

**Meeting of the Council of Governors
Wednesday 13 December 2023 at 14:45
Microsoft Teams Meeting**

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

CEO Briefing – 14:00

PART ONE MEETING – HELD IN PUBLIC

AGENDA

1	APOLOGIES FOR ABSENCE	SS	Verbal	Noting	14:45
2	DECLARATIONS OF INTEREST	SS	Verbal	Noting	14:47
3	MINUTES OF THE MEETING (PART 1) HELD ON 24 AUGUST 2023	SS	Attached	Approval	14:49
4	ACTION LOG AND MATTERS ARISING	SS	Attached	Noting	14:54
LEARNING LESSONS Didier Stephen, Learning Lessons Analyst					14:55
5	STANDING REPORTS				
(a)	Report from the Chair	SS	Attached	Noting	15:10
(b)	Chief Executive Officer Report	PS	Attached	Noting	15:20
(c)	Annual Report from the Chairs of the Standing Committees: <ul style="list-style-type: none"> Quality Committee People, Equality & Culture Committee 	RH ML	Attached	Discussion	15:30
6	ITEMS FOR DECISION				
(a)	Membership Strategy	CJ	Attached	Approval	15:50
(b)	Governor Meeting Attendance Monitoring Procedure	CJ	Attached	Approval	16:00
(c)	Governor Observer at Standing Committees Procedure	CJ	Attached	Approval / Discussion	16:05
7	ITEMS FOR NOTING				
(a)	Co-Production Conference	MD	Attached	Noting	16:15
(b)	Membership / Your Voice	MD	Attached	Noting	16:20
(c)	Lead Governor Election Outcome	CJ	Verbal	Noting	16:25
(d)	Changes to the Council of Governors and Membership of its Committees (including Election Outcome)	CJ	Attached	Noting	16:27
8	ANY OTHER BUSINESS				16:30

9	QUESTION & ANSWER SESSION FROM MEMBERS OF THE PUBLIC	16:35
11	DATE AND TIME OF NEXT MEETING TBC - 2024	16:45
12	DATES OF FUTURE MEETINGS TBC - 2024	

Professor Sheila Salmon
Chair

**Minutes of the Council of Governors Meeting Held in Public
On 24 August 2023
Microsoft Teams**

Attendees:

Prof Sheila Salmon (SSa)	Chair of the Trust (Chair of the meeting)
Keith Bobbin (KB)	Public Governor Essex Mid & South
Lara Brooks (LB)	Staff Governor, Non-Clinical
Dianne Collins (DC)	Public Governor Essex Mid & South
Mark Dale (MD)	Public Governor Essex Mid & South
Pippa Ecclestone (PE)	Public Governor West Essex & Hertfordshire
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
Megan Leach (ML)	Public Governor, Essex Mid & South
Tracy Reed (TR)	Staff Governor, Clinical
Stuart Scrivener (SSc)	Public Governor Essex Mid & South
David Short (DS)	Public Governor, North East Essex & Suffolk
Cort Williamson (CW)	Public Governor, North East Essex & Suffolk

In attendance:

Chris Jennings (CJ)	Assistant Trust Secretary
Martina Lee (MLe)	Ernst & Young
Dr. Mateen Jiwani (MJ)	Non-Executive Director
Manny Lewis (ML)	Non-Executive Director
Loy Lobo (LL)	Non-Executive Director
Elena Lokteva (EL)	Non-Executive Director
Paul Scott (PS)	Chief Executive Officer
Alex Green (AG)	Executive Chief Operating Officer
Nigel Leonard (NL)	Executive Director of Major Projects and Programmes
Trevor Smith (TS)	Executive Chief Finance & Resources Officer
Zephan Trent (ZT)	Executive Director of Digital, Strategy and Transformation
Susan Young (SY)	Interim Executive Chief People Officer
Nicola Jones	Head of Risk & Compliance
Veronica Sadowsky	Member of the Public
Bashirat	Member of the Public
Ekoh West	Member of the Public

041/23 APOLOGIES FOR ABSENCE

Jason Gunn	Public Governor, West Essex & Hertfordshire
Julia Hopper	Public Governor, Essex Mid & South
Pam Madison	Public Governor, Essex Mid & South
Nicky Milner	Public Governor, Anglia Ruskin University
Edwin Ugoh	Staff Governor, Clinical
Paul Walker	Staff Governor, Non-Clinical

Signed Date

SSa welcomed everyone to the meeting and welcomed SY to her first Council meeting. SY introduced herself as the Interim Chief People Officer and had been in post for a few days.

042/23 DECLARATIONS OF INTEREST

JJ declared in interest item 051/23 regarding the Lead Governor Election as the incumbent Lead Governor. SSa noted the declaration and confirmed the item was regarding the election process and therefore JJ could remain in the meeting for the item.

043/23 MINUTES OF THE MEETING (PART 1) HELD ON 22 MAY 2023

The minutes of the meeting held on the 22 May 2023 were agreed as an accurate record.

044/23 ACTION LOG AND MATTERS ARISING

The action log for the meeting held on the 22 May 2023 was reviewed and noted one action remained open regarding holding a Governor session with Anglia Ruskin University. SSa advised the action timescale had been extended as there was a joint meeting between EPUT / ARU and the outcome of this meeting would be used in any session with Governors.

PRESENTATION: GOING FURTHER: PROPOSAL FOR A SOCIAL IMPACT STRATEGY

NL delivered a presentation regarding the development of a Social Impact Strategy. NL advised that, as a Foundation Trust, EPUT was a public benefit corporation and an anchor organisation which should be embedded in its local community. The development of a Social Impact Strategy supported the delivery of the Trust strategy, especially the objective relating to supporting communities to thrive.

NL highlighted the following within the presentation:

- The approach to be undertaken in the development of the strategy.
- The meaning of the phrase “Going Further” in the context of the strategy
- There are over 123,000 Essex residents living in areas that are in the 20% most deprived communities in the UK.
- The development of the strategy is not starting from a “blank slate”, with knowledge already in place regarding engagement, health outcomes and partnership working.
- Outline of progress made over the last four months in the development of a strategy.
- Undertaking a practical approach to the development of the strategy, being ambitious with a multi-year plan.
- The specific timescale to develop a strategy for 2023/24 to 2027/28.

The presentation also included a number of appendices which Governors could read when the slides are circulated. NL asked for any questions.

MD thanked NL for the excellent presentation. MD commented as a Public Governor for Essex Mid & South on references in the presentation to Essex County Council and asked how the unitary authorities (Southend, Thurrock) were involved. NL advised that Southend and Thurrock local authorities were both actively involved in discussions and this will continue to be pursued. NL advised the strategy was about not working in isolation, but working at a local and system level.

Signed Date

MD queried how the Trust would work with voluntary organisations where funding can end suddenly, in terms of bolstering them to secure extra capacity. NL advised the importance of ensuring any funded scheme is sustainable, wherever the funding is derived. Work was underway to identify criteria for the selection of initiatives to ensure these are co-created through engagement with the voluntary sector and can be sustained in the longer term.

MD commented some NHS organisations were changing the way they recruit staff, focusing more on recruitment fairs, rather than NHS Jobs and asked if the Trust was looking to use similar methods. MD agreed and noted Foundation Trusts were working together in this area. A presentation had recently been delivered to Executive Team regarding doctors using social media as part of recruitment, so there were different options being taken forward.

PG commented she was pleased to see anchor organisations having a framework as outlined in the presentation. PG noted a case study which used better care funds to develop pilot schemes in major deprived areas. PG asked if better care funds would be included as part of selection criteria and include an endorsement of any schemes which already exist, especially those in the harder to reach areas. NL confirmed this would be considered within the criteria and selection process.

In response to a query regarding the sharing of the presentation, SSa confirmed the presentation would be shared following the meeting and requested any further updates to be provided to the Council as the strategy is developed to ensure involvement.

045/23 REPORT FROM THE CHAIR

SSa presented a report providing information to support Governors undertaken their statutory role and understand the work of the NEDs. SSa highlighted the following:

- Board changes, including the welcoming of EL as Audit Chair. SSa thanked EL for undertaking the role of Audit Chair earlier than expected.
- The departure of Janet Wood as Audit Chair, thanking her for solid work in the role over the years

SSa welcomed any questions and feedback on the content of the report.

PG commented on the references to the Electronic Patient Record (EPR) business case and was happy to see this was being taken forward. PG noted there was currently a system in place to allow the sharing of information between the different record keeping systems, but had heard at a Your Voice meeting from a member of staff that the system did not always work effectively. PG asked what action was being taken in the shorter term whilst the joint EPR work is being undertaken.

ZT advised the system was the Health Information Exchange which had been in place for a number of years. The system is not static and there had been continual improvement and development over time, for example, having access to more primary care data than in the past. There had been an independent review of the system which confirmed it was fit for purpose in terms of the technology and there is data showing a significant increase in the number of people using the system. The data showed the number of records accessed increased from around 9,400 in 2020 to around 79,000 in 2022. ZT advised the system was not perfect, which highlighted the need for a joint EPR system, but it has been continually improved over time.

Signed Date

LL advised he had visited Community Dementia Services in Colchester and had been informed they were able to access records on their mobile and laptops whilst visiting patients, which showed IT was doing good work in making data available.

PE commented that the example provided from the Your Voice meeting was about third party organisations being asked to work as the wider system and having memorandums of understanding etc. in place, but then not being able to access the information. The patient then has to repeat themselves to different services as the number of people involved do not have access to the same information. ZT advised it was an area where improvement and time investment continues to be made. Information is shared with trusted third parties where it is in the interest of the patient and ensuring there are information sharing agreements in place to protect the security of the information. This will continue with the development of the joint EPR to ensure the right governance and controls are in place.

The Council of Governors received and noted the report.

046/23 CHIEF EXECUTIVE OFFICER REPORT

PS presented a report providing a summary of key activities and information to be shared with the Council. PS highlighted from the report:

- **CQC Update:** There were things to celebrate and build on, but there were also areas to address and a comprehensive plan has been developed to address these areas. The plan would be taken through Trust governance, but also with progress reported at ICB level to ensure they have oversight.
- **Quality & Excellence Awards Ceremony:** This was held on the 5 July 2023 and celebrated the diversity of services which is not always visible. PS thanked Governors who attended the awards night.
- **National Awards Nominations:** This included the Urgent Care Department and International Recruitment programme for high-quality pastoral care.

PG noted references in the report to inclusion and diversity, which was important to her in her “day-job” and as a Public Governor. PG noted from the pre-briefing and in the report there was a focus on not just taking actions but demonstrating the actions had been taken and therefore it would be good to have something in the future to demonstrate the improvements that have been made.

PG noted references to Oliver McGowan training and noted the mandatory requirement for staff to complete the training and learn about people with learning disabilities and / or autism. PG asked whether there were figures to see how many people had completed the crucial training.

PS advised mandatory training rates are reported through the People, Equality & Culture Committee (PECC) and training rates could be provided to the Council as the training is implemented.

The Council of Governors received and noted the report.

Action:

1. **Provide further details on staff who have completed Oliver McGowan training. (PS).**

Signed Date

047/23 AUDITOR'S ANNUAL REPORT

MLe presented a report providing the auditors annual report for year ending 31 March 2023. MLe highlighted the following:

- The unqualified opinion on the financial statements given by 30 June 2023 and no matters to report by exception on value for money arrangements.
- Certificate issued on 5 July 2023 following group work and reporting to the National Audit Office (NAO).
- No significant material issues from the audit work identified, including a test on the income and expenditure during the period of the national cyber security incident.
- The valuation of property assets was tested and found to be materially correct.
- Matter raised in the report related to a difference between the value which the Trust's valuer had put on the assets and those that have been recorded in the financial statements. The Trust had chosen not to adjust because the amounts were immaterial.
- The Local Government Pension Scheme, which was deemed to be immaterial to the financial statements.

PG commented the report was excellent and showed the finances to be exemplary and credit must be given to TS and his team. TS thanked PG for the kind words and would pass these onto the team.

PG noted the appendices did not take account the structural change on the 1 July 2022 and mentions the old framework. Therefore, there is no mention in the appendices of things such as the integrated care boards, and refers to clinical commissioning groups. TS thanked PG for the comment and confirmed this would be amended.

EL commented the report showed very efficient work and was good to see the coordination of actions between teams. EL commented she was on a number of Audit Committees across Trusts and EPUT was the only organisation that delivered accounts and value for money by 30 June 2023.

The Council of Governors received and noted the report.

MLe left the meeting at this point.

048/23 ANNUAL REVIEW OF EXTERNAL AUDIT SERVICES

EL presented a report providing the annual review of external audit services for the 2022/23 financial year. EL advised this was the first annual report since the market testing exercise completed last year and the Audit Committee had conducted a thorough review of Ernst & Young audit services at its meeting on 13 July 2023. The Committee was very satisfied with the provision of services and acknowledged the responsiveness and overall support provided during the annual accounts. EL advised that the Committee noted some aspects of testing could have been done earlier in the process and this will be considered in the implementation plan for the next financial year.

