision of outdoor and recreational areas, changing and waiting facilities, and access to television, radio, internet and telephones**. It also includes the practicality of male and female services e.g. **sleeping, bathroom and toilet facilities, bedside curtains sufficient in size to create a private space around beds and ensuring patients are appropriately dressed to protect their dignity**.

Privacy, Dignity & Wellbeing by site type

- All site type (mean) averages were at least 87.7 per cent for the 'Privacy, Dignity and Wellbeing' domain.
- The highest average score by site type recorded was 94.5% for 'Mental Health and Learning Disabilities' facilities.



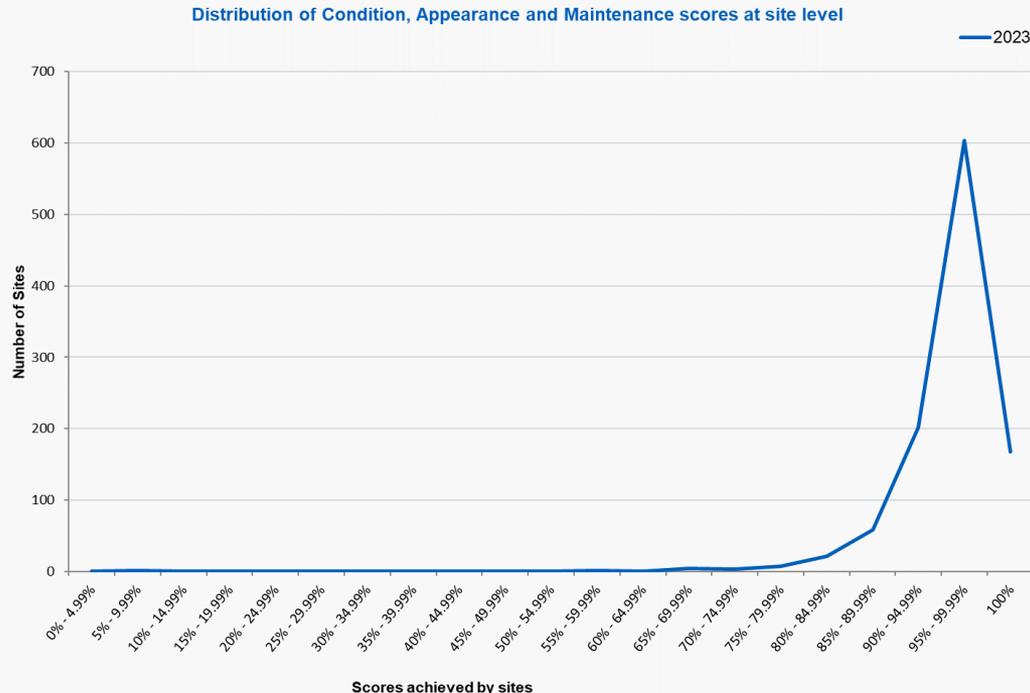
Averages are means and are weighted for bed numbers, and do not include sites with no beds. See page 10 on Scoring for more detail.

MH / LD = Mental Health only, Learning Disabilities only, and hospitals and units that combine both functions.

From 2022, there is no longer an option to classify sites as "Treatment Centre with Inpatient Beds". These results are therefore not comparable with previous years, as sites previously classified as such are now in another group.

Condition, Appearance & Maintenance Domain

- The national average score for the condition, appearance and maintenance domain was 95.9%.
- Site scores ranged from 9.6% to 100.0% (LQ 94.6%; UQ 99.2%), with a median of 97.5%.



Averages are means and are weighted for bed numbers, and do not include sites with no beds. See page 10 on Scoring for more detail.

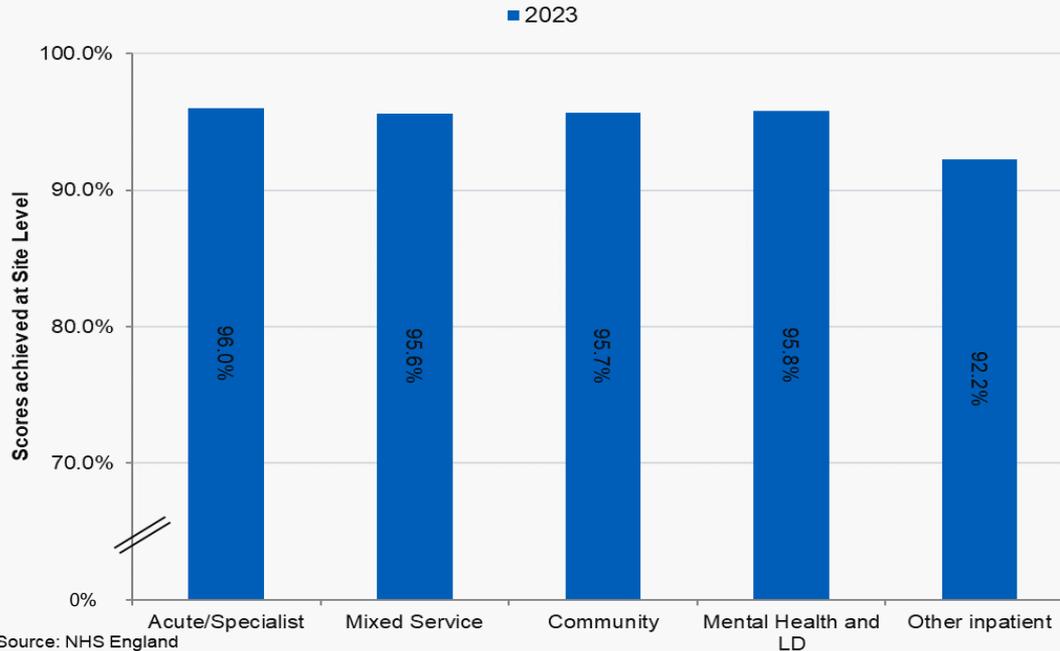
LQ and UQ refer to the Lower and Upper Quartiles, between which the 'middle' 50% of scores lie.

The Condition, Appearance and Maintenance domain includes various aspects of the general environment including **décor, condition of fixtures and fittings, tidiness, signage, lighting** (including access to natural light), **linen, access to car parking, waste management,** and **the external appearance of the buildings and the maintenance of the grounds.**

Condition, Appearance & Maintenance by site type

- All site type (mean) averages were at least 92.2 per cent for the 'Condition, Appearance and Maintenance' domain.
- The highest average score by site type recorded was 96.0% for 'Acute/Specialist' facilities.

Site Type Comparison: Condition, Appearance & Maintenance



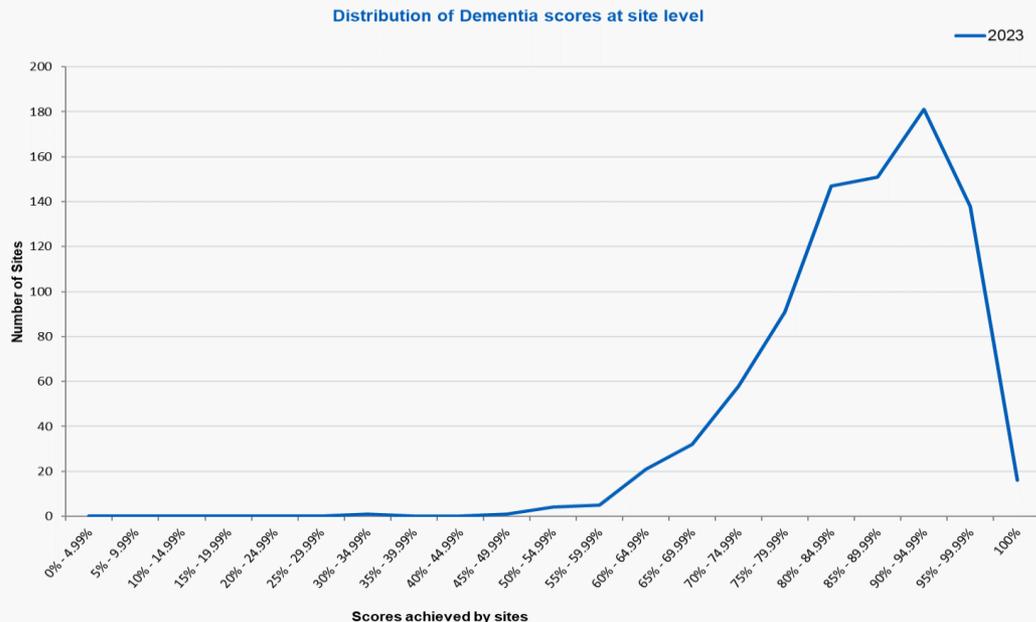
Averages are means and are weighted for bed numbers, and do not include sites with no beds. See page 10 on Scoring for more detail.

MH / LD = Mental Health only, Learning Disabilities only, and hospitals and units that combine both functions.

From 2022, there is no longer an option to classify sites as "Treatment Centre with Inpatient Beds". These results are therefore not comparable with previous years, as sites previously classified as such are now in another group.

Dementia Domain

- 846 sites were assessed against dementia criteria, with 223 declaring that, due to the nature of services provided, patients with dementia would not be admitted.
- The national average score for the dementia domain was 82.5%. Site scores ranged from 31.7% to 100.0% (LQ 79.9%; UQ 93.2 %), with a median score of 87.2%.



Source: NHS England

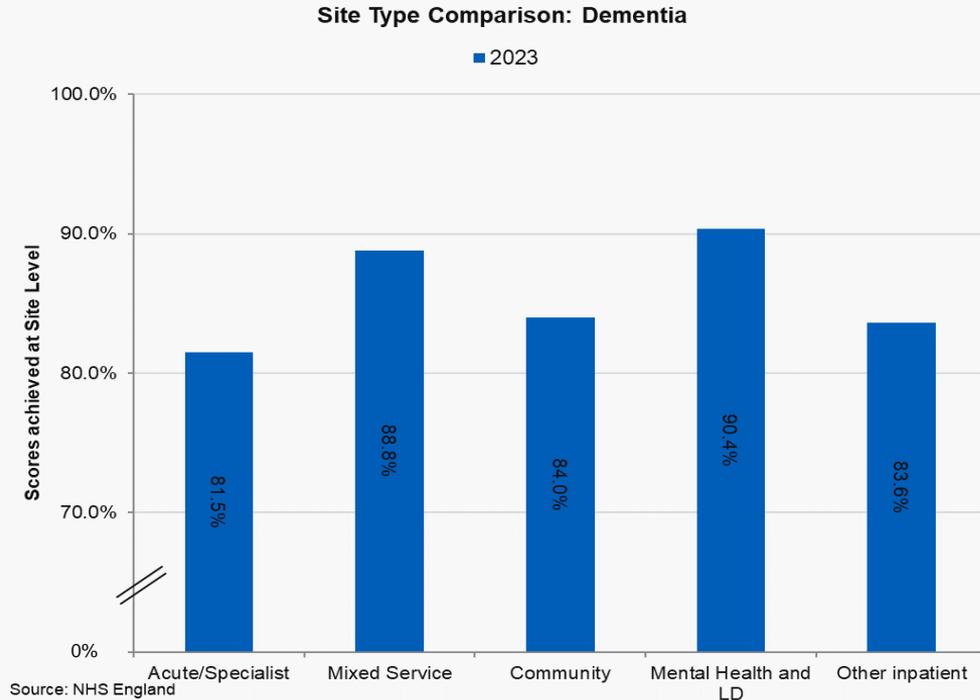
Averages are means and are weighted for bed numbers, and do not include sites with no beds. See page 10 on Scoring for more detail.

LQ and UQ refer to the Lower and Upper Quartiles, between which the 'middle' 50% of scores lie.

The Dementia domain focusses on **flooring, décor and signage** and also aspects such as **availability of handrails, appropriate seating** and, to a lesser extent, **food**. These represent key issues for providing for the needs of patients with dementia but do not constitute the full range of issues and organisations are encouraged to undertake more comprehensive assessments using one of the recognised environmental assessment tools.

Dementia by site type

- All site type (mean) averages were at least 81.5 per cent for the 'Dementia' domain.
- The highest average score by site type recorded was 90.4% for 'Mental Health and Learning Disabilities' facilities.