EL advised the Audit Committee recommended to the Council of Governors to approve Ernst and Young to continue as the External Auditors for EPUT.

Signed Date

TS advised the engagement with EY was excellent in terms of planning and preparation for the audit. There was great accessibility and very good levels of engagement. TS endorsed the points made by EL and confirmed the improvement areas identified would be included in the implementation plan.

The Council of Governors received, noted the report and confirmed the re-appointment of Ernst and Young as the Trust external auditors for the 2023/24 financial statements.

049/23 STANDING ORDERS FOR THE COUNCIL OF GOVERNORS

CJ presented a report providing the Standing Orders for the Council of Governors for the required annual review. CJ advised a review was completed by Capsticks, a legal firm, against the new *Code of Governance for NHS Providers* and the Health & Care Act 2022, as it had done this previously for the Constitution.

CJ advised the revised Standing Orders had been presented to the Council of Governors Governance Committee which had resulted in a small wording change to Section 1.1 and a comment from Capsticks on Section 4.9 not resulting in a change.

The Council of Governors received, noted the report and approved the Standing Orders for the Council of Governors.

050/23 COUNCIL OF GOVERNORS RELATIONSHIP WITH THE BOARD OF DIRECTORS POLICY & PROCEDURE

CJ presented a report providing the Council of Governors Policy & Procedure for Engagement with the Board of Directors for approval. CJ advised the procedure was split into two sections, with the first section detailing the information that would be provided to Governors to undertake their role and the second setting out the process for resolving any disagreement between the Board and Council. CJ advised the policy and procedure was reviewed and presented to the Council of Governors Governance Committee, which recommended it to the Council of Governors for approval.

The Council of Governors received, noted and approved the policy and procedure.

051/23 LEAD GOVERNOR ELECTION

CJ presented a report setting out the role description, process and timetable for the appointment of the Lead Governor. CJ advised the process would run with the intention of the Lead Governor term of office commencing from 1 October 2023.

The Council of Governors received, noted the report and approved the process and timetable for the election of the Lead Governor to the Council of Governors.

052/23 MEMBERSHIP / YOUR VOICE

MD presented a report providing the current Membership of the Trust as at June 2023 and feedback following Your Voice meetings held between 6 and 8 June 2023.

Signed Date

SSa noted the membership metrics and the importance of ensuring there is a good balance of members and good levels of communication, which is being picked-up as part of the Membership Strategy. MD agreed and noted the importance of being proactive in engaging with members.

The Council of Governors received and noted the report.

053/23 CQC REPORT

NJ presented a report sharing the findings from the CQC Core Services Inspection (report published 12 July 2023) and processes followed to develop a robust action plan in preparation for submission to the CQC. NJ noted the Trust had experienced a number of inspections which had led to a number of action plans being developed. The latest inspection had provided the opportunity to seek wider engagement with our teams and staff and understand the causes of the findings and bring everything together into a single plan.

NJ highlighted the following:

- The findings of the CQC Inspection published on 12 July 2023.
- The action themes identified from the inspection.
- Changes made to the EPUT CQC response process.
- The timeline of events and the Trust's current position, having now submitted its response to the final report.
- The process and principles followed in developing actions following the inspection.
- Details of System Engineering Initiative for Patient Safety (SEIPS) sessions and the outputs into effective actions.
- Governance and Next Steps.

JJ noted on page 127 of the CQC inspection report that only 22% of permanent staff had completed Makaton training. The report noted training was planned for February 2023; JJ asked if this training had taken place and if the service was now compliant. NJ advised the training had taken place, but this was a number of months ago, so the focus is now on ensuring new staff are undertaking the training.

PE asked if there was any link between people falling asleep when completing observations and the 12-hour shift pattern. NJ advised this had not been identified as part of the analysis and a task force was looking at the sleeping on duty issue as a whole, including staff wellbeing and shift patterns. PG commented that flexible working was key to finding committed staff, so shift patterns should be considered as part of any review.

PG commented she had asked questions at the last Board of Directors meeting as she had been concerned by the outcome of the CQC inspection. However, the report provided by NH had provided assurance that action was being taken. PG noted the urgent actions completed and asked if there was any area rated inadequate which could now be considered above this as actions had been completed. NJ advised immediate actions had been undertaken to ensure the organisation was safe and the inspection report is based on where the Trust was at that point in time. NJ advised it was difficult to say what the CQC would rate, but the Trust had taken action to resolve the immediate patient safety concerns and was now progressing the transformation actions.

The Council of Governors received and noted the report.

Signed Date

054/23 CHANGES TO THE COUNCIL OF GOVERNORS AND MEMBERSHIP OF ITS COMMITTEES

CJ presented a report providing details changes to composition, current sub-committee membership and attendance at the Council of Governors.

The Council of Governors received and noted the report.

055/23 LEAD / DEPUTY LEAD GOVERNOR REPORT

JJ presented a report providing an update on activities involving the Lead and Deputy Lead Governor.

The Council of Governors received and noted the report.

056/23 ANY OTHER BUSINESS

SSa advised there were a number of Governors who were attending their last Council of Governors meeting as they had not stood for re-election. SSa thanked them for their effort and contribution over the years. JJ agreed and highlighted some of the Governors for their contribution and support.

057/23 QUESTIONS AND ANSWERS SESSION

None.

058/23 DATE AND TIME OF NEXT MEETING

The date and time of the next meeting is Wednesday 13 December 2023 at 14:45 (CEO Briefing at 14:00)

Signed Date

In the Chair

ESSEX PARTNERSHIP UNIVERSITY NHS FT

Council of Governors Meeting
Action Log (following Part 1 meeting held on 24 August 2023)

Requires immediate attention /overdue for action



Action in progress within agreed timescale



Action Completed



Future Actions



Lead	Initials	Lead	Initials	Lead	Initials
Martine Munby	MM	Paul Scott	PS		
Chris Jennings	CJ				

Minutes Ref	Action	Owner	Dead - line	Outcome	Status Comp/ Open	RAG rating
August 046/23	Provide further details on staff who have completed Oliver McGowan training.	PS	Feb-24	The Oliver McGowan Training is split into two elements, online and face-to-face. The online training has been completed by 62% of staff to date. The face-to-face training is being developed with system partners as part of the national programme and a further update can be provided once this has launched.	Open	
May Presentation	Develop a Communication Plan with the Council of Governors Membership Committee for regularly communication with the Foundation Trust Membership.	MM / CJ	Sep-23	Plan developed and presented to the Membership Committee to take forward.	Closed	
November 041/22	Develop a session with Governors to discuss the relationship between EPUT and Anglia Ruskin University.	CJ	Apr-23 Oct-23 Apr-24	The Trust had a session with ARU in October 2023 and the outcome of this will	Open	

Minutes Ref	Action	Owner	Dead - line	Outcome	Status Comp/ Open	RAG rating
				be shared with Governors at a session to be held in the early part of 2024.		

					Agenda Item No: 5a		
SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1				13 December 2023		
Report Title:		Report from the Chair					
Executive/ Non-Executive Lead:		Professor Sheila Salmon, Chair					
Report Author(s):		Angela Laverick, PA to Chair, Chief Executive 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:	
1 Note the contents of the report	

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.	

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			
CQC	Care Quality Commission	CAMHS	Child and Adolescent Mental Health Services

Supporting Documents and/or Further Reading
Accompanying Report

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

Board changes

As reported in my Board of Directors Chair report, following the departure of Executive Nurse Natalie Hammond, and Executive Director of People and Culture Sean Leahy, the Trust has undertaken two robust recruitment exercises to secure two new Executive Directors to join the Board of Directors. I am pleased that Ann Sheridan has been successfully appointed to the Executive Chief Nurse Role and will be joining EPUT in the New Year. The recruitment process for the Executive Chief People Officer role is not yet complete and an update on progress will follow in due course.

Recruitment for new NEDs to join our Board has also recently concluded and I am pleased to confirm that Dianne Leacock and Jenny Raine have been appointed and will commence in post in December and January respectively.

Service Visits

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 taken place to: The Linden Centre, St Aubyn Centre, Thurrock Hospital, The Lakes, Inpatient and Community Services at St Margaret's Hospital, Derwent Centre, Sankey House, Southend Primary Care MH Team, Inpatient Units at Rochford Hospital and the Community Eating Disorder Services in Colchester.

ii) Loy Lobo

It has been an interesting three months since my last report in August.

I visited Grays Hall to coincide with the visit of Jackie Doyle-Price, MP for Thurrock. I had the opportunity to have a conversation with staff before the MP arrived. The meeting itself had a positive tone, with the MP wishing to meet as many staff as possible and to recognise their effort towards running services.

With rising recognition of the transformation underway at EPUT, I was pleased to attend the HSJ Awards night. It was a privilege to meet our staff who had been nominated in several categories. We came away with one prize and we all wished we could have won more.

As the team has been working on the various enabling strategies, I have enjoyed reviewing and contributing to many of them. Recently, I was impressed by the work on the Social Impact Strategy which seeks to implement the fourth pillar of EPUT's corporate strategy, "To help our communities to thrive". EPUT has a role to play in catalysing social entrepreneurship in Essex to encourage the creation of local assets that create a long-term benefit for the community.

It has been a challenging time at the Finance and Performance Committee. The team is working very hard to ensure that EPUT meets its targets. The changing financial dynamics due to new national guidance and the continued pressure in the wider system are driving a renewed focus on finding opportunities for recurring benefit. It is good to see the positive impact of previous investments such as the International Recruitment programme beginning to bear fruit with a reduction in agency spend.

I had a break in my engagement with the MSE-ICB Finance and Investment Committee due to Annual Leave. Elena Lokteva, Chair of Audit, kindly stepped in for me in October. I attended the last meeting in November. Every effort is being made to look ahead into next year, there is still much that needs to be done.

Finally, it has been pleasing to see the good work being done on the Unified Electronic Patient Record programme. The Joint Oversight Committee meets monthly. The procurement phase is progressing according to plan. There is currently much ambiguity in the plan, which is to be expected at this stage of the programme. The committee remains cautiously observant to see that the necessary work is being done to arrive at an appropriate level of assurance.

iii) Manny Lewis

In the In the period since the last update to COG, apart from attendance at Board, Board seminars, Finance & Performance Committee, NED Discussion Group, Education Board, MSE Collaborative, Governor induction, Constituency meetings, Remuneration & Nomination Committee and People, Equality & Culture Committee, my other contributions have been:

1. I attended the Hertfordshire and West Essex Trust Chairs review session on leadership and partnership engagement which was externally facilitated. The discussion was open and resulted in a commitment to strengthen joint working.
2. I co-hosted the Civil Aviation Authority (CAA) / EPUT safety workshop which took place at the CAA offices in Canary Wharf. This was a successful event at which the CAA praised how comprehensive our safety strategy was but felt it needed to be simplified; the CAA was interested in the Trust's work on doctor and nurse revalidation as a potential model for reviewing pilot certificate renewals as well as CAA medical staff performance; they warmly received a presentation on Oxehealth in terms of safety innovation to anticipate behaviours. The Trust fielded a strong management and clinical team and took away significant learning especially on safety culture and just culture and holding responsible managers to account for safety practice. There was a positive discussion about simulating safety incidents for training purposes which will be followed up with Anglia Ruskin University.
3. I worked with Marcus Riddell and Lorraine Hammond on the Trust's diversity challenges especially on Race Equality Scheme compliance and supported key actions needed at a subsequent board seminar.
4. I supported Paul Scott at the visit of Priti Patel MP to the Lakes which went very well. In particular our newly appointed staff nurses spoke impressively about their positive experience at EPUT.

iv) Dr Mateen Jiwani

These last few months have been mixed with strategic and oversight meetings. I have now chaired the second Charitable Funds Committee and we have a roadmap developing to strengthen our ties with the community and get more patient/service user involvement. We continue to embrace positive stories and also look to further open opportunities for all those at the receiving end of care.

The People, Equality and Culture Committee (PECC) has challenges with workforce and we maintain a level of watchfulness that we will innovate and support delivery on as a wider team. Our focus is to try and bring across the social value from Charitable Funds to the PECC. Equally such matters need to be weaved into the Audit Committee which I am a member of as well and continue to help scrutinise our controls process and the changing nature of risk based on seasonal trends. I have been close to the Research and Social strategy landing with a keen eye

for scrutiny and also ensuring digital transformation has a clear vision for implementation and offer challenges circling training and feasibility. I also now sit on the Joint EPR committee with Mid & South Essex Foundation Trust (MSEFT), where we aim to complete our venture of single record access and joined up working. This with the success of the joint board seminar, shows how we are leading the way in the region (and nationally) to help navigate the workflows and pathways to become a seamless transfer/path for users.