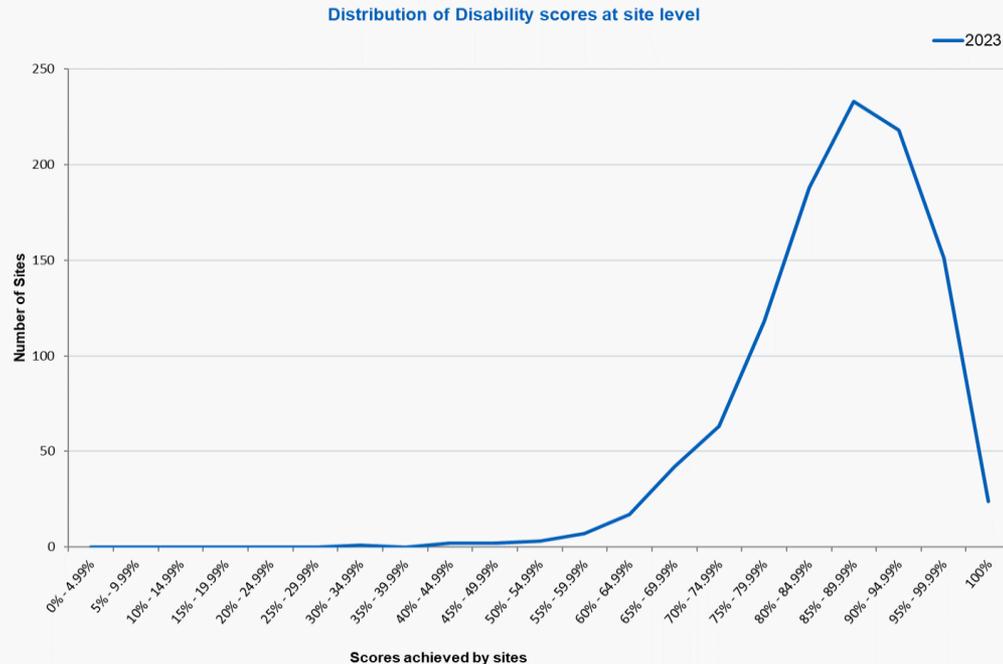
Averages are means and are weighted for bed numbers, and do not include sites with no beds. See page 10 on Scoring for more detail.

MH / LD = Mental Health only, Learning Disabilities only, and hospitals and units that combine both functions.

From 2022, there is no longer an option to classify sites as "Treatment Centre with Inpatient Beds". These results are therefore not comparable with previous years, as sites previously classified as such are now in another group.

Disability Domain

- The national average score for the disability domain was 84.3%.
- Site scores ranged from 30.0% to 100.0% (LQ 80.2%; UQ 92.7%), with a median score of 87.1%.



Source: NHS England

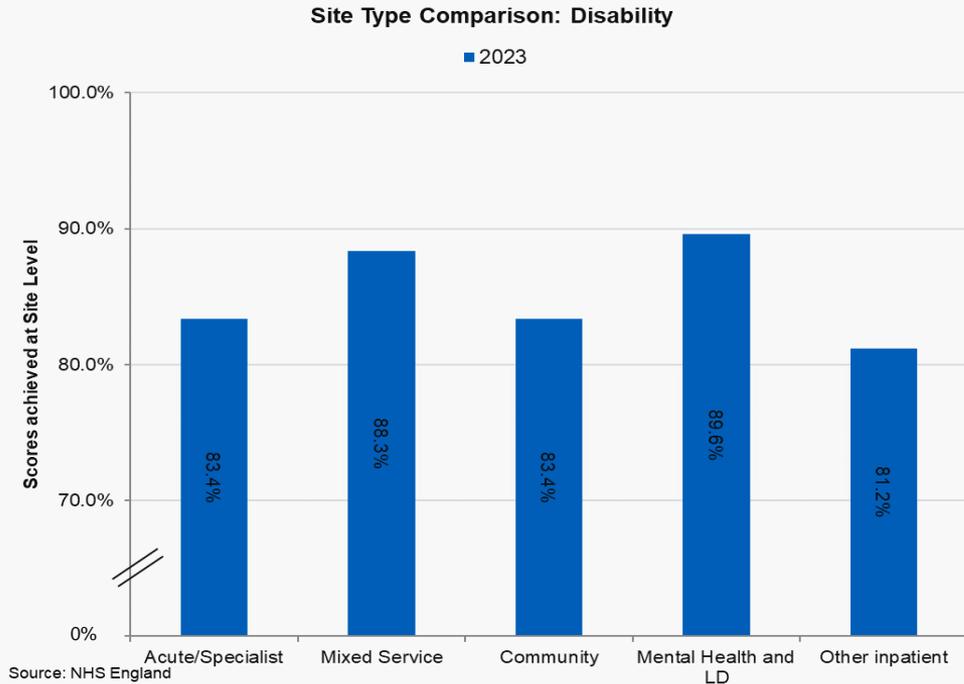
Averages are means and are weighted for bed numbers, and do not include sites with no beds. See page 10 on Scoring for more detail.

LQ and UQ refer to the Lower and Upper Quartiles, between which the 'middle' 50% of scores lie.

The Disability domain focusses on issues of access including **wheelchair, mobility (e.g. handrails), signage, hearing loops**, and aspects relating to **food and food service**. It shares many facets with the dementia assessment. Again the items do not include the full range of issues which need to be considered in order to meet the needs of patients with a disability, rather focussing on a limited range with strong buildings / environment related aspects covered by questions already in the PLACE assessment when this domain was introduced (2016).

Disability by site type

- All site type (mean) averages were at least 81.2 per cent for the disability domain.
- The highest average score by site type recorded was 89.6% for 'Mental Health and Learning Disabilities' facilities.



Averages are means and are weighted for bed numbers, and do not include sites with no beds. See page 10 on Scoring for more detail.

MH / LD = Mental Health only, Learning Disabilities only, and hospitals and units that combine both functions.

From 2022, there is no longer an option to classify sites as "Treatment Centre with Inpatient Beds". These results are therefore not comparable with previous years, as sites previously classified as such are now in another group.

Detailed Results



- Regional and local information at organisation and site level can be viewed using our interactive data report, which includes maps. Users can select areas of interest and compare by organisation type, NHS/non-NHS and domain.
- An assessment of the quality of 2023 PLACE data is included on our release page.
- **This information is all available on the web here:**

[PLACE 2023 statistical results release](#)



Annex 1

Regional comparison of results

Average site score by region – 1

Regional Average Cleanliness scores 2023

England	98.1%
East of England Commissioning Region	97.6%
London Commissioning Region	98.4%
Midlands Commissioning Region	98.1%
North East and Yorkshire Commissioning Region	98.1%
North West Commissioning Region	98.0%
South East Commissioning Region	98.2%
South West Commissioning Region	98.2%

Source: NHS England

Regional Combined Food scores 2023

England	90.9%
East of England Commissioning Region	89.0%
London Commissioning Region	92.3%
Midlands Commissioning Region	90.6%
North East and Yorkshire Commissioning Region	91.9%
North West Commissioning Region	89.8%
South East Commissioning Region	90.8%
South West Commissioning Region	91.0%

Source: NHS England

Averages are means and are weighted for bed numbers, and do not include sites with no beds. See page 10 on Scoring for more detail.