I continue chairing in circular with ARU Vice chancellors the second Joint conference to help settle the deepening strategic partnership between the two organisations. I have attended the board seminars, NED discussion groups, C suite interviews, Audit, PECC, Associate Hospital Managers (AHM) meetings, COG, Constituency meetings, Mental Health safeguarding Sub-Committee and Charitable funds committees. I have also managed to represent EPUT at a roundtable discussion with the HSIB, the new unit for safety investigations alongside NHS providers. I have had the pleasure of representing the organisation with the MP representative for our services Priti Patel MP, this was a successful visit with a good steer for positive support for EPUT and its transformative journey.

I have managed visits to some more sites including West Essex, The Lakes to see some of the work being done by colleagues.

I have been reviewing the complaints audit as part of my NED role and plan to continue this work.

v) Elena Lokteva

It was a moderately busy period for the Audit Committee. We have completed the Annual Review of Governance Manual; finalised Charity Accounts Report 2022/23, received Clinical Audit Process and Delivery Assurance Report, commenced the work of better understanding how we learn from NHS Resolution Score Card, monitored internal auditors and Local Counter Fraud Specialist (LCFS) progress towards FY23/24 plan.

In my capacity as NED, I actively participated in the September and November Board meetings, worked at nine Board sub-committees, including Board Safety Oversight Group, Quality Committee, Finance & Performance Committee and PECC; participated at ICB MSE Finance & Investment committee meeting.

During the reporting period, I visited three wards at Rochford Hospital and Community Adult Eating Disorder Service in Colchester; participated in Your Voice Meeting - Carers; North East Essex and Suffolk Constituency Meeting.

In order to keep abreast of both the dynamics of integrated care and governance best practices, I have attended, Future Hospital Nordic 2023 conference; HFMA conference for NHS chairs and non-executive directors; RSM training: Failure to prevent fraud – what to consider and participated in SNEE ICS System Learning Leaders Awayday 'Uncomfortable Truths'. I also had meetings with MSE ICB Audit committee Chair and MSE FT Board. This helped me to learn best practices and better understand a Board role in ensuring collaboration in times of change.

vi) Dr Rufus Helm

I attended a fascinating and thought-provoking workshop with the Civil Aviation Authority (CAA) on the subject of "Safety". The event was arranged through Manny Lewis in his role as NED on the CAA Board and was well-attended by others from EPUT. The presentations drove discussions across a wide range of subjects including whistle-blowing, culture, identifying and embedding lessons and the differences and similarities of the regulatory regimes our two organisations work within.

I have had a number of conversations about changes to governance structures; in particular, the changes being proposed as part of the new Quality of Care strategy and how these will affect

the functioning of the Quality Committee. I am confident that the new way of working will tighten up processes and support improved quality of care across EPUT.

I attended a stakeholder panel to support the recruitment of our new Director of Nursing and look forward to working with them when they join us in the New Year.

I continue to work with Matt Sisto and his team on IWantGreatCare with the aim of increasing the level of feedback we get from patients and ensuring this is used by our frontline services to improve care.

3.0 RECOMMENDATIONS AND ACTION REQUIRED
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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

						Agenda Item No: 5b	
SUMMARY REPORT		COUNCIL OF GOVERNORS PART 1				13 December 2023	
Report Title:		Chief Executive 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 in respect of 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		
Supporting Reports/ Appendices /or further reading		
Accompanying Report		

Lead
Paul Scott Chief Executive Officer

CHIEF EXECUTIVE OFFICER REPORT

1. UPDATES

1.1 New Members to the Executive Team

Following a robust recruitment process, Ann Sheridan has been appointed as Executive Nurse and will join the Trust in the New Year. Ann has over 30 years' experience of working at senior level across the NHS and Local Authority in a range of different health and care settings with a successful track record of leading and inspiring teams and experience in quality improvement.

The recruitment process for the Executive Chief People Officer is underway and further updates will be provided in due course.

1.2 Statutory Inquiry Update

Board members will be aware of the announcement from the Secretary of State for Health and Social Care around the granting of statutory powers to the Inquiry into Mental Health Deaths in Essex and the subsequent appointment of Baroness Lampard as Chair. Baroness Lampard launched a consultation period for the proposed terms of reference of the statutory inquiry (now renamed the 'Lampard Inquiry'), which ended on the 29 November 2023. The Trust remains committed to engaging with the Inquiry Team and acknowledge that this is clearly a difficult time for families, carers and our staff as we await clarity around proposed terms of reference and timescales and we are doing everything we can to support all who are impacted by the Inquiry.

1.3 Awards Nominations

EPUT and our partners were recently nominated for a number of health sector awards; I am incredibly proud that in partnership with Mid and South Essex ICS and Arden and Gem CSU, the Electronic Frailty Coare Coordination System (eFraCCS) and Frailty End of Life Dementia Assessment (FrEDA) were the winner of the Data Driven Transformation Award at the recent HSJ awards in London.

1.4 Standard Operating Procedures

Patient safety is our absolute priority and to aid this, we have launched a new digital app that will help our clinical staff access Standard Operating Procedures quickly and in one place. The app, SOPHIA, will launch across the Trust in the New Year and will be available via the intranet and mobile devices.

1.5 Patient Safety Incident Response Plan

Another pivotal step forward in our commitment to patient safety is the roll out of the Patient Safety Incident Response Plan (PSIRP), aligning with our new Patient Safety Incident Response Framework (PSIRF). PSIRP guides how we respond to incidents, emphasising learning and collaboration and is available on the website and intranet.

1.6 EPR

The excitement continues to grow across EPUT and MSEFT as we progress through the selection process for our unified electronic patient record system. Thanks to a dedicated, multi-disciplinary bid evaluation team of 200+ members, we are making good progress with live demonstration sessions from potential suppliers planned to see how their technology could address the critical needs of our services and improve patient care.

					Agenda Item No: 5c					
SUMMARY REPORT		COUNCIL OF GOVERNORS PART 1				13 December 2023				
Report Title:		Annual Report from the Chairs of the Standing Committees: <ul style="list-style-type: none">• Quality Committee• People, Equality & Culture Committee								
Report Lead:		Rufus Helm, Chair of Quality Committee Manny Lewis, Chair of People, Equality & Culture Committee								
Report Author(s):		Emma Bullard, Board Committee Secretary								
Report discussed previously at:		Council of Governors 22 May 2023								
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 following standing committees of the Board: <ul style="list-style-type: none"> • Quality Committee • People Equality and Culture 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
<p>The 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.</p> <p>A report outlining the duties of each committee and key activities covered during the period April 2022 – March 2022 was presented to the Council of Governors in May 2023. This was due to the Council meeting where the report would usually be presented being discussed. The report has been updated to reflect any meetings which have taken place April – November 2023, which brings the annual reporting back into line with the Council of Governors schedule of business.</p> <p>Assurance is provided that each committee had been fulfilling its Terms of Reference and 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.</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:		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		
TSO	Trust Secretary's Office	

Supporting Documents and/or Further Reading
Accompanying Report

Lead
Rufus Helm Non-Executive Director Chair of the Quality Committee
Manny Lewis Non-Executive Director Chair of the People, Equality & Culture Committee

BOARD STANDING COMMITTEE REPORT
QUALITY COMMITTEE AND PEOPLE, EQUALITY & CULTURE COMMITTEE
APRIL 2022 - NOVEMBER 2023

1.0 INTRODUCTION AND PURPOSE OF THE REPORT

The purpose of this report is to provide a summary of the work undertaken by the standing committees in the period 01 April 2022 – 30 November 2023, and to set out how they have performed against the responsibilities as defined in their Terms of Reference. The report covers the following committees:

- Quality Committee
- People, Equality and Culture Committee (PECC)

On review of the minutes for each committee, 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 QUALITY COMMITTEE

Membership	Administration
<ul style="list-style-type: none"> • The Committee was chaired during the year by Dr Rufus Helm, Non-Executive Director. • Included in the current membership are: <ul style="list-style-type: none"> ○ Rufus Helm, Non-Executive Director / Chair of the Committee ○ Elena Lokteva, Non-Executive Director ○ Stephen Heppell, Non-Executive Director ○ Frances Bulger, Interim Executive Nurse ○ Dr Milind Karale, Executive Medical Director ○ Zephan Trent, Executive Director Strategy, Transformation & Digital • The Committee is supported by subject matter experts who attend as required, and undertakes 'deep dive' items to gain a deeper understanding and assurance on key topics. • The Committee was observed during the year by Pam Madison, Public Governor. • Meetings were held monthly. • All meetings met the obligations regarding membership, attendance and quoracy. 	<ul style="list-style-type: none"> • The Committee maintains an annual reporting cycle and actions arising from the meetings are recorded on an action log. Together, the minutes and the action log are used to plan, record and monitor the work of the Committee. • The reporting cycle is updated annually and is amended as necessary through the year to take account of changes in reporting structures and any projects which may be required to report to the Committee. Throughout the year the Committee has received a range of information in accordance with the reporting cycle. • Administration relating to Committee business was undertaken by the Executive Assistant to the Executive Nurse until September 2023, and the Board Sub Committee Secretary from October 2023. 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 an assurance highlight report on Committee business at the following Trust Board meeting, with the opportunity to raise discussion points. • Committee minutes are signed as a true record of the meeting. • The Committee was observed by a member of the Council of Governors and after each meeting attended provided a feedback report to the Trust Chair as part of continuous feedback on Non-Executive Director committee effectiveness.

Terms of Reference

The Committee provides internal assurance by reviewing the establishment and maintenance of effective systems of regulatory compliance, contractual quality and clinical governance arrangements. The duties of the Committee include:

- Obtaining assurance that high standards of care and patient safety are provided by the Trust
- Obtaining assurance that adequate and appropriate clinical governance processes and controls are in place to promote safety and excellence in patient care
- Ensuring the effective and efficient use of resources through evidence based clinical practice
- Oversight of quality improvement, innovation and research (including delivery against national and local priorities)
- Oversight of the protection of our staff in relation to health, safety and security
- Identify, manage and prioritise risks arising from delivery of clinical care.

The Quality Committee has been fulfilling its Terms of Reference during the period 1 April 2022 - 30 November 2023.

Items which the Committee dealt with during the period 1 April – 30 November 2023:

There are a number of internal assurance reports:

- Quality Performance Report
- Care Quality Commission Assurance Report
- Infection Prevention and Control Assurance Framework
- Mortality Data and Learning Report
- Ligature Risk Report
- Suicide Prevention Strategy Report
- Mental Health Act Operational Procedure Assurance Report
- Board Assurance Framework
- Learning Disability Improvement Standards (progress report)
- Cardio-Metabolic Key Performance Indicator Update

Deep Dives

- Mental Health Act
- Patient Safety

Patient Stories

- A service user gave an insight into his personal experience of entering and leaving the Trust's IAPT services.
- A service user with Bipolar Disorder shared an account of their personal experience and journey with the Trust.

Annual Reports

- Clinical Audit Annual Report
- Patient Safety Incident Response Framework Annual Report

<p>Receives a combined assurance report from sub-committees/ groups:</p> <ul style="list-style-type: none"> • Mortality Review • Health Safety and Security • Mental Health Act and Safeguarding • End of Life • Information Governance • Multi-professional Education • Restrictive Practice • Research and Innovation • Learning Oversight • Equality and Inclusion (service users) • Patient Experience and Carer forum • Physical Health • Clinical Governance and Quality <p>In addition</p> <ul style="list-style-type: none"> • Nursing and Allied Health Professionals Joint Strategy • System Partnership and Engagement • Information Governance Framework • Management and Supervision Tool (MaST) • Perinatal Mental Health Services • Oxevision Standard Operating Procedure 	<ul style="list-style-type: none"> • Ligature Risk Management Annual Report • Emergency Preparedness Resilience Response Annual Report • Complaints / Compliments Annual Report • Health Safety and Security Annual Report • Mental Health Act Annual Report • Infection Prevention and Control Annual Report • Safeguarding Annual Report • End of Life Annual Report • Patient Experience Annual Report • Pharmacy and Medicines Optimisation Annual Report • Senior Information Risk Owners Annual Report
<p>Governor Observer Feedback</p> <p>Governor observation feedback covers structure of the meeting; quality of the papers; quality of the discussion held; and chairing of the meeting. There is also space to provide any general feedback.</p> <p>Feedback received from the Governor said:</p> <ul style="list-style-type: none"> • The chair ensured that all items were covered fully • The papers were of a good quality • NEDs sought clarity and assurance where appropriate, as well as making suggestions • Risks were highlighted by the presenters of the papers 	

- There was strong discussion, and everyone who wished to contribute was given the opportunity to do so
- The Patient Story is important and insightful
- It was clear who was chairing the meeting and the chair maintained control
- Some concerns about the timings to ensure that all items can be covered without feeling rushed, which has now been rectified
- Concern about Executive members being absent from the meeting in part or in full, potentially causing issues with quoracy and paper approval

The feedback from our governor colleagues is welcomed.

3.0 PEOPLE, EQUALITY AND CULTURE COMMITTEE

Membership	Administration
<ul style="list-style-type: none"> The Committee was chaired during the year by Manny Lewis, Non-Executive Director. Included in the membership are: Janet Wood (Non-Executive Director) to June 2023, Amanda Sherlock (Non-Executive Director) until leaving the Trust at the end of Sept '22, Dr Mateen Jiwani (Non-Executive Director) from October '22, Elena Lotkeva (from September '23), Sean Leahy (Executive Director of People and Culture), Alex Green (Chief Operating Officer), Trevor Smith (Executive Chief Finance and Resource Officer), Dr Milind Karale (Executive Medical Director), and Natalie Hammond (Executive Nurse). There has been excellent support from the Executive Chief Finance Officer and Chief Operating Officer throughout the year. From October '22 to end of March '23 Marcus Riddell (Acting Executive Director of People and Culture) stood in for Sean Leahy. The Committee is supported by subject matter experts who are in attendance. And undertakes a 'deep dive' into items to gain a deeper understanding and assurance on key topics. The Committee was observed during the year by Keith Bobbin, Public Governor, and Stuart Scrivener, Public Governor (for February meeting) Meetings were held bi-monthly from April 2022 with the exception of March 2023 which was deferred to April due to operational pressures. The meetings held met the obligations regarding membership, attendance and quoracy. 	<ul style="list-style-type: none"> The Committee maintains an annual reporting cycle (set at its meeting in April 2022). Actions arising from the meetings are recorded on a rolling action log. Together, the minutes and the action log are used to plan, record and monitor the work of the Committee. The reporting cycle is updated annually and is amended as necessary through the year to take account of changes in reporting structures and any projects which may be required to report to the Committee. Throughout the year the Committee has received a range of information in accordance with the reporting cycle. Administration relating to Committee business was undertaken by the Executive Assistant to the Executive Director of People and Culture. In line with the terms of reference, the agenda and accompanying papers were circulated to members during the week prior to each meeting. As a new Committee support was provided by the Senior Director of Corporate Governance – it is recognised that the meeting had taken time to get into its business rhythm and support continued The Chair provides an assurance highlight report on Committee business at the following Trust Board meeting, with opportunity to raise discussion points. Committee minutes are signed as a true record of the meeting. The Committee was observed by a member of the Council of Governors and after each meeting attended provided a feedback report to the Trust Chair as part of continuous feedback on Non-Executive Director committee effectiveness.

<p>Terms of Reference</p> <p>The Committee provides internal assurance by reviewing the establishment and maintenance of effective systems of regulatory compliance, and workforce equality and culture arrangements. The duties of the Committee include:</p> <ul style="list-style-type: none"> • Improve the experience of all employees, ensuring compassionate leadership and creating a place individuals choose to work. • Foster the link between the quality of employee experience and the quality of patient experience. • Ensure the Trust drives talent management and develops individuals at every level of the organisation. • Provide assurance to the Board that the People performance indicators are being monitored and targets met. • Support the achievement of a stable, permanently staffed core workforce, with efficient, modern recruitment practice and high levels of retention, health & wellbeing. • Support the development of the organisational culture, promoting the Trust's values. • Support the development of effective employee communications and engagement, promoting openness and freedom to speak up. • Support the development of a diverse workforce, securing equality & inclusion across the Trust. • Oversee People transformation and innovation and contribute to the delivery of the Trust's wider transformation and innovation programmes. • Oversight of workforce development and initiatives, workforce design, workforce planning, organisational development, Board development, talent management, mandatory training and cultural initiatives • Consider and monitor implementation of the NHS People Plan and the opportunities presented for system working. <p>The People Equality and Culture Committee has been fulfilling its terms of reference during the period of 01 April 2022 and 30 November 2023</p>	
<p>Items which the Committee dealt with during the last 12 months:</p>	
<p>There are a number of internal assurance reports</p> <ul style="list-style-type: none"> • International Recruitment Report • Mandatory Training Report • Medical Workforce Report • Employee Relations Report • Staff Engagement • NHS Staff Survey Results • NHS Pulse Survey • Workforce Metrics Report 	<p>Deep Dives</p> <p>The Committee has a deep dive section to each meeting, these have covered:</p> <ul style="list-style-type: none"> • Workforce Planning and Resourcing • Education, Training and Development • Staff Experience • Recruitment & retention • EDI

<ul style="list-style-type: none"> • TASI Training • Digital – Learning Transformation • Engagement Champions Update • Learning Strategy • Apprenticeship Programme • Appraisal Process • Leadership Development • Student Clinical Placements • Freedom to Speak Up Report • Pharmacy recruitment <p>Receives a report from the Executive Director of People and Culture covering emergent and topical issues.</p> <p>In addition</p> <ul style="list-style-type: none"> • Values and Behaviours Toolkit • RISE Programme • People Plan Framework • Time to Care Programme • NHS Pay Award Update • Cost of Living • Pay and Pensions • Industrial Action 	<p>Annual Reports</p> <ul style="list-style-type: none"> • Annual Workforce Plan • Annual Quality Assurance Framework for Responsible Officer • Workforce Race Equality Standard • Workforce Disability Equality Standard • Gender Pay Gap Report <p>Policies</p> <p>Until October 2022 the Committee also provided ratification of relevant policies and procedures. This function transferred to the new Policy Oversight and Ratification Group (constituted by the Board of Directors), releasing meeting capacity.</p>
<p>Governor Observer Feedback</p> <p>Governor observation feedback covers structure of the meeting; quality of the papers; quality of the discussion held; and chairing of the meeting. There is also space to provide any general feedback.</p> <p>Feedback received in February '23 said:</p> <ul style="list-style-type: none"> • All items were covered, with flexibility to allow presenters to attend • A very good set of papers which were clear and understandable providing a good level of information • NEDs sought assurance on identified risks that appropriate actions were being taken to mitigate the risks 	

- Everyone that wanted to contribute was able to and time was given to all
- It was clear who was chairing the meeting, and introductions were given at the beginning of the meeting
- Actions and timescales were given
- Action log had not been updated before the meeting – which will be updated before the meetings in the future

The feedback from our governor colleagues is welcomed.

4.0 ACTION REQUIRED

The Council of Governors is asked to:

- Note the contents of the report

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1		Agenda Item: 6a				
			13 December 2023				
Report Title:		Membership Strategy					
Report Lead:		Chris Jennings, Assistant Trust Secretary					
Report Author(s):		Chris Jennings, Assistant Trust Secretary					
Report discussed previously at:		Membership Committee 6 December 2022, 28 June 2023 Working Group 19 July 2023 EPUT Forum 7 August 2023 Strategy Group August 2023 Your Voice August 2023 Joint Board / Council Seminar Session 18 October 2023 Membership Committee 14 November 2023 Board of Directors 29 November 2023					
Level of Assurance:		Level 1	✓	Level 2		Level 3	

Purpose of the Report		
This report provides the Council of Governors with the Membership Strategy for approval.	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 Approve the Membership Strategy.

Summary of Key Issues
<p>The Membership Strategy for 2023-2026 sets-out the Trust approach to Foundation Trust membership, identifying key priorities for the next three-years. The Membership Committee agreed the priorities in December 2022 and the overall Strategy agreed in June 2023.</p> <p>The Membership Committee established a working group in July 2023 to identify key actions / milestones for each of the priorities. The Strategy was subsequently presented in a number of forums for consultation and feedback has been considered and incorporated within the document.</p> <p>The Board of Directors approved the strategy at its meeting on the 29 November 2023. The Council of Governors is asked to approve the strategy to complete the joint approval process.</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 Strategy 2023-2026

Lead
Chris Jennings Assistant Trust Secretary



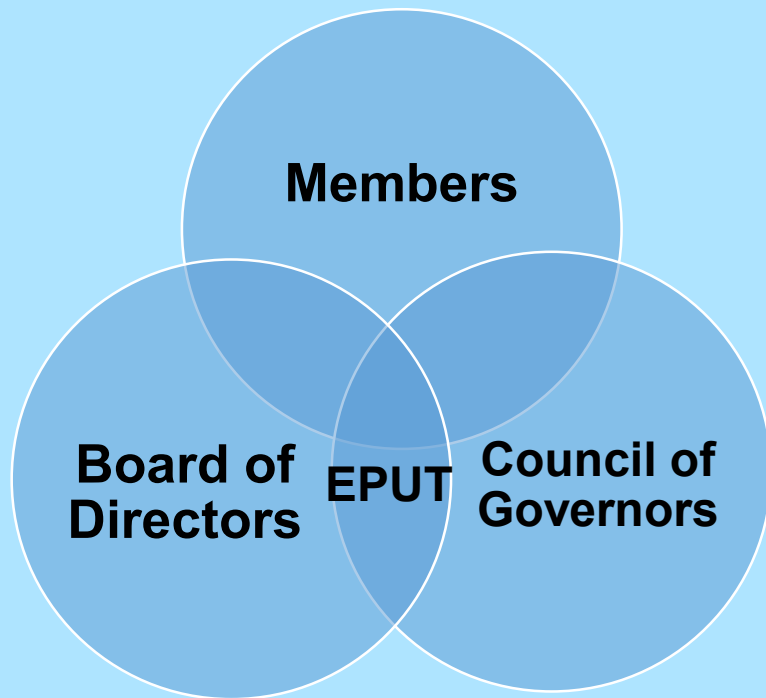
Essex Partnership University
NHS Foundation Trust

MEMBERSHIP STRATEGY

2023-2026

LEPUT

INTRODUCTION



As a Foundation Trust (FT), Essex Partnership University NHS Foundation Trust is accountable to the local community, the patients it cares for and the people it employs through its membership.

By becoming members, local people, patients, carers and our staff can have a say in how services will be designed and delivered, and by becoming or voting for Governors, perform a vital role in holding non-executive Board members to account for the performance of the Board.

As such an involved, informed, representative and vibrant membership is integral to the anchoring of the Trust to its area and delivering outstanding services that listen to and respond to the needs of the community.

This strategy therefore seeks to:

- Reiterate the Trust's commitment to its membership
- Outline our vision for the next three years
- Understand our current membership picture and the challenges
- Identify actions to ensure we meet the challenges.

COUNCIL OF GOVERNORS MEMBERSHIP COMMITTEE

The Trust has a Membership Committee, which is a sub-committee of the Council of Governors. The Committee meets on a quarterly basis and is made-up of Governors interested in engaging with Members.

The Committee is the main conduit for engaging with our members and will be the lead Committee in monitoring and implementing this strategy. The Committee is currently chaired by Mark Dale, Public Governor, Essex Mid & South and Mark says:

“This Membership strategy will embed what we will do as a trust to engage, inform and to enable the diverse people and communities who use all of our services or have family, friends and supporters who take on the important responsibilities of caring to have a meaningful and lasting voice. We will develop new ways to work in collaboration with partner NHS providers, Our Social Care Colleagues, and the Community and Voluntary sector to underpin this aim. Because What we do together really matters”

Why Membership Matters

This strategy sets out our commitment for engagement with our Foundation Trust members and the communities we serve. Their involvement is important in helping us to achieve our goal of providing outstanding care.

As an NHS Foundation Trust, we are accountable to our patients and the public. Our members have a key role in the Trust's governance; they elect representatives to sit on our Council of Governors, which in turn appoints the Chair and other Non-Executive Directors to the Board of Directors and hold the Non-Executive Directors to account for the Board's performance.

Members are our staff, our patients and members of the public. We believe that involving our members, patients, and the public in decisions about services is an integral part of meeting the needs of the communities we serve.

We have developed this strategy based on good practice from other Foundation Trusts and NHS Providers, and statutory and regulatory requirements.

The development of the strategy has been led by our Council of Governors through its Membership Committee.

The strategy is supported by an action plan which sets out what we will do in practice across the next three years to achieve our vision.

Our Membership Community

Who can be a member?

Public members

As a local provider of services we offer all those who have an interest in or connection to the Trust, the opportunity to become a member. This could be as a service user, carer, relative or someone living in the community we serve interested in healthcare. No special skills or experience are required. It is free and open to anyone 12 years of age or older. Members come from our geographical constituencies for the purpose of electing Governors.

Staff members

Our staff colleagues are also members of the Trust. Any staff colleagues employed by the Trust on permanent contracts or fixed term contracts of 12 months or longer become a member.

As a member you will:

- Receive information about the Trust
- Be able to vote for representatives on the Council of Governors and standing for election to the Council of Governors (for those 16 years of age or older)
- Be able to take part in surveys and consultations
- Participate in patient involvement initiatives

One of our aims through this strategy is to improve our communication with members and add to the benefits above.

Disqualification from membership

We want to encourage the widest possible membership but where a member's actions or behaviour are detrimental to the Trust or its values, for example acts of verbal or physical abuse against our staff, it may be necessary for the Trust to revoke their membership.