Average site score by region – 2

Regional Average Organisational Food scores 2023

England	91.2%
East of England Commissioning Region	93.1%
London Commissioning Region	94.0%
Midlands Commissioning Region	88.8%
North East and Yorkshire Commissioning Region	90.8%
North West Commissioning Region	90.1%
South East Commissioning Region	92.2%
South West Commissioning Region	89.9%

Source: NHS England

Regional Average Ward Food scores 2023

England	91.0%
East of England Commissioning Region	87.8%
London Commissioning Region	91.5%
Midlands Commissioning Region	91.4%
North East and Yorkshire Commissioning Region	92.5%
North West Commissioning Region	90.3%
South East Commissioning Region	90.5%
South West Commissioning Region	91.9%

Source: NHS England

Averages are means and are weighted for bed numbers, and do not include sites with no beds. See page 10 on Scoring for more detail.

Average site score by region - 3

Regional Average Privacy, Dignity and Wellbeing scores 2023

England	87.5%
East of England Commissioning Region	83.3%
London Commissioning Region	87.7%
Midlands Commissioning Region	87.8%
North East and Yorkshire Commissioning Region	88.6%
North West Commissioning Region	87.0%
South East Commissioning Region	87.7%
South West Commissioning Region	89.4%

Source: NHS England

Regional Average Condition, Appearance and Maintenance scores 2023

England	95.9%
East of England Commissioning Region	95.1%
London Commissioning Region	96.5%
Midlands Commissioning Region	95.3%
North East and Yorkshire Commissioning Region	96.5%
North West Commissioning Region	95.9%
South East Commissioning Region	95.7%
South West Commissioning Region	96.3%

Source: NHS England

Averages are means and are weighted for bed numbers, and do not include sites with no beds. See page 10 on Scoring for more detail.

Average site score by region - 4

Regional Average Dementia scores 2023

England	82.5%
East of England Commissioning Region	77.9%
London Commissioning Region	85.6%
Midlands Commissioning Region	80.6%
North East and Yorkshire Commissioning Region	84.4%
North West Commissioning Region	83.4%
South East Commissioning Region	80.9%
South West Commissioning Region	84.1%

Source: NHS England

Regional Average Disability scores 2023

England	84.3%
East of England Commissioning Region	80.0%
London Commissioning Region	86.9%
Midlands Commissioning Region	83.7%
North East and Yorkshire Commissioning Region	84.9%
North West Commissioning Region	84.7%
South East Commissioning Region	83.1%
South West Commissioning Region	85.2%

Source: NHS England

Averages are means and are weighted for bed numbers, and do not include sites with no beds. See page 10 on Scoring for more detail.



Annex 2

Organisation of PLACE Assessments

Eligibility and organising assessments

- All healthcare settings in England are eligible, and sites which meet the following criteria should be included:
 - Sites with 10 or more inpatient beds
 - Sites with fewer than 10 beds where the services and the environment in which they are provided clearly are, or are analogous to, a hospital.⁷
- Organisations are however free to include sites that don't meet the above criteria, and some choose to do this.
- Whilst the programme is voluntary, all such healthcare providers are encouraged to participate, as the assessments give patients and the public a voice in discussions about local service provision.

⁷ A small eye hospital or birthing clinic would meet the inclusion criteria, whereas a small community based residential home with an assisted living care service (e.g. for individuals with learning disabilities or those recovering from drug addiction) would not.

The assessment team -1

- Anyone who uses the healthcare service can be a patient assessor provided they have the patients' view as their focus. This term covers all people whose experience of the site/organisation would be as a user rather than as a provider, and so includes patients, relatives, carers, friends, patient advocates, volunteers, trust/organisation membership and trust/organisation governors. The only exceptions are existing or recent members of staff (even when also patients, until 2 years since they have left the organisation).
- The team of assessors must include at least 50% patient assessors:
 - No fewer than two patient assessors must be in any assessment team (or sub-team where teams are split into more than one)
 - The ratio must never be less than 50/50. It can be increased in favour of patient assessors but not the other way.

The assessment team - 2

- Teams should be a mix of people who use the building/site and should, as far as possible, reflect the patient and local population using or who can access the service.
- The inclusion of an independent assessor is also recommended. These are individuals with experience of the PLACE process who observe and ensure that the assessments are conducted in accordance with the published guidelines and recommendations. They do not normally take part in the assessment and do not count as a patient assessor for the purposes of meeting the minima.
- Recruitment and training of patient assessors is the responsibility of each organisation, although they are encouraged to approach their local Health Watch (which can provide assessors) as part of this process.
- Guidance on recruitment and training of assessors is provided here: <https://content.digital.nhs.uk/PLACE>

Conducting the assessment

- The precise scope of the assessment is tailored according to the site's size and service provision, subject to certain minima:
 - Sites should assess all of their wards up to 10, or 25% (whichever is greater)⁸.
 - Sites should include a minimum of 25% of non-ward areas including outpatient department, external areas and communal areas, where present.
 - All buildings/wings of different ages and conditions should be assessed.
 - In all cases the area assessed should be sufficient to allow the team to make informed judgements about those parts of the site not visited during the assessment.
 - Where possible the assessment should focus on areas not included in recent PLACE assessments so that over a period of time all areas will be assessed.
- The food assessment should be undertaken on 1-5 wards depending on the number of wards on the site as follows:
 - Up to 6 wards (1 food assessment); 7-12 wards (2); 13-18 wards (3); 19-24 wards (4); 25 or more wards (5)
- Food assessments are not undertaken where a site is fully self catering, has no inpatient beds, or has clinical exception patients ([see page 17](#)). Partly self catering sites only serve one main meal (lunch or dinner) and have an amended organisational food scorecard to reflect this.
- The food assessed must be the same as that provided to patients; and a selection of items should be tasted at the end of a meal service to ensure temperatures have been maintained at an acceptable level for the last patient to be served. Both lunchtime and evening meal services should be assessed if possible.

⁸ A site with 2 wards would assess both; a site with 10 wards would assess all; a site with 30 wards would assess 10; and a site with 60 wards would assess 15.

Guidance materials

- Guidance on preparation for assessment is published here:
[PLACE collection guidance](#)
- These materials are reviewed following each publication and amendments are agreed and implemented in advance of the next collection.