The Benefits of being a Member

BENEFITS FOR MEMBERS

Get involved in health care in a way that allows members to choose what involvement they give

Builds members understanding of the health care system and how it's changing to help make informed decisions about care and the advice and support to give people in the community

Help to improve the health of the community by sharing information about health and services at the Trust such as sharing and liking the Trusts' social posts

BENEFITS FOR EPUT

Allows the Trust to engage more people in the community as part of a range of approaches

Greater understanding of the local population – managing expectations and sharing knowledge of optimum health and care pathways

Share key health messages with the widest number of people. Access to an extensive database of public who have expressed a willingness to give their views

The Benefits of being a Member

BENEFITS FOR MEMBERS

Help drive continued quality improvement at the Trust by sharing experience and giving views

Be a 'friend' of the Trust. Learn directly about developments at the Trust. Support the Trust and help its continued development

A first step to getting further involved, e.g. by becoming a volunteer / becoming a Governor or developing understanding for those considering a career in health care

BENEFITS FOR EPUT

Supports the Trust and its continued development of quality services. A direct line to members of the community to explain developments

Greater understanding of the local population – managing expectations and sharing knowledge of optimum health and care pathways

Link from volunteering to membership can also operate the other way. Could potentially help to break down barriers to considering health careers

The Benefits of being a Member

BENEFITS FOR MEMBERS

Take a part in the governance of the Trust by voting in elections for Governors who play an important role in the Trust

Voting for Governors to sit on the Council and play a critical role in representing members and holding the Non-Executive Directors to account for the performance of the Board

BENEFITS FOR EPUT

Trust staff develop an interest in Governor positions, encouraging strong candidates reflecting the whole community

Engaged and informed Governors are key to supporting the delivery of Trust objectives

PATIENT EXPERIENCE / SOCIAL IMPACT

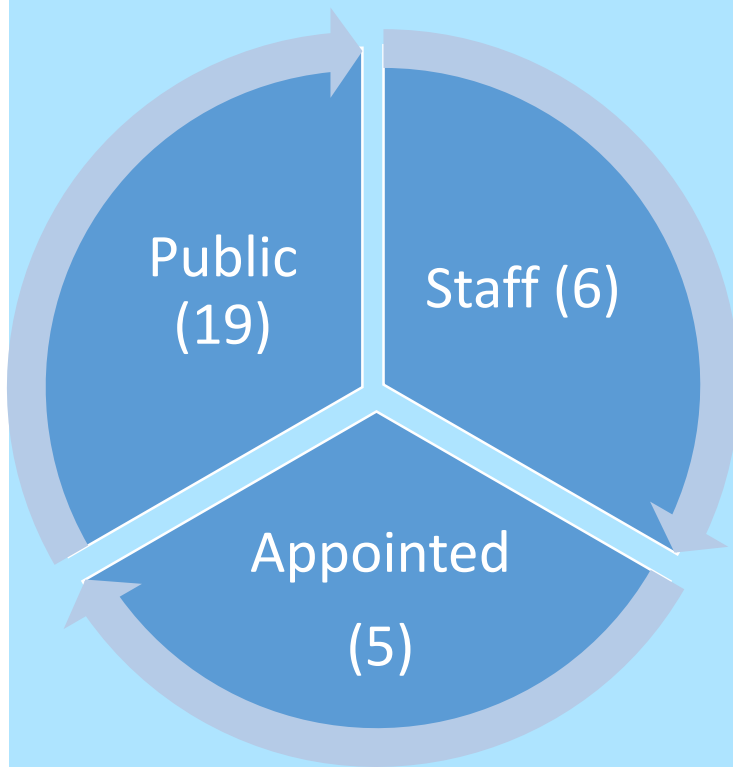
The Foundation Trust membership, via the Council of Governors can have a say in how services are designed and delivered. This will have a vital impact on how patients experience services provided by EPUT. The Membership Strategy directly impacts two of the Strategic Objectives:

- EPUT Strategic Objective 3: We will work together with our partners to make our services better
- EPUT Strategic Objective 4: We will help our communities to thrive

Partners include individuals with an interest in services, either through direct experience or through the experience of family members and friends. The experiences and views of these individuals, provided to their Governor representatives, can help shape how services are developed and improve overall patient experience.

The members are also members of the local community and can often represent the views of the local community without realising. When people access local services, they automatically have an opinion on how these services are provided. This kind of intelligence, included as part of other areas of involvement, can help shape services by understanding how people experience them and where the improvements can be made. This combined can help improve services for the local community and provide real social impact.

COUNCIL OF GOVERNORS



Members' views and opinions are heard through the Council of Governors, whose role is to represent the interests of members and hold the Non-Executive Directors to account for the performance of the Board.

The Council of Governors is made up of 19 elected public Governors, 6 elected staff Governors and 5 appointed Governors from stakeholder / partner organisations.

All public members aged 16 or over are allowed to stand as a Governor or vote for a Governor.

All staff colleague members are able to stand as a Governor or vote for a Governor within their staff constituency.

There are also local stakeholder organisations that are represented on the Council of Governors.

COUNCIL OF GOVERNORS

The Council of Governors is responsible for:

- Representing the interests of members and the public
- Holding the Non-Executive Directors to account for the performance of the Board of Directors
- Appointing the Chair and other Non-Executive Directors, and holding them to account for the performance of the Board
- Approving the appointment of the Chief Executive by the Non-Executive Directors
- Receiving the Trust's Annual Report and Accounts
- Appointing the Trust's external auditors
- The Trust is committed to developing and supporting Governors to enable them to carry out their role and contribute fully to the work of the Council of Governors
- Further details of the composition of the Council of Governors are set out later in this document

Our Membership Priorities



Establish a membership that is representative of the population served by EPUT



Communicate effectively with members and ensure their views are represented within EPUT



Develop a process to ensure membership engagement operates across the system and with Integrated Care Boards

Priority 1: Establish a membership that is representative of the population served by EPUT

The members, whether they are Foundation Trust Members or Members of the public are fundamental to the way we operate as a Foundation Trust. We are accountable to our members, so it is important to ensure our formal Foundation Trust membership is representative of the population we serve.

We can do this by ensuring we understand our local demographics and target areas that are under-represented to ensure their voices are heard.

We can then continue to monitor so we understand the impact of our engagement work we are doing on the diversity and representation of our membership.

What we will do:

- ☒ Understand the demographics of the population served by EPUT and compare against the membership of the Trust.
- ☒ Identify and undertake engagement with members of the public to increase membership in any areas that are not represented.
- ☒ Regularly review membership demographics to confirm engagement is working and identify solutions where it is not working.

EPUT Strategic Objective 4: We will help our communities to thrive

Priority 2: Communicate effectively with members and ensure their views are represented within EPUT

One of the key roles of the Council of Governors is to represent the views and interests of the members and members of the public.

One of the fundamental parts of this is to have a regular dialogue with these members to ensure their views are understood and can form part of any conversations Governors have with the Board of Directors.

It's important we regularly communicate with members and this is an areas that we need to strengthen. Any communications need to be two-way.

What we will do:

- ☒ Develop a membership communications strategy which:
- ☒ Establishes regular communication between Governors and members / members of the public.
- ☒ Creates a two-way channel so that members' have a voice and have clear feedback on issues raised.

EPUT Strategic Objective 3: We will work together with our partners to make our services better)

EPUT Strategic Objective 4: We will help our communities to thrive

Priority 3: Membership in the context of system working

The Health and Care Act 2022 has changed the emphasis for Foundation Trusts. Foundation Trusts are now required to make any decisions in the context of the wider healthcare system.

Any views expressed by Members must be represented at both the organisation and the wider healthcare system.

System working and Integrated Care Boards is relatively new to the NHS, so it is important to establish our aims whilst also being agile as system working matures over the next few years.

What we will do:

- ☒ Understand the role of Foundation Trusts and Membership as part of system working.
- ☒ Ensure the views of members of the Foundation Trust are represented in decision making at a system level.
- ☒ Communicate with Governors and members to encourage understanding of system working and the importance / impact of their views.

EPUT Strategic Objective 3: We will work together with our partners to make our services better

Implementing the Strategy and Measuring Success

Implementation:

We have developed an action plan which sets out the practical steps we will take in each year to implement the strategy so that it is clear how we will put our plans into action. The action plan is set out as an appendix to this presentation. It will evolve and develop as the strategy is implemented.

We envisage a phased approach over three years to deliver and fully implement the strategy, with the first year focused on laying the essential groundwork and years two and three focusing on embedding engagement.

It is important the strategy remains a live document and can change as we move through the year.

Evaluating success:

The Council of Governors is ultimately responsible for the delivery of the strategy and it will be supported in this by the Membership Committee which will undertake the detailed monitoring of implementation and will report regularly to the Council on this.

Implementing the Strategy and Measuring Success

The principal ways in which we will assess the success of the strategy will include:

Analysing the profile of the Trust's membership

We will conduct this analysis on a regular basis and look in depth at the profile of the Trust's public membership and identify any under-represented groups. This will help us to understand whether our targeted campaigns have been successful and whether we are succeeding in maintaining the size and diversity of our membership. The results will be analysed by the Membership Committee.

Analysing involvement

We also need to understand the extent to which our efforts in promoting a more active and involved public and staff colleague membership have been successful. To do this, we will look at new ways of analysing involvement, not just using the membership database statistics. This can include engagement with social media posts, attendance at engagement events, surveys with the members to assess their views.

Analysing impact

We want to understand and evaluate the impact of the membership on the Trust's services. Surveys of members will assist with this. We can also look at wider outcomes that are not just restricted to membership, for example, if we engage with members about a subject such as volunteers, has that encouraged some people to volunteer that have not previously? Or if we engage with members about Carers, has that directly helped anyone in their role as a carer or seeking carer support?

APPENDIX 1: COMPOSITION OF THE COUNCIL OF GOVERNORS

Constituency/No Governors	Constituency Area	
Essex Mid & South 9 Governors	Basildon Borough Council Braintree District Council Brentwood Borough Council Castle Point Borough Council Chelmsford City Council	Maldon District Council Rochford District Council Southend on Sea Borough Council Thurrock Council
North East Essex & Suffolk 3 Governors	Colchester Borough Council Suffolk County Council Tendring District Council	
West Essex & Herts 5 Governors	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
Milton Keynes, Bedfordshire & Luton and Rest of England 2 Governors	Bedford Borough Council Central Bedfordshire Council Any other Council in England	Luton Borough Council Milton Keynes Council

APPENDIX 1: COMPOSITION OF THE COUNCIL OF GOVERNORS

Constituency / No Governors	Constituency Area	
Staff Governors 6 Governors	Registered Medical Practitioners Registered Dentists Registered Nurses Registered Midwives	Healthcare Professionals Social Workers Support Workers Corporate Staff
Appointed Governors 5 Governors	Essex County Council Southend Borough Council Thurrock Council	Anglia Ruskin and Essex Universities Third Sector / Voluntary Sector

Appendix 2: Membership Strategy Action Plan

Priority	Key Objective	How we will deliver the priority		
		Year One	Year Two	Year Three
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.	Once the data is established, analyse the information to identify gaps in membership representation to focus engagement.	
	Identify and undertake engagement with members of the public to increase membership in any areas that are not represented.		Undertake focused engagement with members of the public to increase membership in any areas that are not fully represented.	
	Regularly review Membership demographics to confirm engagement is working or identify solutions where it is not working.		Continually review membership against demographical data to determine if engagement is having a positive effect on membership. Review and alter any engagement depending on the outcome of the analysis.	Review overall demographics and engagement outcomes to establish if the membership is representative of the wider population and revise any engagement activity as required.

Appendix 2: Membership Strategy Action Plan

Priority	Key Objective	How we will deliver the priority		
		Year One	Year Two	Year Three
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. Establish a who, what, where, when of communication as part of the communications plan.	Implement marketing plan.	Review marketing plan to ensure it is delivering expected communication levels and adjust as required.
	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 right information and resources needed.	Governors regularly engage with members and gather their views.	Review levels of engagement and take action as required.
	Creates a two-way channel so that members' have a voice and have clear feedback on issues raised.		Develop a process for ensuring the views of the members are represented and this captured and fed-back to them.	Review the process to ensure there is evidence of membership views being represented in the Trust.

Appendix 2: Membership Strategy Action Plan

Priority	Key Objective	How we will deliver the priority		
		Year One	Year Two	Year Three
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 and update Governors and Members as the role of system working and ICBs develops.	
	Ensure the views of members of the Foundation Trust are represented in decision making at a system level.		Establish processes to ensure any views expressed by Members are represented to the ICBs and throughout the wider system.	
	Communicate with Governors and members to encourage understanding of system working and the importance / impact of their views.		Regularly engage with the ICBs and ICS on a regular basis and ensure this information is shared with Governors and Members.	Review and adjust as required

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1		Agenda Item: 6b				
			13 December 2023				
Report Title:	Governor Meeting Attendance Monitoring Procedure						
Report Lead:	Chris Jennings, Assistant Trust Secretary						
Report Author(s):	Chris Jennings, Assistant Trust Secretary						
Report discussed previously at:							
Level of Assurance:	Level 1	✓	Level 2		Level 3		

Purpose of the Report		
This report provides the Governor Meeting Attendance Monitoring Procedure for approval.	Approval	✓
	Discussion	
	Information	

Recommendations/Action Required
The Council of Governors is asked to:
1 Note the contents of the report
2 Approve the Governor Meeting Attendance Monitoring Procedure.