Scoring approaches

- The full suite of assessment scorecards and associated guidance is published here:
[PLACE collection guidance](#)
- There are a range of scoring approaches which vary depending on the area and aspect being assessed e.g. Y/N; Pass/Qualified Pass/Fail; Answer list.
- Teams agree scores and completed scorecard results are submitted to NHS England via the EFM online collection tool. This can also be achieved directly via a dedicated mobile friendly site (PLACE Mobile) for use during assessments.



Annex 3

Related Information

Related data sources

- Earlier PLACE reports (2013-2018) can be accessed via the [NHS Digital part of the NHS England website](#). Please note that the 2019 assessments adopted a different methodology and scoring design **so scores are not comparable to earlier results**.
- PEAT (the predecessor to PLACE) publications are also available on the NHS Digital part of the NHS England website:
 - [PEAT results, 2001-2012](#)
 - The Estates team produces two other reports on NHS Estates, the latest of which are available at these links:
 - [Estates Return Information Collection \(ERIC\)](#)
 - [NHS Surplus Land](#)

Feedback

We would welcome all user feedback, particularly around the content and style of this report and the interactive analysis, as well as all aspects of the assessment process

Please send feedback to efm-information@nhs.net quoting “Feedback on the PLACE Report” or “Feedback on the PLACE Assessments” in the subject heading.

Author: Workforce & Estates Collections Team, NHS England
Lead Analyst: Claire Thompson

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		Agenda Item No: 8c			
SUMMARY REPORT		COUNCIL OF GOVERNORS PART 1		23 May 2024	
Report Title:		Membership / Your Voice			
Report Lead:		Mark Dale, Chair of the Council of Governors Membership Committee			
Report Author(s):		Teresa Bradford, CoG and Membership Administrator			
Report discussed previously at:		Council of Governors Membership Committee 9 May 2024			
Level of Assurance:		Level 1		Level 2	Level 3 ✓

Purpose of the Report		
This report provides the Council of Governors with the membership metrics as at May 2024, details of the Your Voice meetings in March /April 2024 and the Membership Strategy Implementation Plan	Approval	
	Discussion	
	Information	✓

Recommendations/Action Required
The Council of Governors is asked to: <ol style="list-style-type: none"> 1 Note the contents of the report 2 Request any further information or action.

Summary of Key Issues
<p>The Council of Governors agreed to receive metrics relating to the current Membership of the Trust. The information was presented to the membership committee on a regular basis to determine whether the action being taken by the Committee is affecting the engagement with the membership via the Civica membership database.</p> <p>This report provides information on the current Membership of the Trust. The census for 2021 has been identified as a useful source of demographical information and the membership database is currently being reviewed to pull information that correlates with census data. Once this is complete, this information will be shared via this report.</p> <p>The Council of Governors Membership Committee asked for the Implementation Plan for the Membership Strategy to be presented to the Council of Governors. The plan identifies a series of actions to achieve the Year One priorities of the Membership Strategy. The plan is a working document, which is continually flexed to ensure new actions are identified to overcome barriers or if actions are achieved earlier than anticipated.</p> <p>The report also provides details of the Your Voice meetings held in March / April 2024.</p>

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	
SO2: We will enable each other to be the best that we can	
SO3: We will work together with our partners to make our services better	
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			
Data quality issues			
Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications:			
			Capital £
			Revenue £
			Non Recurrent £
Governance implications			
			✓
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	YES/NO	If YES, EIA Score	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	✓
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			

Supporting Documents and/or Further Reading
Membership Metrics and Your Voice Report Appendix 1 – Implementation Plan

Lead
Mark Dale Public Governor Chair of the Council of Governors Membership Committee

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

MEMBERSHIP / YOUR VOICE

1.0 PURPOSE OF REPORT

This report provides the Council of Governors with the membership metrics as at May 2024, details of the Your Voice meetings in March /April 2024 and the Membership Strategy Implementation Plan.

2.0 MEMBERSHIP METRICS

2.1 Membership Composition

According to the Civica Membership Database, the following is the current membership:

Member Type	No. members as at January 2024	No. members as at May 2024	Difference
Public Members	4,840	4830	-10
Staff Members	9,319	6860	-2459
Total Members	14,159	11,690	-2469

Every quarter a staff update is provided to Civica, which adds / removes staff members that have joined / left the Trust. This explains the difference in staff members from the previous report.

Reasons for Leaving

The Trust Secretary's Office have started a process of recording reasons for leaving the Public Membership for any direct requests to be removed from the database. There has been no direct contact for the TSO to remove members from the system.

By Public Constituency

The following table provides a breakdown of public members by Constituency:

Constituency	No. members as at January 2024	No. members as at May 2024	Difference
Essex Mid & South	1,896	1889	-7
Milton Keynes, Bedfordshire, Luton & Rest of England	1,689	1690	+1
West Essex & Hertfordshire	682	681	-1
North East Essex & Suffolk	573	570	-3
Total Members	4,840	4,830	-10

2.2 Demographics Groups

The following information provides a breakdown of demographics available on the Civica database system. Please note, members themselves populate the information and there may be gaps if not fully completed.

By Gender

Gender	No. members as at January 2024	No. members as at May 2024	Percentage
Public Members			
Female	2,871	2870	59%
Male	1,843	1834	38%
Not Stated	126	126	3%

By Age

Age	No. members as at January 2024	No. members as at May 2024	Percentage
Public Members			
60-74	1,038	1,049	23%
30-39	1,032	1,076	22%
50-59	802	788	16%
40-49	659	658	13%
Not Stated	554	551	11%
75+	525	536	11%
22-29	230	172	4%
0-16	0	0	0%
17-21	0	0	0%

It should be noted that whilst the figures in the above table have changed, the percentages of the overall membership have not significantly changed.

By Ethnicity

Ethnicity	No. members as at January 2024	No. members as at May 2024	Percentage
Public Members			
White Scottish, Welsh, Northern Ireland British	3,435	3418	71%
Not Stated	404	404	8%
Black or Black British African	181	184	4%
Asian or Asian British Indian	158	159	3%
Asian or Asian British Pakistani	124	124	3%
White - Other	113	113	2%
White Irish	80	79	2%
Black or Black British Caribbean	80	79	2%
Asian or Asian British Bangladeshi	78	78	2%

Ethnicity	No. members as at January 2024	No. members as at May 2024	Percentage
Mixed White - Black Caribbean	42	42	<1%
Asian or Asian British Other Asian	33	33	<1%
Mixed - Other	30	30	<1%
Asian or Asian British Chinese	24	24	<1%
Other Ethnic Group	17	17	<1%
Black or Black British Other Black	16	16	<1%
Mixed White - Asian	14	14	<1%
Mixed White - Black African	13	13	<1%
Other Ethnic Group Arab	0	0	0%
White-Irish Gypsy Irish Traveller	0	0	0%

2.3 Membership Communication

The following table provides information on any communication circulated by the Trust to members electronically using the membership database:

Electronic Communication	Members Emailed	Percentage Opened
Service User Leaflets	3456	22%

3.0 YOUR VOICE MEETINGS

The Trust held its 4 Your Voice Meetings 25 March - 3 April 2024.

3.1 West Essex and Hertfordshire

A Your Voice meeting was held on the 25 March 2024 via Microsoft Teams. The meeting was chaired by Jason Gunn, Public Governor West Essex and Hertfordshire and facilitated by Glen Westrop, Deputy Director of Quality & Safety (West Essex). The subject of the session was Quality of Care Strategy and what this means for local people.

Individuals attended the meeting as follows:

Attendance Breakdown

Attendee Group	No. of Attendees
Governor	5
Board Member	5
Staff Member	4
Public Member	2
Total	16

3.2 North East Essex & Suffolk

A Your Voice meeting was held on the 26 March 2024 via Microsoft Teams. The meeting was chaired by Cort Williamson, Public Governor North East Essex & Suffolk and facilitated by Angela Wade, Director of Nursing. The subject of the session was Quality of Care Strategy and what this means for local people.

Individuals attended the meeting as follows:

Attendance Breakdown

Attendee Group	No. of Attendees
Staff Member	5
Governor	2
Board Member	2
Public Member	0
Total	9

3.3 Milton Keynes, Bedfordshire, Luton & Rest of England

A Your Voice meeting was held on the 28 March 2024 via Microsoft Teams. The meeting was chaired by Paula Grayson, Public Governor Milton Keynes, Bedfordshire, Luton & Rest of England and facilitated by Angela Wade, Director of Nursing. The subject of the session was Quality of Care Strategy and what this means for local people.

Individuals attended the meeting as follows:

Attendance Breakdown

Attendee Group	No. of Attendees
Staff Member	3
Governor	3
Board Member	1
Public Member	0
Total	7

3.4 Essex Mid & South

A Your Voice meeting was held on the 3 April 2024 via Microsoft Teams. The meeting was chaired by Mark Dale, Public Governor Essex Mid & South and facilitated by Vijay Chuttoo, Deputy Director Quality and Safety. The subject of the session was Quality of Care Strategy and what this means for local people.

Individuals attended the meeting as follows:

Attendance Breakdown

Attendee Group	No. of Attendees
Staff Member	5

Governor	7
Public Member	4
Board Member	3
Total	19

The low attendance at the virtual session was discussed in each of the meetings and by the Membership Committee to determine the potential reasons. The Membership Committee considered the subject matter and venue for the next face-to-face Your Voice meetings taking place in June / July 2024. The subject will be Virtual Wards / Safe Wards and the Trust Secretary's Office is currently sourcing venues in central locations to encourage greater attendance. The Trust Secretary's Office is also taking forward new ideas for advertising the sessions.

**Report prepared by
Teresa Bradford,
CoG and Membership Administrator**

**On behalf of
Mark Dale
Public Governor, Essex Mid & South
Chair of the Council of Governors Membership Committee**

Membership Strategy Implementation Plan (Year One)

Key Objective	Priority Delivery	Sub-Action	Key Lead	Timescale	Progress
Priority 1: Establish a Membership that is representative of the population served by EPUT.					
Understand the demographics of the population served by EPUT and compare against the membership of the Trust.	Establish an accurate source of demographical information for the population served by EPUT, which can be regularly updated.	Circulate letter to postal members to establish if they wish to remain as postal or switch to electronic membership.	TSO	March 2024	<p>The cost of circulating a letter to postal members was calculated and it was identified this would be a significant cost, with limited effectiveness.</p> <p>Therefore, this action has been paused and a new action identified to undertake phone audit of postal members to establish if they still wish to remain postal or provide an updated email address.</p> <p>This action will be revisited once the number of postal members has been reduced to a sufficient level to allow the postal letter to be a feasible option.</p>
		Undertake Phone Audit to confirm staying as postal members	TSO	September 2024	
		Identify regular and accurate source of demographic data for the population served by EPUT.	TSO	September 2024	Found 2021 Census, requested information from CIVICA hoping for more up to date, however they also use census information from 2021
		Ensure data included in the CIVICA Membership Database is rendered to be comparable against demographic data.	TSO	September 2024	This is currently being explored within the system to group demographical data in the same manner as the Census.

Key Objective	Priority Delivery	Sub-Action	Key Lead	Timescale	Progress
		Produce regular report for the Membership Committee to analyse the current membership.	TSO	October 2024	
		Undertake regular data analysis to prepare for Year Two.	Membership Committee	January 2025	
		Identify local community groups to encourage membership in underrepresented members	TSO	October 2024	Please see below, communications established with groups for young people. Further work will be taken after analysis.
Priority 2: Communicate effectively with members and ensure their views are represented within EPUT					
Develop a membership communications strategy	Develop a communications plan to establish different channels of communication.	Develop Communication Plan for the financial year, including different communication channels and clear lines of responsibility.	TSO / Comms	March 2024	Communication plan developed and shared with the Membership Committee.
	Establish a who, what, where, when of communication as part of the communications plan.	Regularly analyse engagement rates to identify trends and amend plan as required.	Membership Committee	January 2025	Initial Communication Plan shared with the Membership Committee and will be amended to allow for communication to be tracked and engagement rates to be regularly reviewed.
Establishes regular communication between Governors and members / members of the public.	Identify opportunities for Governors to communicate directly with members and members of the public, ensuring we are providing them with the	Develop Governor Pack to assist Governors in attending events / local amenities etc.	TSO	March 2024	Service Leaflet and membership business cards developed. FAQ and power point presentation currently being developed
		Develop list of EPUT-led events for the year to aid	TSO / Comms	May 2024	