Summary of Key Issues
<p>The Governor Meeting Attendance Monitoring Procedure provides a process for monitoring the attendance of Governors at Council of Governor meetings and the process should a Governor consistently fail to attend these meetings. The procedure is designed to emphasise providing support for Governors to attend meetings, prior to any removal from office.</p> <p>The procedure has been reviewed and minor amendments made to references to the Code of Governance for NHS Providers. The Council of Governors Governance Committee would usually receive the revised procedure, however, quoracy issues have prevented the Committee from meeting. Due to the minor changes, the procedure is presented here for approval.</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"> Statutory requirement to attend meetings of the Council of Governors. 				✓

Acronyms/Terms Used in the Report			

Supporting Documents and/or Further Reading
Governor Meeting Attendance Monitoring Procedure

Lead
Chris Jennings Assistant Trust Secretary

ESSEX PARTNERSHIP UNIVERSITY NHS FT

Council of Governors

Governor Meeting Attendance Monitoring Procedure

VERSION NUMBER	003
KEY CHANGES FROM PREVIOUS VERSION	n/a
AUTHOR	Trust Secretary
CONSULTATION GROUPS	Council of Governors
IMPLEMENTATION DATE	November 2017
AMENDMENT DATE(S)	September 2020, September 2023
LAST REVIEW DATE	September 2023
NEXT REVIEW DATE	December 2026
APPROVAL BY COUNCIL OF GOVERNORS	13 December 2023

SUMMARY

This procedure provides a process for monitoring the attendance of Governors at Council of Governor meetings and the process to be followed should a Governor consistently fail to attend these meetings.

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

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3.0	NON-ATTENDANCE PROCEDURE	4
4.0	REMOVAL OF A GOVERNOR FROM OFFICE	6

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**Council of Governors
Governor Meeting Attendance Monitoring Procedure****1.0 INTRODUCTION**

- 1.1. Annex B, Section 2.1 of *Code of Governance for NHS Providers (April 2023)* states “the Council of Governors should meet sufficiently regularly to discharge its duties. Typically the Council would be expected to meet as a full Council at least four times a year. Governors should, where practicable, make every effort to attend the meetings of the Council of Governors. The Trust should take appropriate steps to facilitate attendance.”
- 1.2. Governors’ attendance at meetings are required to be reported in the Trust Annual Report and are also included in candidates nomination statements for those Governors seeking re-election.
- 1.3. Annex 6 of the Trust Constitution Section 5.1.2 states that a person holding office as a Governor shall cease to do so if “he consistently and unjustifiably fails to attend the meetings of the Council of Governors in line with the Governor Attendance policy as agreed by the Council of Governors.
- 1.4. Section 4.4 of the *Code of Conduct for the Council of Governors* reinforces the Constitution by stating “Governors have a responsibility to attend Council of Governors’ meetings. When this is not possible, apologies should be submitted to the Trust Secretary Office in advance of the meeting. In accordance with the constitution (para 5 Termination of Office and Removal of Governors), persistent absence from Council of Governor meetings without good reason established to the satisfaction of the Council may be grounds for removal from the role of Governor in line with the Governor Meeting Attendance Monitoring procedure” (4.4.1)
- 1.5. This procedure constitutes the Governor meeting Attendance Monitoring policy / procedure referenced in the Trust Constitution and Code of Conduct. This procedure sets-out the process to be followed for the monitoring of Governor Attendance at Council meetings and action to be taken for non-attendance.
- 1.6. The Council of Governors Governance Committee will be responsible for monitoring the attendance of Governors at Council of Governor meetings, however, the responsibility for taking action for continued non-attendance is with the Chair of the Trust and Trust Secretary.

2.0 RECORDING OF ATTENDANCE

- 2.1. The Trust Secretary’s Office will be responsible for recording attendance at all Council of Governors meetings. This will be in the format of an excel spreadsheet and will be presented to all CoG Governance Committee and Council of Governors Committee meetings.

- 2.2 Governors should inform the Trust Secretary's Office as soon as possible prior to the Council of Governors meeting taking place. Governors should include a reason for non-attendance as part of this notification.
- 2.3 Governors who attend a meeting in person or virtually will be marked as attending and listed as "present" in the meeting minutes. If a Governor joins the meeting virtually, they must be able to interact with the meeting (i.e. hear and speak) to be considered to have attended the meeting.
- 2.4 Governors who do not attend the meeting and have informed the Trust Secretary's Office in advance of non-attendance will be listed as having provided apologies. Governors who do not inform the Trust Secretary's Office in advance will not be included on the meeting minutes and will be recorded as non-attendance without apologies in the monitoring database.
- 2.5 In exceptional circumstances, such as long-term illness or personal circumstances, the Trust Secretary's Office may record a Governor as apologies without them notifying the Trust Secretary's Office prior to the meeting, provided the Trust Secretary's Office has previously been made aware of the circumstances.
- 2.6 If a Governor is unable to attend future Council meetings due to ill health or other personal circumstances they must inform the Trust Secretary's Office as soon as possible. The Trust Secretary's Office will then agree a period of absence (sabbatical) if it is appropriate and communicate this to the Chair and Lead Governor. This should be recorded at future meetings as an agreed absence.
- 2.7 If Governors leave the meeting whilst it is still taking place, they must inform the Chair of the meeting. This will be recorded in the minutes after the item where the individual left the meeting.
- 2.8 During virtual meetings, if a Governor accidentally leaves the meeting and is unable to return, they must contact the Trust Secretary's Office immediately to assist in reconnecting or to note that the person has left the meeting. This is important for quoracy to ensure any decisions made by the Council have the sufficient number of Governors present at that time.
- 2.9 The Trust Secretary's Office will review attendance after each Council of Governors Meeting and identify any Governors that have not attended two consecutive meetings and begin the attendance process as provided in section 3.
- 2.10 This will not include Extra-Ordinary meetings where the Governor has responded to the item for discussion.

3.0 NON-ATTENDANCE PROCEDURE

- 3.1 Following each meeting of the Council of Governors, the Trust Secretary's Office will provide details of any Governors that have not attended two consecutive Council of Governors meetings to the Lead Governor for consideration. This will include the reasons given for non-attendance and any exceptional circumstances recorded.

- 3.2. An update will be provided to the Council of Governors Governance Committee of the action taken by the Trust Secretary's Office and Lead Governor to ensure there is no delay in the Governor being contacted where a Governance Meeting may not be imminent.
- 3.3 The Lead Governor will review the information provided by the Trust Secretary's Office and identify any non-attendance which requires follow-up as part of this procedure. The Lead Governor should take into consideration other Trust events attended by the Governor alongside the reasons given for non-attendance. The individual Governors identified will proceed to Stage One of the non-attendance procedure.

Stage One: Informal

- 3.4 The Lead Governor will contact the individual Governor and request further details of the reasons for non-attendance or to offer support for the Governor to attend future meetings.
- 3.5 The Lead Governor should try to provide any initial support to the individual if requested. Where the Lead Governor is unable to provide the support (i.e. equipment, expenses etc.) this should be referred to the Trust Secretary's Office for consideration.
- 3.6 The Trust Secretary's Office should ensure as much support is provided to the Governor to assist them in attending future meetings. Where support is not possible or unreasonable, this should be reported to the Lead Governor to continue discussions with the Governor.
- 3.7 If the Governor should fail to respond to the Lead Governor within two weeks of the sending of the email and / or fail to attend a subsequent meeting of the Council of Governors, the individual will progress to Stage Two of this procedure.
- 3.8 The reasons provided by the Governor should be reported to the next Council of Governors Governance Committee to consider whether the reasons provided are sufficient.

Stage Two: Formal

- 3.9 The Trust Secretary's Office will send a formal letter / email to the Governor requesting further explanation of absence and explanation of future intentions.
- 3.10 The letter should include details of any support offered and / or provided to support the Governor to attend Council Meetings.
- 3.11 The letter should include details of the Governor statutory duty and inform them that continued non-attendance will result in the Governor being removed from office.
- 3.12 If the Governor fails to respond to the letter, fails to provide sufficient explanation and / or does not attend a further meeting of the Council of Governors, the process will move to Stage Three.

Stage Three: Removal of the Governor

- 3.13 If a Governor reaches this stage of the process, it would mean that they have failed to attend four meetings of the Council of Governors which will constitute a full year of non-attendance.
- 3.14 The Chair will write a formal letter to the Governor informing them that they have failed to meet their statutory duty to attend Council of Governors meetings. The letter should include reference to any previous correspondence and any support provided and / or offered. The letter will ask the Governor to stand-down.
- 3.15 If the Governor does not stand down voluntarily, the formal removal of a Governor procedure will commence. This will be 10 working days after the formal letter has been sent.
- 3.16 The action to be taken to remove the Governor from office should be detailed in this letter.

4.0 REMOVAL OF A GOVERNOR FROM OFFICE

- 4.1 The Council of Governors Governance Committee shall act as the Committee of the Council of Governors to consider and make a recommendation to the Council of Governors as to whether there are grounds to remove a Governor from office.
- 4.2 The Council of Governors Governance Committee will be informed at all stages of the attendance monitoring procedure.
- 4.3 If a Governor reaches Stage Three of this procedure and has not agreed to voluntarily stand-down, the Trust Secretary's Office will provide the Governance Committee with a report for the Governance Committee to consider removal of the Governor from office.
- 4.4 The report presented to the Governance Committee shall include:
- Details of the Governor, including remaining Term of Office.
 - Details of the reasons the Governor has reached Stage Three of the attendance procedure.
 - Details of any action taken and / or support offered / provided by the Trust Secretary's Office and / or the Lead Governor.
 - Details of any additional meetings or events the Governor has attended in the previous 12 months.
- 4.5 The Governance Committee will review the information provided and agree whether to recommend to the Council of Governors that the Governor is removed from office.
- 4.6 If the Governance Committee agrees to recommend to the Council of Governors that the Governor is removed from office, this will be presented to the Council of Governors at the next Council of Governors meeting. The Governor shall be removed from the Council of Governors by a resolution approved by the majority of the remaining Governors present and voting.
- 4.7 If the Governance Committee does not agree to the removal of the Governor, the Committee must provide clear reasons and agree further action to be taken to ensure the Governor attends future Council of Governor meetings. The recommendation not to remove the Governor from office will be presented at the next Council of Governors meeting.

- 4.8. If the Governor fails to attend the next Council of Governors meeting after the Governance Committee has agreed not to remove the Governor, a further report will be provided to the Governance Committee with a strong recommendation for the removal of the Governor.
- 4.9. If the Council of Governors agrees to remove the Governor from office, the process set-out in Appendix 3 of the Code of Conduct procedure will be followed.

END

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1		Agenda Item: 6c				
			13 December 2023				
Report Title:		Council of Governors Observation at Board Standing Committees Procedure					
Report Lead:		Chris Jennings, Assistant Trust Secretary					
Report Author(s):		Chris Jennings, Assistant Trust Secretary					
Report discussed previously at:							
Level of Assurance:		Level 1	✓	Level 2		Level 3	

Purpose of the Report		
This report provides the Council of Governors Observation at Board Standing Committees.	Approval	✓
	Discussion	✓
	Information	

Recommendations/Action Required
<p>The Council of Governors is asked to:</p> <ol style="list-style-type: none"> 1 Note the contents of the report 2 Approve the procedure 3 Agree process for Governors attending ICB public meetings.

Summary of Key Issues
<p>The Trust established a process in 2021 for Governors to observe Board Standing Committees to assist in the statutory role in holding the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors. The procedure was developed to set out the nominations process, attendance and feedback to ensure the observations could take place, without moving outside the Governor role into operational matters.</p> <p>Procedure</p> <p>The Assistant Trust Secretary has completed a review of the procedure. Governors requested the addition of a rotation process, to ensure more Governors have the chance to observe the meetings and a regular refresh is undertaken. Section 2.5 / 3.14 have been amended to provide for a rotation after six-months (instead of 12-months), which will allow sufficient turnover, whilst also allowing for continuity. Section 2.6 has also been added, which clarifies the role of the “reserve” Governor observer to rotate into the full observer role after six-months. The section also adds a requirement for the substantive Governor to communicate with the reserve to ensure they are prepared to step-in as required and rotate into the role after six-months.</p> <p>Integrated Care Boards (ICB’s)</p> <p>Following discussion with Governors, a suggestion was made for Governors to attend in public ICB boards and report back to the Council. The Trust currently sits across four ICB’s:</p> <ul style="list-style-type: none"> • Essex Mid & South • West Essex & Hertfordshire • North Essex & Suffolk • Bedfordshire & Luton <p>It is proposed the process is similar to the Governor Standing Role, with Governors nominating themselves to attend the in-public ICB meetings. Governors can volunteer to attend an ICB meeting outside of their constituency. The process would work in a similar way, with a substantive observer and reserve to provide cover.</p> <p>The ICB observer role has not been incorporated into the procedure, as this does not constitute a statutory role, but may be useful in helping Governors understand the wider health economy.</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

Council of Governors Observation of Board Standing Committees Procedure

Lead

Chris Jennings

Assistant Trust Secretary

ESSEX PARTNERSHIP UNIVERSITY NHS FT

Council of Governors

Council of Governors

Observation of Board Standing Committees

VERSION NUMBER	002
KEY CHANGES FROM PREVIOUS VERSION	n/a
AUTHOR	Trust Secretary's Office
CONSULTATION GROUPS	Council of Governors
IMPLEMENTATION DATE	February 2021
AMENDMENT DATE(S)	February 2021, December 2023
LAST REVIEW DATE	December 2023
NEXT REVIEW DATE	December 2026
APPROVAL BY COUNCIL OF GOVERNORS	13 December 2023

SUMMARY

This document provides the procedure for members of the Council of Governors observing Standing Committees of the Board of Directors.