Key Objective	Priority Delivery	Sub-Action	Key Lead	Timescale	Progress
	right information and resources needed.	Governors in prioritising events to attend.			
		Identify opportunities about connecting and engaging with local residents, Schools and Colleges as identified by an initial review of demographic data.	TSO	January 2025	In communications about connecting and engaging with local residents, Schools and Colleges
		Research opportunities in local areas to identify locations, groups, events to attend as EPUT Governors.	Governors	July 2024	
Priority 3: Membership in the context of system working					
Understand the role of Foundation Trust's and Membership as part of system working.	Understand the role of a Foundation Trust and Membership as part of system working and be able to articulate this to Governors and Members.	Review NHS England guidance and link with national / regional networks to understand the role of members / Governors as part of ICB working.	TSO	January 2025	

Agenda Item: 8d

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1		23 May 2024			
Report Title:	Governor Composition and Attendance					
Report Lead:	Chris Jennings, Assistant Trust Secretary					
Report Author(s):	Teresa Bradford CoG and Membership Administrator					
Report discussed previously at:	Council of Governors Governance Committee					
Level of Assurance:	Level 1	✓	Level 2		Level 3	

Purpose of the Report	
This report provides details of any changes to composition, current sub-committee membership and attendance at the Council of Governors.	Approval
	Discussion
	Information
	✓

Recommendations/Action Required
The Council of Governors is asked to: 1. Note the contents of the report

Summary of Key Issues
Composition
Sharon Green, Staff Governor (Clinical) has Retired from her substantive role and is standing down as a governor. The vacancy has been incorporated within the governor elections.
Cllr James Moyies is no longer the appointed Governor for Southend Council, the Council are having elections on the 16 th May 2024 and will update with the new governor's details soon after.
Committee Membership
The following sub-committees have vacancies:
<ul style="list-style-type: none"> • Governance Committee (5 x vacancies) • Remuneration Committee (3 x vacancy) • Membership Committee (2 x vacancy) • Training & Development Committee (2 x vacancy) • Nominations Committee (2 x vacancy)
Governor attendance
Governor attendance at general meetings is reviewed in line with the agreed procedure for monitoring attendance. A summary of attendance to date is attached at Appendix 1. Three Governors have missed three Council meetings in a row and this is being taken forward as part of the Monitoring of Meeting Attendance Procedure.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	
SO4: We will help our communities to thrive	

Which of the Trust Values are Being Delivered	
1: We care	
2: We learn	
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			
Data quality issues			
Involvement of Service Users/Health watch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications			
Governance implications			
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed?	YES/NO	If YES, EIA Score	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	✓

Acronyms/Terms Used in the Report			
CoG	Council of Governors		

Supporting Documents and/or Further Reading
Council of Governors Meeting Attendance (Appendix 1)

Lead
Chris Jennings Assistant Trust Secretary

Governor	Notes	22 May 2023		23 August 2023		15 November 2023	19 December 2023	06 March 2024		Total Meetings Attended	Total Meetings
		Part 1	Part 2	Part 1	Part 2	Part 2	Part 1	Part 1	Part 2		
Zisan Abedin	From Sep 2023	NR	NR	NR	NR	√	A	√	√	2	3
Joanna Androulakis	From Sep 2023	NR	NR	NR	NR	x	x	x	x	0	3
David Bamber	Until June 2023	A	A	NR	NR	NR	NR	NR	NR	0	1
Keith Bobbin	Until Sep 2023	√	√	√	√	NR	NR	NR	NR	2	2
Alivia Bray	From Sep 2023	NR	NR	NR	NR	√	√	√	√	3	3
Lara Brooks	Until Sep 2023	√	√	√	A	NR	NR	NR	NR	2	2
Owen Carty	Until June 2023	x	x	NR	NR	NR	NR	NR	NR	0	1
Dianne Collins		√	√	√	√	A	√	√	√	4	5
Mark Dale		√	√	√	√	√	√	√	√	5	5
Jared Davis	Until Sep 2023	x	x	x	x	NR	NR	NR	NR	0	2
Gwyn Davies	From Sep 2023	NR	NR	NR	NR	√	√	A	√	3	3
Mark Durham	Until June 2023	√	√	NR	NR	NR	NR	NR	NR	1	1
Kingsley Edore	From Sep 2023	NR	NR	NR	NR	A	√	x	x	1	3
Pippa Ecclestone	Until Sep 2023	√	√	√	√	NR	NR	NR	NR	2	2
David Finn	From Sep 2023	NR	NR	NR	NR	√	√	√	√	3	3
Paula Grayson		√	√	√	√	√	√	√	√	5	5
Sharon Green		√	√	√	√	√	√	√	√	5	5
Jason Gunn		√	√	A	A	√	√	A	A	3	5
Julia Hopper	Until Sep 2023	√	√	A	A	NR	NR	NR	NR	1	2
John Jones		√	√	√	√	√	√	√	√	5	5
Ibrahim Lateef	From Sep 2023	NR	NR	NR	NR	A	√	√	√	2	3
Megan Leach		√	A	√	A	√	√	√	A	5	5
Pam Madison		√	√	A	A	√	√	A	A	3	5
James Moyies	From June 2023	NR	NR	NR	NR	x	x	x	x	0	3
Jaymey Mclvor	From July 2023	NR	NR	NR	NR	A	x	x	x	0	3
Nicky Milner		√	√	A	A	A	x	√	√	2	5
David Norman	From Sep 2023	NR	NR	NR	NR	√	A	√	√	2	3
Shane Ralph	Until May 2023	x	x	NR	NR	NR	NR	NR	NR	0	1
Tracy Reed	Until Sep 2023	A	A	√	√	NR	NR	NR	NR	1	2
Maxine Sadza	Until June 2023	x	x	NR	NR	NR	NR	NR	NR	0	1
Stuart Scrivener		√	√	√	√	√	√	A	A	4	5
Kate Shilling	Until August 2023	x	x	NR	NR	NR	NR	NR	NR	0	1
David Short	Until Sep 2023	√	√	√	√	NR	NR	NR	NR	2	2
Susan Tivy-Ward		x	x	x	x	x	x	x	x	0	5
Edwin Ugoh		x	x	A	A	√	√	x	x	2	5
Paul Walker	Until Sep 2023	√	A	A	A	NR	NR	NR	NR	1	2
Cort Williamson		√	√	√	√	√	√	√	√	5	5
Bilaminu Yesufu	From Sep 2023	NR	NR	NR	NR	A	x	x	x	0	3

Key	
Attended	√
Apologies Received	A
No Apologies Received	x
Sabbatical / Agreed Absence	S
Not Required	NR
Holiday	H

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1	23 March 2024
Report Title:	Lead and Deputy Lead Governor Report	
Report Lead(s)	John Jones, Lead Governor and Pam Madison, Deputy Lead Governor	
Report Author(s):	John Jones, Lead Governor and Pam Madison, Deputy Lead Governor	
Report discussed previously at:		
Level of Assurance:	Level 1	<input checked="" type="checkbox"/> Level 2
		Level 3

Purpose of the Report	
This report provides an update on activities involving the Lead and Deputy Lead Governors	Approval
	Discussion
	Information
	✓

Recommendations/Action Required
The Council of Governors is asked to: 1. Note the contents of the report.