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

**Council of Governors
Observation of Board Standing Committees**

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ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**Council of Governors
Observation of Board Standing Committees****1.0 INTRODUCTION**

- 1.1. One of the statutory duties of the Council of Governors is 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. (Constitution, Annex 6, s1.1.1)
- 1.2. There are a number of arrangements already in place to support Governors in fulfilling this duty. However, in order to further assist Governors in their role a procedure has been developed to provide Governors with an opportunity to observe the proceedings of Board of Director Standing Committees in accordance with specific requirements set-out in the procedure.
- 1.3 The procedure has been developed to strike an appropriate balance between enabling the Council of Governors to better hold NEDs to account for the performance of the Board of Directors and not altering the dynamic of the Standing Committees. It is expected that the Chair of each committee will develop a good working relationship with the assigned Governors.

2.0 GENERAL PRINCIPLES

- 2.1 The provisions set-out in this procedure will apply to Part 1 meetings of the following Standing Committees of the Board:
 - Audit Committee
 - Charitable Funds Committee
 - Finance & Performance Committee
 - People, Equality & Culture Committee
 - Quality Committee
- 2.2 The Board of Directors Remuneration and Nomination (RemNom) Committee is predominantly a Part 2 Committee and therefore has not been included in the list.
- 2.3 Governors will have “observer” status at the meetings. As such, they will not participate in discussions. Further information on observer etiquette is included in a section below.
- 2.4 No more than one Governor will attend each Standing Committee meeting.
- 2.5 For the purposes of continuity, the same nominated Governors will be assigned to each Committee for a period of at least 6-months and other Governors will not be permitted to attend in addition. Governors will normally be assigned to a maximum of *one* Standing Committee to ensure there is a good diversity of Governors observing Standing Committees.

- 2.6 Each Standing Committee will also have a “reserve” Governor who will attend any Standing Committees where the substantive nominated Governor is not able to attend. The reserve Governor will rotate into the substantive role after a six-month period, with the substantive nominated Governor becoming the reserve for the next six-months. The substantive nominated Governor will be expected to communicate regularly with the reserve Governor to ensure they are kept up-to-date with the Committee, ready to step-in as required.
- 2.7 The process for nominating Governors will be completed every 12-months, which will include changing the observers for each Standing Committee to ensure all Governors are given the opportunity to attend different meetings. The Board of Directors reserves the right to amend or remove the arrangements set-out in this procedure if it becomes necessary to do so.
- 2.8 The Governors observing the Standing Committee meetings will do so representing the Council of Governors as a whole and not their individual constituencies or any other role they may hold.
- 2.9 The Governors assigned to observe each Standing Committee will receive the agenda and papers for the respective meetings at the same time as the members of the Committee. The agenda and papers must be treated as confidential and not shared with anyone else without the written agreement of the Trust Secretary’s Office.
- 2.10 The Governors assigned to observe each Standing Committee should report to the Council of Governors to provide assurance in relation to the performance of the Standing Committee / NED. Governors may disclose information discussed at the Standing Committee to the Council of Governors to assist in widening governors knowledge of the performance of the Board of Directors, unless the Chair of the Committee identifies that the information discussed must not be disclosed.

3.0 PROCESS FOR GOVERNORS OBSERVING STANDING COMMITTEES

Nominations Process

- 3.1. The Trust Secretary’s Office will circulate a form to all Governors requesting self-nomination to become an observer on a Standing Committee. This will include the Terms of Reference for each Committee. Governors should complete the form indicating which Standing Committees they would like to observe for the next 12-month period.
- 3.2. The form will ask Governors to provide a short (250 words) paragraph indicating why they would wish to observe the Committee and what skills / experiences they may have related to the Committees remit. If the Governor chooses more than one Standing Committee on the form, the paragraph should indicate which Committees would be preferable to assist in the assignment process.
- 3.3. Once the deadline for nominations has expired the Trust Secretary’s Office will review the forms and assign Governors to Standing Committees based on the forms received. The aim would be to ensure all Governors are given the opportunity to attend least one Standing Committee if possible.

- 3.4. Where a Standing Committee is over-subscribed, the Trust Secretary's Office will assign Governors based on the short paragraph provided as part of the form. The Trust Secretary may also give priority to Governors that have not observed Standing Committees previously.
- 3.5 The Trust Secretary will identify a reserve Governor for each standing committee who will attend a Committee meeting if the nominated individual is not able to attend.
- 3.6 The Trust Secretary's will hold an additional "reserve list" of Governors who are not assigned to a Standing Committee for use where an assigned Governor leaves the position within the 12-month period.
- 3.7 The Trust Secretary's Office reserves the right to not include a Governor on the reserve list if the Governor has not sufficiently met the skills / knowledge requirements of the Standing Committee.
- 3.8 If a Standing Committee is over-subscribed, but another Standing Committee has a space, the Trust Secretary's Office will contact any unsuccessful Governors and offer the observation position to them. The Trust Secretary's Office may ask the Governor to re-submit a nomination form if the existing form does not provide sufficient information.
- 3.9 The Chair and the Chief Executive Officer (CEO) will reserve the right to make changes to this process or withdraw the protocol if it is deemed necessary to do so.

Attendance at the Committee

- 3.10 The Nominated Governor will receive invitations and paperwork, including Terms of Reference for the Standing Committee for which they are the assigned observer at the same time as other members of the Committee. The Chair of the Committee should identify and inform Governors of any papers that should not be disclosed outside of the Committee meeting.
- 3.11. The Chair of the Committee will introduce the Nominated Governor and explain their role at the first meeting attended.
- 3.12. The Nominated Governor will be required to declare at the start of the meeting any interests they might have related to any of the agenda items. The Chair of the Committee will decide whether the Governor should be required to withdraw from the meeting while that item is discussed.
- 3.13. The Nominated Governor will be recorded on the minutes of the meetings as "In Attendance" and will not be asked to contribute or vote on any items for discussion.
- 3.14 If the Nominated Governor is not able to attend the meeting, they should provide any apologies to the Chair of the Committee and ask the reserve Governor to attend in their place.

Post-Meeting

- 3.15. The Nominated Governor will be required to produce informal feedback to be provided to the Chair of the Trust following each Committee meeting using the form provided.
- 3.16. The Nominated Governor can share any feedback at the in private session of the Council of Governors and contribute to annual Committee reports as required.
- 3.17. The Chair should include any informal feedback received throughout the year as part of the annual appraisal process for NEDs.
- 3.18. Nominated Governors will be provided with a short form to help keep notes and focus on the areas pertinent to their role as a member of the Council of Governors.

4.0 WITHDRAWAL PROCESS

- 4.1 Governor Observers may be removed as an observer if any of the following are breached:
 - 4.1.1 the Governor attempts to become involved in the operation of the meeting or influence any decisions being made by the Committee.
 - 4.1.2 the Governor makes use of any information discussed at the Committee to influence action to be taken outside of the meeting.
 - 4.1.2 the Governor discloses any discussions where they have specifically been informed not to do so
 - 4.1.3 the Governor behaves in a way that breaches the Code of Conduct and / or causes disruption to the meeting.
 - 4.1.4 the Governor fails to attend two meetings in a row without due cause.
 - 4.1.5 the Governor fails to declare an interest in an item for discussion and it is subsequently found that there is a conflict that was known to the Governor.
- 4.2. In the event that the Governor is removed as an observer for breaching any of the above conditions, the Governor will be prevented from observing any Standing Committees in the future. Their place on the Committee will be offered to any Governor that had applied and not been successful or opened to other Governors if there are none.
- 4.3 If there are a number of breaches of the above, the Chair and the Chief Executive Officer may suspend this procedure for further discussion with the Council of Governors.
- 4.4. The Chair and the Chief Executive Officer reserve the right to withdraw the procedure for further discussion.

END

		Agenda Item No: 7a				
SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1					13 December 2023
Report Title:		Co-Production Conference				
Report Lead:		Mark Dale, Public Governor, Essex Mid & South				
Report Author(s):		Mark Dale, Public Governor, Essex Mid & South				
Report discussed previously at:						
Level of Assurance:		Level 1		Level 2		Level 3 ✓

Purpose of the Report		
This report provides details of the Co-Production conference held on the 23 October 2023.	Approval	✓
	Discussion	
	Information	

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

Summary of Key Issues
The attached report provides details of the Co-Production Conference held on the 23 October 2023 including preparation and content.

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			
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Supporting Documents and/or Further Reading
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Co-Production Conference Report

Lead

Mark Dale Public Governor, Essex Mid & South Co-Production Lead, EPUT
--

Co-production Report to the Council of Governors, 13th December 2023

Mark Dale, Public Governor Essex Mid & South, Co-Production Lead EPUT

The conference was around 4 months in planning, we wanted to create an event fully Co-created and creative in style.

We first set up a new group called the Co-Production Champions group this was facilitated by Patient Experience and my role; we had a steady number of around 9 Lived Experience Ambassadors (LEAs) attend.

The group was to decide Date, Venue and Creative content, we fixed on a date of **Monday October 23rd, 2023**, and after many searches we found the venue, which was Hamptons Sports and Leisure Facility in Great Baddow, Chelmsford.

We decided to have an all-day event as because of the content we wanted to show.

Conference Essentials:	Speakers: Local and National PowerPoint Presentations Breakouts Update on Service Development (Quality Strategy update)
Creative Content	Comfortable not corporate approach Design on name badge Conference Merch Conference Mission: 'Co-production First Approach' Creative Session – Design Poster/Agenda for 2024 Conference Whole event was captured by a Conference Artist Use of Lego, Plasticine and also the Biscuit table and Pick n Mix for all

Speakers:

- Jenny Matten – EPUTs own Time to Care Lived Experience Lead
- Cristina Serrao – NHS England National Lived Experience Ambassador
- Julie Repper – Director IMroc (Implementing Recovery Through Organisational Change).
- Co-Production Showcase Speakers
- Simon LEA and Volunteer for EPUT
- MID Recovery College
- Thurrock Peer Support Worker Team
- Matt Sisto and Angela Wade for Quality Strategy Update

And Important links during the conference were by Prof. Sheila Salmon and Zephany Trent.

Plenary Led by Carol Munt and included Speakers of Day and LEAs



We had 114 Delegates attend out of 150 registered the event had stewards organised by The Patient Experience Team and Special thanks to them as well as Suzy Hull and Jason Gunn and All the Coproduction Champions.



Curators of Change a National Organisation with Social Movement Camerados attended bringing their Enormous Pants.

Here is Alex from Employ Ability trying them on.



We had a successful Marketplace consisting of more than 10 organisations, we believed that we needed to add a local touch to the conference and that delegates could during Breaks and Lunch network and see the local resources within Essex. (As you can see The Trust Secretary's Office attended and a great Stall, ably stewarded by Chris Jennings (Assistant Trust Secretary) and Stuart Scrivener (Public Governor, Essex Mid and South)



Public Governor, Paula Grayson at the Event.

MY PLEDGE TO COPRODUCTION

I pledge to

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Finally in the Conference packs we asked all to complete a pledge to Co-production and we want these pledges to be revisited over the coming year and to be spoken about at the 2024 Conference.

Mark Dale
Public Governor, Essex Mid & South
Co-Production Lead, EPUT

		Agenda Item No: 7b								
SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1					13 December 2023				
Report Title:		Membership Metrics / Your Voice								
Report Lead:		Mark Dale, Public Governor								
Report Author(s):		Chris Jennings, Assistant Trust Secretary								
Report discussed previously at:		CoG Membership Committee 14 November 2023								
Level of Assurance:		Level 1			Level 2			Level 3		✓

Purpose of the Report		
This report provides information on the current Membership of the Trust as at November 2023. The report also provides details of the last Your Voice meeting and the Annual Members Meeting.	Approval	
	Discussion	
	Information	✓

Recommendations/Action Required
The Council of Governors is asked to:
1 Note the contents of the report
2 Request any further information or action.

Summary of Key Issues
This report provides information on the current Membership of the Trust as at November 2023. The report also provides details of the last Your Voice meeting and the Annual Members Meeting.

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
--

CoG	Council of Governors	Comms	Communication Team
BoD	Board of Directors		

Supporting Documents and/or Further Reading
--

Main Report

Lead

Mark Dale, Public Governor

Chair of the Council of Governors Membership Committee

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

MEMBERSHIP METRICS / YOUR VOICE

1.0 PURPOSE OF REPORT

This report provides information on the current Membership of the Trust as at November 2023. The report also provides details of the last Your Voice meeting and the Annual Members Meeting.

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 August 2023	No. members as at November 2023	Difference
Public Members	4,908	4,844	-64
Staff Members	8,927	9,319	+392
Total Members	13,835	14,163	+328

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. The following provides reasons for leaving the previous meeting:

Unknown	1
Health reasons	1
Moved Out of Area	1

By Public Constituency

The following table provides a breakdown of public members by Constituency:

Constituency	No. members as at August 2023	No. members as at November 2023	Difference
Essex Mid & South	1,938	1,899	-39
Milton Keynes, Bedfordshire, Luton & Rest of England	1,689	1,689	0
West Essex & Hertfordshire	693	684	-9
North East Essex & Suffolk	588	572	-16
Total Members	4,908	4,844	-64

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 August 2023	No. members as at November 2023	Percentage
Public Members			
Female	2,904	2,873	59%
Male	1,875	1,845	38%
Not Stated	129	126	3%

By Age

Age	No. members as at August 2023	No. members as at November 2023	Percentage
Public Members			
60-74	1,049	1,044	21%
30-39	1,018	1,024	21%
50-59	819	799	16%
40-49	667	661	13%
Not Stated	569	555	12%
75+	516	515	11%
22-29	270	246	6%
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.

By Ethnicity

Ethnicity	No. members as at August 2023		Percentage
Public Members			
White Scottish, Welsh, Northern Ireland British	3,478	3,435	71%
Not Stated	414	405	8%
Black or Black British African	183	181	4%
Asian or Asian British Indian	159	158	3%
Asian or Asian British Pakistani	124	124	3%
White - Other	117	113	2%
White Irish	81	80	2%
Black or Black British Caribbean	80	79	2%
Asian or Asian British Bangladeshi	79	78	2%

Ethnicity	No. members as at August 2023		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	18	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
Board of Directors Meeting 20/09/2023	3,559	30%
Annual Members Meeting 10/10/2023	3,552	32%
AMM Staff Invite 11/10/2023	8,178	99%
Your Voice (November 2023) 24/10/2023	3,231	29%
Your Voice Poster 10/11/2023	3,504	27%
Your Voice Staff Poster 10/11/2023	8,997	99%

Postal Communication	Members Posted	Cost
AMM 2023 (20/10/2023)	1,154	£1,495.42

3.0 YOUR VOICE

The Trust held a public Your Voice meeting on the 22 November 2023 via Microsoft Teams. The meeting was chaired by Jason Gunn, Public Governor, West Essex & Hertfordshire. The subject of the meeting was Carers and was split into two sections:

- **Carers Experience / Carers Network (Patrick Matten, Carer and Amy Poole, Head of Patient Experience & Volunteers):** Patrick shared his story and

experiences as a Carer, followed by a discussion on available support / development of an EPUT carer's network.

- **Carer Assessment (Claire Jobbins, Consultant Social Worker and Kelly Miller, Carers Project and Training Officer):** Details were shared on the EPUT Carer Assessment, followed by a discussion on how these are undertaken for EPUT patients and through other means.

There were a couple of individuals who raised personal concerns and it was agreed these would be addressed outside of the meeting.

Individuals attended the meeting as follows:

Attendance Breakdown

Attendee Group	No. of Attendees
Staff Member	17
Public Member	8
Governor	6
Non-Executive Director	2
Executive Director	1
Total	34

Feedback forms have been circulated to attendees and will be reported at a future meeting. Informal feedback received during the meeting was positive.

4.0 ANNUAL MEMBERS MEETING

The Trust held its Annual Member's Meeting on the 6 November 2023 at Chelmsford City Football Club, Chelmsford Essex.

Individuals attended the meeting as follows:

Attendance Breakdown

Attendee Group	No. of Attendees
Staff Member	40
Public Member	18
Governor	10
Executive Director	9
Non-Executive Director	3
Local Authority	1
Total	81

Prior to the meeting, attendees had the opportunity to visit a number of exhibition stalls, including:

- Communications
- Enable East
- Foundation Trust Membership
- EPUT Culture of Learning
- Patient Experience / Lived Experience Ambassadors / Patient Safety Partners
- Research & Development

The purpose of the Annual Members Meeting is to formally present the Annual Report and Accounts to the membership. However, the meeting also included key achievements throughout the year, including the Emergency Urgent Care Department and Time to Care.

Report prepared by
Chris Jennings,
Assistant Trust Secretary

on behalf of

Mark Dale
Public Governor
Chair of the Council of Governors Membership Committee

					Agenda Item: 7d		
SUMMARY REPORT		COUNCIL OF GOVERNORS PART 1			13 December 2023		
Report Title:		Changes to the Council of Governors and Membership of its Committees (including Election Outcome)					
Report Lead:		Chris Jennings, Assistant Trust Secretary					
Report Author(s):		Chris Jennings, Assistant Trust Secretary					
Report discussed previously at:							
Level of Assurance:		Level 1	✓	Level 2		Level 3	

Purpose of the Report		
This report provides details of any changes to composition via the recent elections, 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
<p>Composition</p> <p>The Governor Elections 2023 have taken place and full results are attached as Appendix 1.</p> <p>Elections to the Council of Governors took place in September 2023, with 13 seats contested across the following constituencies:</p> <ul style="list-style-type: none"> • Essex Mid & South • Staff (Clinical) • West Essex & Hertfordshire • Staff (Non-Clinical) • North East Essex & Suffolk <p>Essex Mid & South and Staff (Clinical) were contested, with West Essex & Hertfordshire and Staff (Non-Clinical) uncontested. There were no valid nominations for North East Essex & Suffolk. Full results are attached as Appendix 1.</p> <p>The election outcome means there are currently 4 vacancies across the elected constituencies (Appendix 2). These will be included in the next election, unless a decision is made to hold a bye election for the positions.</p> <p>Committee Membership</p> <p>The following sub-committees have vacancies:</p> <ul style="list-style-type: none"> • Governance Committee (5 x vacancies) • Remuneration Committee (4 x vacancy) • Membership Committee (3 x vacancy) • Training & Development Committee (3 x vacancies) • Nominations Committee (1x vacancy) <p>There are some new Governors who have asked to observe the Membership and Training & Development Committee. Governors are required to fill vacancies especially for the Governance and Remuneration Committees.</p> <p>Governor attendance</p> <p>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 3.</p>

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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		
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Supporting Documents and/or Further Reading

Council of Governors Composition (Appendix 1)
Council of Governors Sub-Committee (Appendix 2)
Council of Governors Meeting Attendance (Appendix 3)

Lead

Chris Jennings

Assistant Trust Secretary

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF VOTING: 5PM ON 28 SEPTEMBER

CONTEST: Public: Essex Mid & South

*The election was conducted using the single transferable vote electoral system.
The following candidates were elected (in order of election):*

ELECTED		
Gwyn Davies		
Pamela Madison		
Kinglsey Edore		
Daivd Norman		
David Finn		

Number of eligible voters		1,928
Votes cast by post:	29	
Votes cast online:	74	
Total number of votes cast:		103
Turnout:		5.3%
Number of votes found to be invalid:		2
Total number of valid votes to be counted:		101

CONTEST: Staff: Clinical

*The election was conducted using the single transferable vote electoral system.
The following candidates were elected (in order of election):*

ELECTED		
Alivia Bray		
Ibraheem Lateef		

Number of eligible voters		4,808
Votes cast online:	340	
Total number of votes cast:		340
Turnout:		7.1%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		340

The result sheets for each election form the Appendix to this report. They detail:-

- the quota required for election
- each candidate's voting figures, and
- the stage at which successful candidates were elected.

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

a) was sent the details of the election and

b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Ciara Hutchinson
Returning Officer
On behalf of Essex Partnership University NHS Foundation

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**ELECTION TO THE COUNCIL OF GOVERNORS****CLOSE OF NOMINATIONS: 5PM ON 10 AUGUST 2023**

Further to the deadline for nominations for the above election, the following constituency is uncontested:

**PUBLIC: WEST ESSEX & HERTFORDSHIRE
3 TO ELECT**

The following candidates are elected unopposed:

Joanna Androulakis
Bilaminu Yesufu

1 vacancy remains

**STAFF: NON-CLINICAL
2 TO ELECT**

The following candidate is elected unopposed:

Zisan Abedin

1 vacancy remains

**PUBLIC: NORTH EAST ESSEX & SUFFOLK
1 TO ELECT**

No valid nominations were received

1 vacancy remains

Ciara Hutchinson
Returning Officer
On behalf of Essex Partnership University NHS Foundation Trust

ESSEX PARTNERSHIP UNIVERSITY NHS FT

COUNCIL OF GOVERNORS as at 10 November 2023

ELECTED GOVERNORS

Public: Essex Mid & South (9)

Dianne Collins
Mark Dale
Gwyn Davies
Kingsley Edore
David Finn
Megan Leach
Pamela Madison
David Norman
Stuart Scrivener

Public: North East Essex & Suffolk (3)

Sue Ward
Cort Williamson
1x vacancy

**Public: Milton Keynes, Bedfordshire,
Luton & Rest of England (2)**

Paula Grayson
John Jones

Public: West Essex & Hertfordshire (5)

Joanna Androulakis
Yesufu Biliaminu
Jason Gunn
2x Vacancy

Staff: Clinical (4)

Alivia Bray
Sharon Green
Ibraheem Lateef
Edwin Ugoh

Staff Non Clinical (2)

Zisan Abedin
1x vacancy

APPOINTED GOVERNORS

Essex County Council
Southend on Sea Council
Thurrock Council
Anglia Ruskin/Essex Universities
Voluntary / Third Party Sector

Jaymey McIvor
James Moyies
Vacancy
Nicky Milner
Vacancy

Governor	Notes	22 May 2023		23 August 2023		15 November 2023
		Part 1	Part 2	Part 1	Part 2	Part 2
Zisan Abedin	From October 2023	NR	NR	NR	NR	✓
Joanna Androulakis	From October 2023	NR	NR	NR	NR	x
David Bamber	Until June 2023	A	A	NR	NR	NR
Keith Bobbin	Until September 2023	✓	✓	✓	✓	NR
Alivia Bray	From October 2023	NR	NR	NR	NR	✓
Lara Brooks	Until September 2023	✓	✓	✓	A	NR
Owen Carty		x	x	NR	NR	NR
Dianne Collins		✓	✓	✓	✓	A
Mark Dale		✓	✓	✓	✓	✓
Jared Davis	Until September 2023	x	x	x	x	NR
Gwyn Davies	From October 2023	NR	NR	NR	NR	✓
Mark Durham	Until June 2023	✓	✓	NR	NR	NR
Kinglsey Edore	From October 2023	NR	NR	NR	NR	A
Pippa Ecclestone	Until September 2023	✓	✓	✓	✓	NR
David Finn	From October 2023	NR	NR	NR	NR	✓
Paula Grayson		✓	✓	✓	✓	✓
Sharon Green		✓	✓	✓	✓	✓
Jason Gunn		✓	✓	A	A	✓
Vikki Hartstean	June 2023 - November 2023	NR	NR	A	A	NR
Julia Hopper	Until September 2023	✓	✓	A	A	NR
John Jones		✓	✓	✓	✓	✓
Ibrahim Lateef	From October 2023	NR	NR	NR	NR	A
Megan Leach		✓	A	✓	A	✓
Pam Madison		✓	✓	A	A	✓
James Moyies	From June 2023	NR	NR	NR	NR	x
Jaymey Mclvor	From June 2023	NR	NR	NR	NR	A
Nicky Milner		✓	✓	A	A	A
David Norman	From October 2023	NR	NR	NR	NR	✓
Tracy Reed	Until September 2023	A	A	✓	✓	NR
Stuart Scrivener		✓	✓	✓	✓	✓
Kate Shilling	Until August 2023	x	x	NR	NR	NR
David Short	Until September 2023	✓	✓	✓	✓	NR
Susan Tivy-Ward		x	x	x	x	x
Edwin Ugoh		x	x	A	A	✓
Paul Walker		✓	A	A	A	NR
Cort Williamson		✓	✓	✓	✓	✓
Bilaminu Yesufu	From October 2023	NR	NR	NR	NR	A

Key	
Attended	✓
Apologies Received	A
No Apologies Received	x
Sabbatical / Agreed Absence	S
Not Required	NR
Holiday	H

Total Meetings Attended	Total Meetings
1	1
0	1
0	1
2	2
1	1
2	2
0	1
2	3
3	3
0	2
1	1
1	1
0	1
2	2
1	1
3	3
3	3
2	3
0	1
0	1
1	3
0	1
1	2
3	3
0	1
2	2
0	3
1	3
1	2
3	3
0	1



#WhatWeDoTogetherMatters