Summary of Key Issues
The report attached provides information in respect of: <ul style="list-style-type: none"> • Our role as your Lead and Deputy Lead Governor • The Regional Network of Lead Governors • Does a Trust need a Deputy Lead Governor? • Chair Recruitment • Joint Council of Governors Seminar • Communication with Primary Care • Car Parking for Governors • Board of Directors Meeting • Joint Council of Governors Meeting with Mid & South Essex Foundation Trust (MSEFT) • Meeting with Chair • Other Matters

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	
SO2: We will enable each other to be the best that we can	
SO3: We will work together with our partners to make our services better	
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	
2: We learn	
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			
Data quality issues			
Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications:			
			Capital £
			Revenue £
			Non Recurrent £
Governance implications			
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed?	YES/NO	If YES, EIA Score	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	✓
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			
NEDs	Non-Executive Directors	CoG	Council of Governors
NHSE	NHS England	FT	Foundation Trust

Supporting Documents and/or Further Reading
Main Report

Lead		
		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> John Jones Lead Governor </td> <td style="width: 50%; vertical-align: top;"> Pam Madison Deputy Lead Governor </td> </tr> </table>	John Jones Lead Governor	Pam Madison Deputy Lead Governor
John Jones Lead Governor	Pam Madison Deputy Lead Governor	

UPDATE REPORT FROM THE LEAD AND DEPUTY LEAD GOVERNORS**1 Purpose of Report**

The purpose of this report is to provide an update on activities involving the Lead and Deputy Lead Governors.

2 Summary**2.1 Background**

Foundation Trusts (FTs) are required by NHS England (NHSE) to have in place a nominated Lead Governor who can be a point of contact for NHSE and can liaise with NHSE, on behalf of Governors, in circumstances where it would be inappropriate for NHSE to contact the Chair and vice versa. The Council of Governors agreed at its meeting on 16 August 2017 that in addition to the Lead Governor, elections should be held to appoint a Deputy Lead Governor to provide for cover as well as succession planning.

2.2 Our role as your Lead and Deputy Lead Governor

Our role as a Governor is the same as for all Governors. There may, however, be occasions when we are asked to represent Governors at meetings, coordinate consultations, etc. For this reason, it is important that we get to know our fellow Governors and to understand their views. We would be pleased to hear from Governors, and also to catch up with you at the various Council meetings as well as at the Board of Director meetings which we usually attend. We will also ensure that we provide you with regular updates on the work in which we are involved in our Lead and Deputy Lead Governor roles.

2.3 The Regional Network of Lead Governors

Colleagues may recall that this group was established by myself in early 2017 and meets every 3 months, and the last meeting was held virtually on 26th March 2024, when the following items were discussed:

2.3.1 Does a Trust need Deputy Lead Governor?

This issue was raised because some FTs within the region do not have a deputy lead governor, arguing that it is unnecessary. The Lead Governors concerned were looking for support to persuade their FTs to create the position. It was generally felt that it was very important to have someone in this role, both to deputise as necessary and also to potentially provide continuity.

2.3.2 Chair Recruitment

The trend to outside interference with this crucial appointment was discussed. It was accepted that stakeholders, including NHSE, have an important role but it is critical to remind ourselves that this is a Governor appointment and we have to accept full responsibility for it. Comments were also made that there is an increasing trend towards Chairs taking on more than one FT and that great care should be taken if this is being considered.

2.3.3 Joint CoG seminar

We were pleased to report on the recent Joint CoG meeting with Mid and South Essex FT and that this example should be more widespread if possible. We also reported that the different approaches between acute and mental/community health trusts were very clear and each could learn from the other (see below).

2.3.4 Communication with Primary Care

This was a significant issue at one of the leading FTs in the region, where patients were being referred on by GPs without checks being made as to whether the FT was in a position to fulfil that referral. Also the reverse was subject to poor communication.

2.3.5 Car Parking for Governors

This was an issue at a couple of FTs and support was being asked for from the Regional Network to provide a consistent approach to free car parking for Governors.

2.4 Board of Directors Meeting.

We were pleased to be able to attend the March 2024 meeting of the Board and to ask questions on behalf of our members.

2.5 Joint Council of Governors meeting with MSEFT

The inaugural meeting of this joint CoG was held on 7th March 2024 in Basildon hospital. We were pleased to be the instigator of this new approach, hoping that it would recognise that our patients also may have physical health issues and that the patients of acute hospitals may also have mental health issues. We should be able to learn from each other's experiences and approaches in particular to the importance of Governance. The general opinion seemed to be that this was a very worthwhile exercise and worth repeating and we are hoping to repeat this in the autumn, with the prospect also of then involving the ICBs.

2.6 Meeting with Chair

The scheduled meeting with the Chair to discuss and adjust the Agenda for this Council meeting was dealt with via email as the scheduled meeting had to be cancelled at short notice. Additionally, we raised other issues which as Governors, we felt should be aired with the Chair. We are grateful for the open and receptive way in which these meetings are conducted.

2.7 Other Matters

May we take this opportunity to thank those of you who have raised queries with either of us. We hope that the answers which you have received have been satisfactory. Please let either of us have any comments on how we are doing as your Lead and Deputy Lead Governors.

May we also thank colleagues for their co-operation with the Trust as we attempt to carry on using a mixture of virtual and face-to-face meetings.

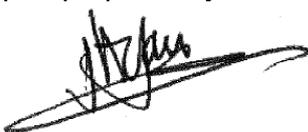
We are also grateful for the assistance given by the Trust Secretary's Office. Their patience and understanding is a real credit to them all.

3 Action Required

The Council of Governors is asked to:

- 1 Note the contents of the report.

Report prepared by



John Jones
Lead Governor
Public Governor
23 May 2024

Pam Madison
Deputy Lead Governor
Public Governor
23 May 2024



#WhatWeDoTogetherMatters